

Australia-Indonesia Centre HEALTH Megatrends

Australia and Indonesia

In spite of their close proximity and the sharing of an international maritime border, Indonesia and Australia are very different nations. Geographically, politically, culturally and economically they bear some similarities, but also some stark differences. Nonetheless, both nations are located in the Asian economic region which is transforming rapidly, presenting opportunities and necessities for greater collaboration on shared issues. The Australia-Indonesia Centre (AIC) and CSIRO have been investigating these shared issues for four research Clusters: **Agriculture and Food, Health, Infrastructure and Energy.**



AIC Foresighting Project

CSIRO has been invited by the AIC to apply its 'foresighting' approach to assist research planning for the Health Cluster. By identifying 'megatrends' and 'megashocks' towards 2030 and beyond, foresighting enables the Cluster to be evidence-based and anticipatory, and to identify a clear pathway to market, adoption and application. The overarching goal of the AIC Foresighting Project is to *'support the development of priority research areas of shared interest between Australia and Indonesia, and to promote integration, synergy and learning amongst the Cluster teams'*.

In November 2014 – January 2015 the project engaged with Cluster teams during their planning workshops to identify shared issues, underlying drivers and potential megashocks. In February – May 2015 megatrend narratives were developed around the shared issues, and then tested and refined through discussion and validation with Cluster researchers and the AIC. Based on the shared issues and drivers, overlapping megatrends were identified for each Cluster. These are summarised here for the Health Cluster. The full megatrend report is available from the AIC website, www.australiaindonesiacentre.org.

Megatrend summaries

- Health care costs will continue to rise.
- Life expectancy and populations will grow further.
- Urbanisation and linked incidence of non-communicable diseases will increase.
- Inequalities in health and health care between urban and regional areas will continue.

Policy Reform

This megatrend focuses on changes in health policy in Indonesia and Australia. This encompasses spending on health, the move towards universal health coverage (UHC) and health sector capacity. At present 2.5% of Indonesia's budget goes to health. In 2012, 63% of the Indonesian population were covered by some form of health insurance, roughly half through the Jamkesmas scheme for the poor. Indonesia aims for UHC by 2019, a target that may be challenging to achieve in more remote areas. Health workforce capacity in Indonesian is low compared to other countries in the region, with only 13 physicians per 100,000 people, and this will need to be addressed. Australia must also confront the challenge of rising health care costs against a backdrop of demographic change and an increase in chronic disease.

My Generation

This megatrend focuses on demographic patterns in fertility, life expectancy, maternal and infant health, and ageing populations. In Indonesia the fertility rate has declined to just over two births per woman. Meanwhile, Indonesians and Australians are living longer, but significant life expectancy gaps exist between non-Indigenous and Indigenous Australians. While maternal mortality has decreased in Indonesia in recent decades, it continues to exceed the Millennium Development Goal target. Population ageing is a phenomenon common to both countries, with future implications for support provision and community inclusion.

Urban World

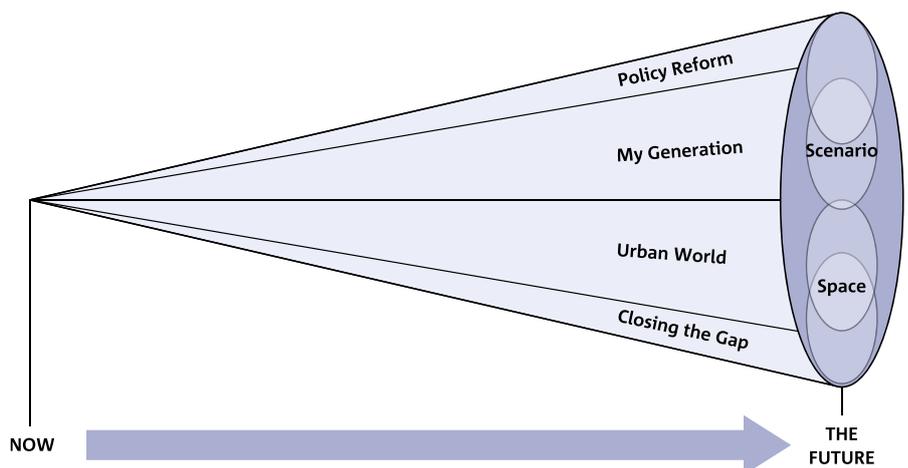
Nine out of ten Australians live in a city. In Indonesia, only 50% of people are city-dwellers, but this number may exceed 70% by 2030. With urbanisation comes a number of social and cultural shifts relevant to health, notably the rise in Gross Domestic Product and the evolution of a 'consuming class'. Indonesia is now experiencing the 'Double Burden of Malnutrition', whereby under-nutrition and over-nutrition coexist across the life course in the same population. In 2014, Non-communicable Diseases accounted for approximately 71% of total deaths in Indonesia and 91% in Australia. Indonesia has one of the fastest growing HIV epidemics in Asia, and new infections continue to rise, especially in urban areas.

Closing the Gap

This megatrend focuses on geographic and social inequities in health and health care. Indonesia and Australia share inequities in access and quality to care between urban and rural areas. Residents in remote Mount Isa, for example, have access to 68 equivalent full time GPs per 100,000 people – about half the 120 available to the residents of Sydney's eastern suburbs.



Rural and remote life expectancies are lower, and residents of regional and remote areas have been less likely to report very good or excellent health compared to major cities. Equity issues will continue to play out in both countries not only between urban and rural areas, but also between social groups, cultures, and generations, and within geographically-defined areas.



THE FOUR MEGATRENDS IDENTIFIED FOR THE HEALTH CLUSTER

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