

Implementation of Minimum Service Standards (MSS) Policies on Non-Communicable Diseases (NCD): A Literature Review

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ABSTRACT

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The occurrence of epidemiological transitions, demographics, nutritional transitions and the transition of community behavior is the cause of the continued increase in cases of non-communicable diseases (NCDs). So it is very important to intervene through policies as an effort to prevent and control NCDs. Countries around the world have adopted WHO-PEN which is the basis for making relevant policies in the form of Minimum Service Standards (MSS) for Non-Communicable Diseases provided at primary health care facilities. This study intends to look at the implementation of the policy and see the obstacles faced in the implementation. The method used in this research is literature review, research data is taken through the wiley online library database, google scholar, proquest, pubmed and researchgate using the Preferred Reporting Items for Systematic Reviews and Meta Analysis method using the keywords public health and minimum service standards and non-communicable diseases. With the exclusion criteria, the articles below were published under 2015, incomplete presentation, articles not discussing minimum service standards, non-communicable diseases and health policies. The results show that the key policies adopted by various countries in designing and providing health services refer to WHO-PEN which is adapted to the conditions of the local community centered on three important components of health promotion as prevention efforts by controlling NCDs risk factors and carrying out adequate treatment at health facilities. The base is the health center. NCDs minimum service standards includes; availability of human resources that handle NCDs, availability of medical equipment for handling NCDs, control of NCDs risk factors, availability of drugs for NCDs, running of NCDs program activities. However, most of the community health centers could not achieve the target of 100 percent of the NCDs minimum service standard target. This is due to 1) standard constraints and policy objectives; (2) resource constraints; (3) constraints on the characteristics of implementing organizations; (4) communication barriers between implementing organizations; (5) constraints on the attitude of the implementers; (6) the constraints of the social environment of the community.

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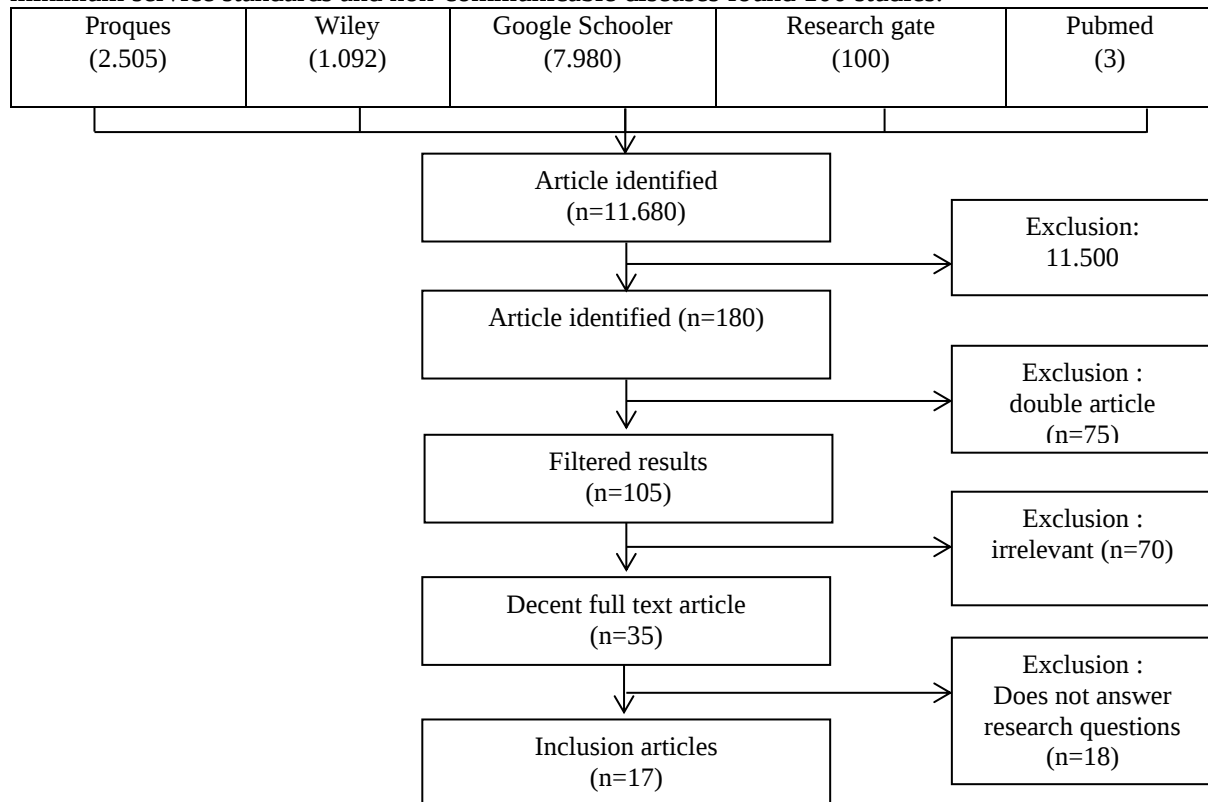
INTRODUCTION

Addressing health problems that are being faced by all governments in the world, including the Indonesian government, is facing a double burden at the same time, apart from suppressing the spread of infectious diseases that drain energy, the government is also dealing with cases of non-communicable diseases whose growth rates are accelerating (Khariri and Andriani, 2020). South Asian regions such as Nepal, Bangladesh, Pakistan, India, and Sri Lanka are experiencing a significant transition in cases of non-communicable diseases caused by economic growth and changes in people's behavior in consuming food (Bishwajit, 2016). The long list of findings of an increase in non-communicable disease cases is also a problem for low-income countries such as Ethiopia, Haiti, Malawi, Democratic Republic of the Congo, Senegal, Tanzania who are also researching in Nepal and Bangladesh (Gupta et al, 2020). South Africa is also experiencing complicated conditions in the management of non-communicable diseases (Heine et al, 2020). Even countries in the European region such as the Netherlands are also struggling to solve the problem of non-communicable diseases that are infecting individuals aged 45 years and over (Licher, et al, 2019). Neighboring countries such as Malaysia and the Philippines also experience conditions that are not much different, struggling to suppress cases of infectious diseases, especially hypertension (Palafox et al, 2018). Even China, which has good economic growth in the Asian region, is also facing problems with cases of non-communicable diseases (Xian-zhi Fu, et al, 2020).

According to WHO data, 71 percent of the causes of death in the world are non-communicable diseases that kill 36 million people per year. About 80 percent of these deaths occur in middle- and low-income countries. As many as 35% of them are due to heart and blood vessel disease, 12 percent by cancer, 6 percent by chronic respiratory diseases, 6 percent due to diabetes, and 15 percent due to other non-communicable diseases (WHO, 2018). A strong commitment is needed as an effort to prevent and control the number of non-communicable diseases through various comprehensive approaches, including through the policy of minimum service standards in the health sector carried out by each government. The existence of a minimum service standard (SPM) is very important as a common reference for each region in providing health services to the community with uniform quality. However, these efforts found challenges in their implementation, the minimum standard of health services that should be a reference in suppressing the rate of non-communicable diseases still encounters quite diverse challenges in each health service facility. This condition shows the unpreparedness of health care facilities with all available resources in the face of the epidemiological transformation of non-communicable diseases.

METHODS

This study uses a literature review method. Researchers collected data through the wiley online library database, google schooler, proquest, pubmed and researchgate. After collecting data through the research database, then the researcher used the Preferre Reporting Items for Systematic Reviews and Meta Analysis (PRISMA) method, the researcher used the keywords minimum service standards and non-communicable diseases in the proquest database found 2,505 journals, then the keywords public health and minimum service standards and non-communicable diseases in the wiley database of 1,092 journals, in the google schooler database 7,980 studies were found with the keywords minimum service standards and non-communicable diseases, then in the researchgate database with the keywords minimum service standards and non-communicable diseases found 100 studies.



RESULTS

Researchers used the Preferre Reporting Items for Systematic Reviews and Meta Analysis (PRISMA) method in collecting research journal data in the wiley online library, google schooler, proquest, pubmed and researchgate databases. Based on the determination of the keywords public health, minimum service standards and non-communicable diseases, 17 journals that meet research qualifications will be discussed in the following presentation:

[illegible]

[illegible]

Conclusion:

The standards and policy objectives of the Regulation of the Minister of Health Number 4 of 2019 which are applied at the Semarang City Health Center are difficult to achieve the set target (100%). Most puskesmas do not experience resource constraints in implementing minimum service standards in the health sector on health service indicators for people with hypertension, but puskesmas still feel lacking when there are staff who do service in the health sector outside. Dissemination of the latest regulations has been carried out, communication between organizations is carried out through social media or morning meetings. However, after that there was no follow-up on whether the human resources at the puskesmas had known and understood the regulation.

DISCUSSION

Implementation of the policy of minimum service standards for non-communicable diseases countries around the world have modified the minimum service standards for non communicable diseases owned by the world health agency WHO-PEN, which from 2002 to 2020 continued to be adjusted. Each country is catching up with the times to face a wave of increasing cases of non-communicable diseases that are increasingly worrying. There are countries that have immediately adopted WHO-PEN since it was first formulated, but there are also countries that have only formulated it a few years later. Each country can modify the standard in the WHO-PEN indicator as an effort to adjust to the country's conditions and the ability of its resources to intervene in non-communicable diseases and control factors that become potential risk factors for non-communicable diseases. WHO-PEN defines a minimum set of interventions to address major NCDs in primary care. The intervention is intended for the detection, diagnosis, treatment and treatment of cardiovascular disease, diabetes and chronic respiratory disease. A section for early diagnosis of cancer is also included. Healthy lifestyle components, self-care and palliative care are also featured in the package.

Key policies implemented by various countries in designing and providing health services to local communities are centered on three important components of health promotion as prevention efforts by controlling PTM risk factors and providing adequate treatment at basic health facilities, namely Puskesmas. Public health centers which are the spearhead of public health services in their implementation have their respective obstacles which in certain cases are caused by three factors, namely limited staff, lack of facilities and availability of drugs, and access to financing which at a certain level is still a serious problem in countries. low income. The fact is that health policies that have been designed and enacted into binding laws have not shown encouraging progress when in the field implementation these policies cannot be implemented properly. A good policy must of course be enforceable, not just a good read theoretically. This condition is generally experienced by various countries in the world, which have good health policies in the formulation of health laws but cannot be implemented at the spearhead of implementing the Puskesmas. chievement of the target of minimum service standards on non-communicable diseases in health care facilities.

The results of the study show that the Minimum Service Standard for Non-Communicable Diseases which is the task of the community health center includes five main services, namely the availability of human resources who handle NCDs, the availability of medical devices for handling NCDs, controlling NCDs risk factors, then the availability of treatment for NCDs, as well as NCDs control activities, all of which lead to NCDs prevention and control activities.

The latest WHO recommendation states that the prevention of NCDs through three main components including risk factor surveillance, health promotion and prevention through innovation and reform of health care management through basic health services. Through policies adopted from WHO, each government lowers legislation-based policies to control NCDs in their respective regions. Technically the achievement of prevention and control in the formulation determined through government policies include (1) reducing risk factors for heart disease and stroke; (2) early detection of risk factors; (3) control of cigarette consumption; (4) cancer control; (5) overcoming sensory and functional disorders (Ministry of Health, 2019). bstacles in achieving minimum service standards for non-communicable diseases in health care facilities.

The design of minimum service standards for non-communicable diseases that have been established through legislation and regulations of the minister of health in its implementation is still experiencing problems, the target set is too ideal so it is considered difficult to achieve. The implementation of the policy performance of achieving minimum service standards for NCDs can

realistically measure the level of success of the standards and goals to be achieved in accordance with conditions in the field considering the social conditions and conditions of the puskesmas in each region are very diverse. This condition can be seen from the still not achieving the targets set by the government in the minimum service standards for NCDs in public health centers in several regions.

Various evidences from studies conducted in various countries show that the achievement of the minimum service standard target for NCDs still seems to be a problem that has not been achieved optimally. This condition becomes a record as well as evaluation material for all countries in the world to make improvements as indicators that have not been achieved properly in accordance with the standards set in WHO-PEN. The achievement of the minimum service standard target for NCDs, which is still far from the provisions stipulated in the regulation of the minister of health, seems to be found in several studies showing the unpreparedness of public health center health facilities in several regions to implement minimum service standards for NCDs. If summarized as a whole, the factors constraining the achievement of minimum service standards can be classified into constraints (1) standards and policy objectives; (2) resources; (3) the characteristics of the implementing organization; (4) communication between implementing organizations; (5) the attitude of the implementers; (6) community social environmental factors.

CONCLUSION

Conclusions that can be presented based on the description of the previous chapter are as follows:

1. The policies carried out by each government in implementing minimum service standards for non-communicable diseases are carried out through laws and government regulations which directly or indirectly lead to the goal of preventing and controlling NCDs. NCDs minimum service standard service policies include (a) availability of human resources who handle NCDs; (b) availability of medical devices for handling NCDs; (c) control of risk factors for NCDs; (d) availability of drugs for NCDs; (e) the running of NCDs activities.
2. The achievement of the target of minimum service standards for non-communicable diseases in health care facilities at the Puskesmas almost did not reach the target of 100 percent.
3. Obstacles in achieving minimum service standards for non-communicable diseases in health care facilities include; (1) standard constraints and policy objectives; (2) resource constraints; (3) constraints on the characteristics of implementing organizations; (4) communication barriers between implementing organizations; (5) constraints on the attitude of the implementers; (6) the constraints of the social environment of the community.

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