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Strategic Contribution of Health Services in the Indonesia-Malaysia Border to the National Resilience: Analysis of Implementation in the West Kalimantan Province

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Abstract

Background: The length of "open access" areas from Indonesia which leads to the vulnerability state is the factor that influence terrorism, disease, and other transnational crimes. This study aims to analyze the contribution strategies made by the Government of Indonesia in efforts to equalize health services in the Indonesia-Malaysia border region in order to strengthen health resilience as an important part that is inseparable from national security.

Method: The method used in this study is narrative review of published articles and news related to the policy environment and health service facilities in the border regions of Indonesia and in the other countries that have been published in Scopus-accredited and indexed journals.

Results: It was found that there were obstacles faced by the health providers during the implementation process, including the lack of availability of human resources as health workers as well as health facilities in the border area. As such, many Indonesians living on the border choose to seek treatment in Malaysia. The entry and exit routes from neighbor countries are inevitably becoming vulnerable areas which need attention to prevent various threats from entering the border line which will have an impact on National Resilience.

Conclusions: The fulfillment of human resources availability for health workers and health facilities in the border area has not been maximized due to the difficulty of distribution and limited access. Managing the Indonesian border by relying solely on security and military approaches is not enough, that it requires a multi-sector approach that involves all relevant stakeholders. Good management of border areas is needed as an effort to strengthen Indonesia's national security.

Keywords: *Cross-Border; Health Sector; Health Personnel; Health Facility; National Resilience.*

Introduction

Indonesia has a very long border line, which is around 2914.1 km. The length of the "open access" of the Indonesian border region has resulted in the vulnerability of the state gates to be the entry point for threats that have the potential to disrupt national stability and resilience, particularly in the form of terrorism, diseases, narcotics, and other transnational crimes. Health is an integral part in supporting national resilience.

As the front line, the border community in Indonesia will be the first guard to face the threats coming from the outside. This threat is not only classified as a military threat, but it can also another non-military threat, such as health, which can disrupt national stability and resilience especially in the border region.

Health policies in Disadvantaged Areas, Border and Islands are an integral part of the Government's efforts to accelerate health development, especially in the aspect of equity. The limitations of existing facilities, amount and quality of Human Resources, geographical and weather conditions are among the most important factors in this regard.[1] One of the efforts in accelerating the health development that has been done is providing Social Assistance funds according to the Decree of

the Minister of Health No. 329/*MoH/Reg*/III/2010 concerning social assistance for health services in disadvantaged areas, border and islands year 2010. In addition, the issued Decree of the Minister of Health No. 758/*MoH*/DL/IV/2011 appointed Districts and Primary Health Care in land borders and outer population islands that became the target of national priority programs for health services for disadvantaged areas, border, and islands. Based on the Decree of Health Ministry, 45 regions are designated as the main targets of healthcare programs in DABI. The uneven distribution of health workers in the lower DABI, as in Minister of Health Regulation No. 027 of 2012 concerning health troubled regional disaster management shows that 90 districts/ cities including DABI struggled in health problems. This fact indicates that the public health development index is quite low ranging between the average of -1 (minus one) raw intersection, but has an above average value based on economic status data.[2]

Further to the above issue, realizing the importance of health issues as a threat to national security of a country, the Ministry of Defense of the Republic of Indonesia (MOD) and the Ministry of Health of the Republic of Indonesia (MOH) signed a Memorandum of Understanding on Cooperation in Health until June 26, 2015. This agreement aims to increase the capacity of health institutions in MOD and MOH in implementing health services and health support functions to improve public health as a potential and strength of the national defense. One of the scopes discussed in this agreement is the implementation of health services on DABI. Although the leading sector for non-military threat control in the health sector is held by MOH, MOD is also responsible if the threat has disrupted the country's defense system. To date, MOH and MOD have taken various steps to anticipate the existence of any outbreaks happening both at home and abroad. One of which is to build the infrastructure including the equipment, facilities, and health workers which can deal with non-military threats in the health sector.[3]

Health is an inseparable part of Indonesia's national security. Health is one of the variables of the welfare aspects in the social and cultural context. There are twelve indicators of measuring instruments that are used as parameters for National Resilience in health variables. 8 out of 12 of these indicators have a focus on measuring the quality and quantity of facilities and human resources.

Hence, this study aims to analyze the contribution strategies made by the Government of Indonesia in efforts to equalize health services in the Indonesia-Malaysia border region in order to strengthen health resilience as an important part that is inseparable from national security.

Method

The study was using a narrative review of published articles associated with health services in the Indonesia-Malaysia cross-border area to the national resilience as well as other countries experiences. The study focused on obtaining secondary information sources from the articles published in several accredited indexes in Scopus which were searched by using the keywords of health service, cross-border, Indonesia-Malaysia, national resilience, and Kalimantan. The search was limited to the last 10 years (2008-2018). A critical appraisal of selected articles was performed by using the PRISMA method.

Result and Discussion

Between West Kalimantan and Sarawak, land routes have been opened between countries, namely through Pontianak-Entikong-Kuching (Sarawak, Malaysia) for about 400 kilometers and can be reached in six to eight hours. In the northern part of West Kalimantan, there are four districts that are directly adjacent to Malaysia, namely Sambas Regency, Sanggau District, Sintang District, and Kapuas Hulu Regency, which stretch along the Kalingkang-Kapuas Hulu Mountains.[4]

Based on data from the Central Bureau of Statistics in 2016, there were 244 Primary Health Care units, 899 Supporting Primary Health Care units, and 277 mobile Primary Health Care units in West Kalimantan. The hospital is one of the most vital health infrastructures in West Kalimantan. The number of hospitals in the same year was 45 units with the number of beds available were 4,143 units. In 2015, the total population of West Kalimantan Province reached 4.89 million with a population growth of 1.67 in 2010-2015.[5]West Kalimantan is one of those border areas. State border management is a very important and strategic thing that aims to:

a. Ensuring territorial integrity and upholding the sovereignty of the Unitary Republic of Indonesia;

b. Enforcing the national defense and security;

c. Utilizing the resources and equitable distribution of development and its results for the benefit of public welfare;

d. Building the competitiveness of the border community members to be able to balance the more superior social economic activities of the neighboring countries;[6]

Various threats that disturb Indonesia's national security often occur in the state border area. Based on the mapping carried out by the National Border Management Agency, the most frequent illegal activity in the province of West Kalimantan is illegal border entry and narcotics smuggling. These two activities are serious threats to the Indonesian state which can disrupt the stability of Indonesia's national security.[6]

State border crossing is the entry and/or exit point of people and goods. There are three patterns of crossing people/goods in the state border area. The unofficial crossing pattern has caused disruption to national security stability. Appropriate cross-border management is needed to answer complex and specific problems. State boundary management requires the integration of various elements, including the elements of security, customs, immigration, quarantine, and other elements or supporters.

In the West Kalimantan Region, there are four districts that are directly adjacent to the Malaysian State, namely Sambas Regency, Sanggau District, Sintang District, Kapuas Hulu Regency. The following is the distribution of the number of health workers and health facilities in the four districts:

Table 1: Number of Health Personnel by Regency in 2016[5]

	Medical Specialist	General Practitioners	Dentist	Midwife	Nurse	Total
Sambas	14	47	6	304	386	757
Sanggau	15	38	4	83	182	322
Sintang	24	42	11	50	216	343
Kapuas Hulu	11	50	2	252	456	771

Table 2. Number of Hospitals and Beds in 2016 [5]

Districts/City	Primary Health Care	Supporting Primary Health Care	Mobile Primary Health Care	Hospital	Number of Beds
Sambas	28	92	25	3	330
Sanggau	19	90	21	3	300
Sintang	20	60	51	3	161
Kapuas Hulu	23	85	39	2	145

Health problems in border areas are very complex and considered as a threat that can interfere Indonesia's national resilience, partly because it allows the entry or exit of disease-causing agents. The small number of hospitals and health workers in the border region of West Kalimantan has caused many Indonesians to seek treatment in Malaysia, instead of in Indonesia. Consulate General of the Republic of Indonesia (KJRI) in Kuching, Malaysia, records an average of 300 West Kalimantan residents per day visit a hospital in Kuching, Sarawak, Malaysia for treatment. Even in 2011, there were more than 415,000 Indonesians visiting Sarawak for treatment. Of that amount, the most visited hospitals were Normah Hospital, Timber Lyne, and Kuching Specialist Hospital (KPJ). It is estimated that the number of visits will increase by 8 percent every year.[7]

The elevated level of visit of Indonesian citizens who seek for treatment in Malaysia is caused by the transportation access problems. A resident from Sekayam District, Sanggau Regency, West Kalimantan Province said that the road to the primary health care in Sanggau District was terrible and difficult to pass. This condition causes the cost needed to go there is very high. For example, if he uses an ambulance to go there, it takes around 700 thousand rupiahs and two-hour travel time. Whereas for seeking treatment to Malaysia, he spent at most 7 ringgit, which is equivalent to 25 thousand rupiahs.[8]

The progress of information and technology does not rule out the possibility of causing an increase in the volume of people in choosing treatment. The location of the primary health careis far from the capital and adjacent to neighboring countries causes the population to have the option to go to a neighboring country, even though the primary health care as a health facility has been equipped with adequate health workers and medical devices. Based on the results of interviews in a study conducted by Laksmiarti (2014), there was an Indonesian citizen who lived very close to the primary health care in Entikong (only about 10 minutes), while going to the polyclinic in Malaysia took him 20 minutes from the border. But for a long time, these residents prefer to seek for treatment in Malaysia. According to him, he received excellent service from nurses and midwives at the Malaysian clinic. He spent 200 thousand rupiah for one treatment – 70 thousand for transportation and 100 thousand for medical expenses. He claimed that it was not a problem to spend that much money, provided that the services provided made him comfortable. He did not check himself at the Entikong health center because the health workers at the primary health care were still young because the senior officers and the head of the Primary health care were often not in place. Therefore, he trusted his health and his family's in the Malaysian polyclinic. Moreover, for the people of Entikong, they do not need to use a passport, they only need to provide their KTP to the immigration officers, then they can pass and enter Malaysia.[9]

Based on the above description, it is clear that the border which is not effectively supervised can be used as a gateway to activities that are likely to disturb national security. In the West Kalimantan region, there are three state boundary posts namely Entikong National Budget in Sanggau District, Badau National Budget in Kapuas Hulu District, and Aruk National Budget in Sambas District. There should be a good integration between immigration, customs, and health quarantine in the PLBN, which is one of the functions carried out by the port health office.

Every PLBN is reminded to tighten the supervision efforts on health quarantine to prevent the spread of unwanted diseases. This was emphasized by the Minister of Health of the Republic of Indonesia when he visited the Entikong National Budget in Sanggau District, West Kalimantan in April 2018. Special attention should be given to disease vectors such as animals that come in and out the neighboring countries to be 'cleaned up' before crossing over.

Port Health Office said that in safeguarding the border, the officer has the duty and function to prevent deterrence from the entry and exit of diseases, and to supervise drugs, food, cosmetics, medical devices, and addictive substances. The Head of the Pontianak Port Health Office added that for the land route, the Port Health Office placed several officers in Entikong, Badau, Aruk, and JagoiBabang. This officer is in charge of supervising the people's means of transportation and their luggage. The supervision also includes the corpse that enters. The body must be ensured to not carry an infectious disease agent that can cause emergency. In carrying out its duties, the Port Health Office working area also cooperates with the agricultural quarantine division in the local cross-border posts which is responsible in carrying out operational activities in quarantining animals and plants, as well as animal-based biological safety security.[10]Unfortunately, the existence of this port health work area is not supported by adequate health laboratory facilities in the border area although it was mandated by the International Health Regulation (IHR) 2005 which was updated to be the Global Health Security Agenda (GHSA). The regulation said that in order to maintain global health, each country should have a national laboratory system in the Detect-1 package action. As such, health-related security becomes the concern in the Indonesia-Malaysia border region in West Kalimantan.

Conclusion

One of the problems in the border region is border management that has not been carried out in an integrated manner. The problem of several border areas is still handled ad-hoc, temporarily (temporarily) and partially so as not to provide optimal results. Managing the Indonesian border by relying solely on security and military approaches is not enough, it requires a multi-sector approach that involves all relevant stakeholders. Good border area management is needed as an effort to strengthen Indonesia's national security. Doing so will help to realize not only the third verse of nawacita, which is to develop Indonesia from the periphery by strengthening regions and villages within the framework of a unitary state, but also the third principle of *Pancasila,* namely Indonesian Unity.

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