CDC in Indonesia

Factsheet

The Centers for Disease Control and Prevention (CDC) has provided technical assistance to Indonesia for more than fifty years. Short and long-term technical assistance from CDC staff has helped the Indonesian Ministry of Health (MoH) address a wide range of high-priority public health needs including communicable diseases, non-communicable diseases, injuries, and strengthening surveillance. CDC has funded cooperative agreements with the MoH since 2004.

Staffing
2 U.S. Assignees
6 Locally Employed

Top 10 Causes of Deaths in Indonesia

1.	Ischaemic heart disease	15%	6.	Diabetes mellitus	3 %
2.	Lower respiratory infections	10 %	7.	Road traffic accidents	3 %
3.	Cerebrovascular disease	8 %	8.	Hypertensive heart disease	3%
4.	Chronic obstructive pulmonary disease	5 %	9.	Trachea, bronchus, and lung cancers	2 %
5.	Tuberculosis	4 %	10.	Prematurity and low birth weight	2 %

Source: Rounded WHO World Health Statistics, 2008

Impact in Indonesia

- Expanded Early Warning and Response System for 22 priority diseases including influenza-like illness, pneumonia, and avian influenza is now being adopted as national surveillance platform
- Reported malaria deaths in South Halmahera district decreased from 226 to 11, and malaria incidence decreased by 50% from 2004-2009
- A study that established lung function standards for Indonesian adults and children produced data used by the Minister of Health to develop a policy to limit tobacco use in public buildings

Influenza

The overall goal of the influenza program in Indonesia is to establish a sustainable, comprehensive surveillance system that can identify and respond to seasonal, avian, and pandemic influenza. CDC funded the Indonesia MoH to build capacity in influenza pandemic preparedness, including communications, infection control, rapid response, country planning, and laboratory and epidemiology influenza surveillance. CDC funding has supported routine influenza surveillance, the national influenza lab, development of a national influenza pandemic plan, and inter-sector exercises to respond to outbreaks. Each of these was important in responding to the pandemic H1N1 outbreak. In 2011, the Indonesia MoH, in collaboration with CDC and USAID, began piloting an enhanced surveillance project to better understand the burden of seasonal and avian influenza in the East Jakarta District. This system is designed to capture both mild and severe illness by establishing sentinel surveillance sites at hospitals and *puskesmas* (local health clinics).

Malaria

Malaria causes several million infections and about 40,000 deaths each year in Indonesia. CDC has a staff person on long term assignment with UNICEF-Indonesia to assist with evidence-based integrated malaria control. The focus includes three major interrelated programs:

- A malaria elimination effort in the province of Aceh
- Control of malaria in highly endemic eastern Indonesia via integration with routine expanded program on immunization (EPI) and maternal health
- Development of a network of Indonesian and foreign researchers supporting evidence-based malaria control

Recent achievements include integrating malaria control activities into ongoing immunization and prenatal care programs in five provinces in eastern Indonesia with funding from USAID, followed by expanding the program to all regions in the country where malaria continuously occurs (covering a population of approximately 100 million people) with support from the Global Fund.

Mother and child in Maluku under an insecticide–treated bed net.
Photo Credit: Edi Purnomo, UNICEF

Indonesia at a Glance

Population:	238,181,000
Per capita income:	$3720
Life expectancy at birth women/men:	74/69 yrs
Infant mortality rate:	30/1000 live births

Population Reference Bureau World Population Data Sheet, 2011

Vector-Borne Diseases

CDC provides technical consultation for evaluating an intervention to control the vector (disease carrying) mosquito of dengue viruses in Yogyakarta, Indonesia. A substance that inhibits the mosquito's life cycle was used throughout the city in household water containers, the mosquito's most productive breeding site. Data on vector populations and dengue infection rates among children under age 10 in treatment and control areas are now being analyzed. The study is the best controlled, longest, and most extensive test of vector control as the sole means of reducing dengue infection conducted in Asia, and results will influence future anti-dengue campaigns. CDC also provides reagents and training for a new state-of-the-art arbovirus diagnostic laboratory, as well as consultation to the University of Indonesia Medical School and the MoH on the epidemiology and identification of Chikungunya and Japanese encephalitis viruses.

Field Epidemiology Training Program (FETP)

In 1982 CDC helped establish an FETP in Indonesia to build sustainable capacity for detecting and responding to health threats. More than 600 residents have graduated from the program and are now assuming public health leadership positions in Indonesia and other countries in the region. In 1990 the FETP evolved into a Master's Program at the University of Indonesia and the University of Gadjah Mada. CDC has re-engaged with the MoH to continue recent efforts supported by the Asian Development Bank to help the FETP become more field-based. CDC will place a resident advisor in-country to strengthen field assignments and to provide essential mentorship and instruction on special topics such as disaster epidemiology, spatial analysis, scientific writing, and communications.

Tobacco Control

CDC and WHO established a globally standardized surveillance system to track the tobacco epidemic and evaluate policy measures. The Global Tobacco Surveillance System is a set of standard surveys for adults and youth that a country can use to monitor, design, implement, and evaluate tobacco control interventions. Activities support the WHO MPOWER package, which includes six strategies proven to decrease smoking and save lives. In 2011 CDC supported the Indonesia Global Adult Tobacco Survey (GATS) in collaboration with the MoH, Statistics Indonesia, and the National Institute for Health Research and Development. The survey results will be released in the fall of 2012 and for the first time the data will document the scale of the tobacco problem for the entire nation. Indonesia also conducted the Global Youth Tobacco Survey (GYTS) at a subnational level and plans to conduct a national survey in 2012. The 2009 GYTS results show that 20.3% of 13-to-15-year-old students currently smoke cigarettes and 83.4% of current youth smokers want to stop smoking. CDC and its partners support the MoH and its partners in using data to impact policies and to add tobacco curriculum to the FETP.

Immunization

CDC provides technical assistance to Indonesia to support polio eradication, measles elimination, and to strengthen routine infant immunization programs. A CDC staff member will be seconded to WHO in Indonesia in 2012 to support the immunization program. With USAID funding, CDC is working with the MoH and other partners to strengthen routine immunization through district level operations research.

Publication Date: September 2012

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