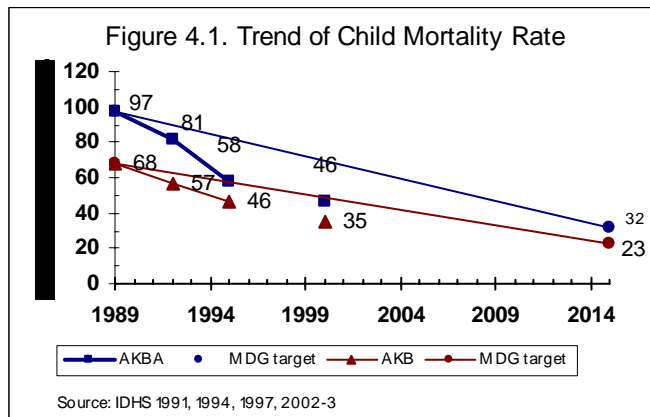


GOAL 4: REDUCING CHILD MORTALITY

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

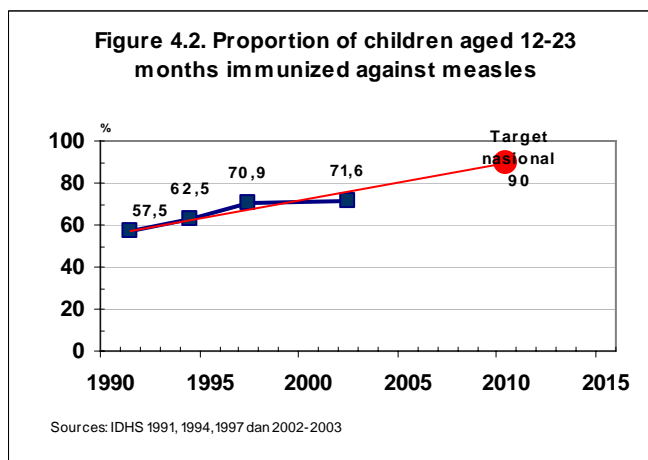
Status and trends

Child mortality rate. In 1960, the under-five mortality rate was still high, at 216 per 1000 live births. The Indonesia Demography and Health Survey in 2002-2003 showed the decreasing number of under-five mortality rate to 46 per 1000 live births during the period of 1998-2002. The decreasing number of under-five mortality rate in average during the 1990s was 7 percent per year, which was higher than the number during the previous decade with only 4 percent per year. By 2000, Indonesia was reaching the target set during the World Summit for Children (WSC).



The infant mortality rate also sharply decreased to 3.5 per 1000 live births during the period of 1998 to 2002. However, the number is still high as compared to other ASEAN nations, which was 4.6 times higher than Malaysia, 1.3 times than the Philippines and 1.8 times than Thailand. The disparity of infant mortality rate by the province is still high, with the highest rate found in West Nusa

Tenggara, which is 5 times higher than the number in Yogyakarta.



Measles immunization. The coverage of measles immunization keeps increasing, but in the urban tends to be higher. The disparity of coverage by province is also still high, with the highest in Yogyakarta (91.1 percent). The lowest percentage of coverage is in Banten (44.0 percent).

Challenges

The cause of child mortality. The three main causes of infant mortality were acute respiratory infections, prenatal complication and diarrhea. Together, the three accounted for 75 percent of infant deaths. The pattern of the main causes of under-five mortality is similar, namely acute respiratory infection, diarrhea, neural diseases - including meningitis, encephalitis - and typhoid.

Neonatal and maternal health. The high mortality rate of infant aged up to one year was associated with the low health status of the mother and the newborn infant, low quality and access to health services, and un-conductive care-seeking behavior of pregnant women, families and communities.

Health protection and services for the poor and the vulnerable groups living in villages and remote areas, as well as in the slums in urban areas is one of the strategic keys to reduce the child mortality rate. The infant mortality rate among the poorest groups is 61 per 1000 live births, which is quite higher than those of the richest group which is 17 per 1000 live births. The infections as the cause of infant mortality, such as acute respiratory infection, diarrhea and tetanus are commonly found among the poorest groups. The health status of this group is low because they have limited access to services due to cost barriers, geographic constraints and poor transportation.

The health decentralization remains a great challenge for health services because institution and personnel roles have not yet been fully addressed. Moreover, a cost-effective intervention and cross-sectoral cooperation in poverty eradication will contribute to the improvement of health status of mother and child.

Policies and Program

Reducing the infant and under-five mortality rate is one the priorities in the health development program as mentioned in the National Development Program 2001-2004. The actual effort in reducing the infant mortality rate during the crisis time has been done through social safety net program and reduction of oil subsidy compensation program, in the form of providing access to primary health services, basic obstetric care, nutrition improvement, revitalization of integrated service post (posyandu), diseases control, and revitalization of food and nutrition surveillance system.

With the implementation of Law No 40/2004 about National Social Security System, improved access to health services will be enhanced by health protection program for the poor, using insurance system with the premiums being paid by the government. With the system, around 36.1 million of poor population will be able to enjoy health services at the health centers and their networks such as sub health centers and village midwives, and the services at the third class hospitals free of charge.

In order to provide the people with an easy access to health service facilities, the focus of health development policy in the 2004-2009 Medium-term Development Plan is directed

toward the improvement of access, networking and quality of health centers, the improvement of quality and quantity of medical personnel (such as doctors and nurses), and the development of health insurance system, especially for the poor.

Other efforts to reduce the infant mortality rate are to develop community-based health activities, such as integrated service post (posyandu), eradication of protein energy malnutrition, the provision of safe water and basic sanitation, as well as the prevention and eradication of diseases through surveillance and immunization.