Has Decentralisation Affected Child Immunisation Status in Indonesia?

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In the past two decades, decentralisation has been applied in the health sector by many policy-makers, including those in Southeast Asian countries, in order to improve health system performance. A key argument supporting decentralisation in this sector is that it can enhance the efficiency, quality and equity of healthcare service delivery, all of which are essential to improve health outcomes.

However, little is known as to whether decentralisation actually improves health outcomes, especially in developing countries. This policy brief thus provides evidence of the consequences of decentralisation on immunisation status among children in Indonesia.

Health sector decentralisation and immunisation status in Indonesia: Friend or foe?

In 2001 the government of Indonesia launched decentralisation through the passage of Law No. 22/1999 on Local Government and Law No. 25/1999 on The Fiscal Balance between Central Government and the Regions. Under these laws, central government devolved authority in almost all government administrative sectors, including health, to local governments, specifically at districts levels. The main objectives of decentralisation include the shifting of accountability to local governments for obtaining better health service delivery, moving towards ensuring improved health outcomes. Immunisation status, which represents the outcome of primary care services, is uniquely affected by decentralisation. Despite the devolution of the responsibilities for health facilities, equipment and health professionals to local governments, central government remains responsible for vaccine supply and maintenance. This may lead to immunisation coverage’s stagnation after decentralisation due to failure in exercising joint responsibilities.

A decade after decentralisation, Indonesia is still failing to meet the WHO immunisation target of 80% with only 60% of the children in Indonesia having received DPT3 immunisation. However, this national figure masks enormous variation across districts. The three districts of Kupang, Gorontalo and Jembrana have achieved notable performance, with more than 95% of children having been immunised, while at the other end of scale, almost all children in Mappi, Aceh Timur, Yapen and Nagan Raya remain without immunisation. The wide gap in performance between districts underlines the importance of analysis at district level.

![Figure: DPT3 coverage in Indonesia and selected comparators (1985-2011) and comparison with Indonesia district attainment (2011)](image)

**Table: Determinants of child’s immunization status**

<table>
<thead>
<tr>
<th>Determinant</th>
<th>Model 1</th>
<th>Model 2</th>
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<tbody>
<tr>
<td>Local health expenditure as a proportion of total expenditure (%)</td>
<td>2.03 (1.57)</td>
<td></td>
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<tr>
<td>Hospitals/1,000 population</td>
<td>-0.65 (2.24)</td>
<td></td>
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<tr>
<td>Health centres/1,000 population</td>
<td>-0.43 (0.28)</td>
<td></td>
</tr>
<tr>
<td>Village health posts/1,000 population</td>
<td>0.54 (0.09)†</td>
<td></td>
</tr>
<tr>
<td>Proportion of urban population</td>
<td>0.52 (0.23)†</td>
<td>0.74 (0.27)‡</td>
</tr>
<tr>
<td>Log GDP per capita</td>
<td>-0.13 (0.07)⋆</td>
<td>-0.12 (0.07)⋆</td>
</tr>
</tbody>
</table>

Note: Reported are marginal effects (standard errors). Sig.: ⋆ significant at 10% or less; † significant at 5% or less; ‡ significant at 1% or less. Controlled by residential areas, the presence of professional birth attendants, mother’s age, mother’s education and mother’s employment status.
The role of fiscal decentralization in improving immunisation status

Providing adequate healthcare services demands good fiscal capability. Under decentralisation, Indonesia’s central government allocated funds for local governments in a bulk sum called the balancing fund (dana perimbangan). That fund consists of general grants (dana alokasi umum), shared taxes, natural resource revenue shares, and a special allocation grant channel (dana alokasi khusus). Fiscal decentralisation, as measured by local health expenditure, has no statistically significant association with child immunisation status in Indonesia (Model 1). Among health facilities (hospitals, health centres and village health posts), only the density of village health posts improved the probability of children receiving complete immunisation (Model 2). The effects of other district characteristics (proportion of urban to total population, population density and the wealth of the districts) remain consistent in all models. Living in a district with a higher proportion of urban population correlates with higher probability of having full immunisation.

Lesson learnt

Ten years after decentralisation, immunisation coverage remains low in Indonesia. The first lesson from the decentralisation process in Indonesia is that merely transferring fiscal authority to local governments is not enough to raise the level of immunisation coverage. Devolving the fiscal and administrative responsibilities to local governments should be accompanied by attempts to improve their capacity and capability. Capable local governments create better allocation policies and plans so that local public expenditure may help the people who most need it. Such policies would address inequalities that may have arisen since decentralisation.

The second lesson is that districts with high levels of achievement also make use good policies in improving healthcare services. For example, the government of Kabupaten Jembrana is recognised as a district which has provided successful innovation in its health services. In 2003, it launched a health insurance scheme for its community. This so-called Jaminan Kesehatan Jembrana scheme provides free primary healthcare services for all of the district’s citizens. Furthermore, to improve the equity of access to healthcare, Kabupaten Jembrana also provides free secondary and tertiary healthcare services for low-income citizens. The immense variation in immunisation coverage across districts, as illustrated in Figure 1, suggests that much can be learned from better-performing districts.

Finally, ensuring that there are healthcare facilities in physical proximity to the served population is essential to improving the immunisation coverage in an area. Given the fact that immunisation services are free in Indonesia, problems in accessing these services are mainly due to the sparsity of health facilities and the high cost of reaching them. Locating the service providers closer to the community would improve the children’s chances of receiving immunisation.

Conclusion

Under decentralisation, local governments have received new responsibilities, been provided with increased resources, and been granted greater autonomy to create local policies aimed at enhancing the efficiency, quality and equity of healthcare services. However, the transfer of authority to local governments is no panacea for the problem of improving child immunisation coverage. Successful decentralisation requires facilitation by local governments capable of considering specific healthcare provisions based on local needs.

Reference: (Reference to your main article, See below example)

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