I. BACKGROUND

Globalization era is being swept across parts of the world was directly increase global health issues. The high mobilization of people cause diseases transmission being faster, more widespread, non linear and also unpredictable.

Indirect effects of globalization are also led to the inequity development both physical and non physical. It makes many people are tempted to make the transition to the big cities in the hope of a decent education, health facilities more easily, as well as other needs are more easily due to the large cities have a more complete infrastructure. Urbanization in big cities are increasingly adding complex of urban health problems. In the other side, poverty area was left behind so that the gap is getting worse.

The current challenge is not only coming from global but also domestic. Indonesia is a large and very diverse country where there is high economic growth so high which cause Indonesia being country with low moderate GNP. However, inequity may become uncontrol because strength influence towards health achievement (*social determinants of health*). But, diverse socio-cultural with high social capital (*social capital*) that can be learned and reinforce each other for social security and health of the nation's development effectiveness.

XI National Congress of Indonesian Public Health Association (IAKMI) in Bandung, 2010 need IAKMI to be a professional organization that gives the direction of development, assisting, critiquing and fill the community health development program for the nation. This further reinforces the IAKMI as one of the elements of civil society who participated in the development of the nation’s health. IAKMI as a synergistic partner of the government in the development of the nation’s health for the realization of optimal health.

PP no. 38/2008 dan PP no. 19/2010 make IAKMI’s position more strategic in decentralization era. Almost all provinces and most urban districts have been authorized and have the regional board and executive branch IAKMI that can be developed to perform various public health related professions. IAKMI has more 500 members which spread in all of Indonesia. IAKMI membership is not limited by those who have passed the level of education S1, S2, S3 but all
members of the public health community with a wide range of expertise within and outside the health of working for public health is a member of IAKMI.

VISION AND MISSION
a. VISI

Central Board of IAKMI 2010-2013 have a vision “Towards Global Professional Organization”. This vision hopefully can support to create public health professional whom competitive and then capable to face global challenges and be able to use creative approach to solving health problems of specific local and also global level.

b. MISSION:
1. Implementing credentials professional
2. Play an active role in improving the quality of output of public health education
3. Develop public health competencies and skills of its members
4. Public recognition oh the professionalism of public health
5. Play an active role in national development and health development especially
6. To build IAKMI as an effective public health professional organizations throughout the territory of Indonesia

II. STRATEGI
a. Confirming the appropriate professional standards equivalent to global needs
b. Confirming the output quality of public health education
c. Develop the ability of the members in its profession
d. Encourage the development of sound public health including the development policy
e. Capacity building both at central and regional levels, including through strategic alliances with the international is no exception

III. PROGRAM PRIORITY
1. Advance Public Health Professionalism
   1. Strategic Input Factors
      • Central and Regional Institutional of IAKMI
      • Collaborate with Association of Indonesian Public Health Institution also 151 institutions of Public Health
   2. Institutional Capacity
      • Revitalization of Public Health Collegium in Institutional of IAKMI
      • Synchronization and alliances with Association of Indonesian Public Health Institution also 151 institutions of Public Health
3. **Active Programming**  
   - HPEQ Programme alliance with Association of Indonesian Public Health Institution  
   - Capacity building of Public Health Institution based on territorial

4. **Expected Output**  
   - The relevance of Education and professionalism  
   - Standard Competency  
   - Continuing Education

2. **Effective Public Health Professionalism in Advance Health of Nation’s**
   1. **Strategic Input Factors**  
      - Central and Regional of Institutional of IAKMI  
      - Flexibility Membership of IAKMI
   2. **Institutional Capacity**  
      - Revitalization Institutional of IAKMI from central until regional board  
      - Rainbow coalition in advance Health of Nation’s
   3. **Active Programming**  
      - Consortium of Public Health Institutional and IAKMI as government partners  
      - Capacity Building of Public Health profession based on territory
   4. **Expected Output**  
      - Draft of Law of The Human Resources Health  
      - Operational Research  
      - Facilitation and Consultation  
      - Health policy process  
      - Intervention Model of Public Health
## IV. ACTIVITIES PROGRAMME

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<thead>
<tr>
<th>No.</th>
<th>Activities</th>
<th>Date &amp; Place</th>
<th>Goals</th>
<th>Objective</th>
<th>Follow up Plan</th>
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</table>
| 1.  | HPEQ Project                        | Tentative, strat from 2010 – 2011         | 1. Formulate Public health public education academic paper (yr 2011)  
2. Standardize Public health professional competency  
3. Accreditation to entire School of public health by the accreditation institution managed to professional organizations its self. | 1. Public health education academic paper have been formulated | 1. Develop tools of competency testing of public health professional  
2. Implement of public health professions education program in 5 school of public health founder  
3. Formalize component of accreditation institution managed by professional organizations its self.  
4. Advocacy to government and parliament to the all public health profession set out in academic paper accommodated in regulation. |
| 2.  | 2nd HPEQ International Conference   | Westin Nusa Dua Hotel, 3-5Desember 2011  | 1. Create the international standard leaders & education of health professional education  
2. Share best practices and current research in health professional education  
3. Learning experiences, Improve HPEQ Competency  
4. Develop social community and build network | 1. socialized concept of interprofessional education to all stake holder managing the health higher education. |                                                                                                                                                     |
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<th>Event Title</th>
<th>Location</th>
<th>Objectives</th>
<th>Details</th>
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| 3. | International Symposium on Health and Research Development to address health inequity | Sanur Paradise Plaza Hotel, 16 – 18 November 2011 | 1. Exchange information, policy, and efforts in public health research and development addressing health inequity  
2. Share on the implementation of research findings into health policy in addressing health inequity  
3. Share experiences on designing evidence based public health interventions and policies to address health inequity | 1. The symposium has received appreciation from the west pacific regional liaison office World Public Health Association  
2. The solid partnership between government (NIHRD) and civil society (IPHA) as well as international organization (WHO)  
3. Dissemination event of NIHRD’s research result on international forum |
| 4. | Symposium International Gorontalo | University Gorontalo Convention Centre, 25 – 27 October 2011 | 1. Support in improve the writing skill variety of research result and encompass a variety of public health research result to attain in national and international reputation public health journal.  
2. Discuss situation and condition achievement target MDGs in Various region In Indonesia.  
3. Identification various problem to be “debottlenecking” in achieving MDGs.  
4. Discuss various solution and local potency in achieving MDGs.  
5. Arrange recommendation and local | 1. Formulated public health profession recommendation in an effort accelerating MDG target strengthening public health care as the cutting edge of health system.  
2. Capacitating of local stake holder as the decision maker of MDG in health |
|   |   |   | 1. Recommendations of the seminar presented to vice minister of health which is expected to be material input in health policy  
2. Advocating for ministry of health to put PTT Public health worker who are primary resources of health promotion. This policy also highly synergistic with the MOH which will focus on community empowerment effort. |   |
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<td>5.</td>
<td>Technical support to implement HIV and AIDS Curriculum HIV and AIDS in 17 Province</td>
<td>1. Improve the quality of the curriculum management of HIV and AIDS in universities and centers of education and training in the province 2. Enhance better cooperation between the Secretariat of the Provincial AIDS Commissions, IAKMI Province, the local University, and local health office 3. Provide a forum for consultation on improving the quality of human resources province and other efforts to increase the effectiveness of the response to HIV and AIDS</td>
<td>1. HIV and AIDS materials are fed into the local content in the curriculum of public health higher education 2. The existence of synergy between KPAP, local health office, regional board IPHA, and the University in knowledge brokering efforts of HIV and AIDS</td>
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<td>7.</td>
<td>National Health working meeting 2011  <strong>Regional I/East:</strong> 21-24 February 2011, Balai Sudirman</td>
<td>1. Increasing the role of provinces in health development 2. Accelerate the realization the achievement of program goals of</td>
<td>1. The formulated draft National Health System 2. The formulated draft National Long Term Development Plan</td>
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<td>No.</td>
<td>Event</td>
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<td>Ministry of Health</td>
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<td>8.</td>
<td>Roundtable Discussion In Preparing NCD Summit 2011</td>
<td>Hotel Acacia Jakarta, 11 August 2011</td>
<td>1. Disseminate epidemiological trend of NCD</td>
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<td>2. Discuss policy options at central dan local governments</td>
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<td>3. Strengthen government commitment for NCD control</td>
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<td>4. Elaborate civil society involvement with govts to prepare appropriate and effective actions</td>
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<td>9.</td>
<td>Send a delegation of IAKMI</td>
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<td>1. Provide input to the MOH about the Public health efforts in tackling NCD</td>
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<td>2. Participate actively in supporting the</td>
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<td>(IPHA) to accompany the Minister of Health of ROI to NCD Summit at United Nations Headquarters in New York</td>
<td>Declaration of the UN member states in the Controlling NCD from an element of professional organizations</td>
<td>2. Enclosing NCD control advocacy handbook as guideline at national and local level.</td>
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<td>10. Public Discussion: Graphic Health Warning</td>
<td>KKI room, Nusantara Building II, House of representative Indonesia</td>
<td>1. Political statements and related public opinion related Graphic health warnings should be 50% of the cigarette packaging 2. Preparation Step advocacy strategic move when graphic health warnings is less than 50% of the packaging. 3. Strategic action plan to monitor the implementation of graphic health warning</td>
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<td>1. Composed of political recommendations in the application of Graphic Health Warning on cigarette packaging in Indonesia 2. Declaration of Indobesian Student movement for tobacco control</td>
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<td>1. recommendation of implementation Graphic health warning on cigarette pack has been sent to government as a material for forming government regulation about tobacco control as addictive substances for health.</td>
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<td>3. To improve of information system of HRH</td>
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<td>of Health Manpower</td>
<td>11 November 2010, Hotel Pangrango, Bogor, West Java</td>
<td>1. Conduct the evaluation, strategic policy review, and develop an action plan for health development in Indonesia toward health care reform of an independent and equitable and also to synchronize the role of health development between health ministry of health with civil society 2. Evaluating health development efforts of and health care reform agenda of an independent and equitable 3. Discusses various &quot;the bottlenecks&quot; in health development in Indonesia based on research data and findings in the field. 4. Discuss the formation of a consortium of public health through the synchronization between the role of health ministries and civil society toward health care reform of an independent and equitable</td>
<td>1. formulated recommendations, follow-up plan and a moral commitment to support health care reform 2. The formulated health consortium format to support accelerated of national health development of</td>
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<td>13. Step II: Evaluation national Health Development toward health care reform of an independent and equitable</td>
<td>16 November 2011, Hotel Braja Mustika</td>
<td>1. Conduct a strategic review and action plan (Government and civil society) to seven (7) roadmap goals of public health reform toward health care reform of an independent and equitable</td>
<td>1. The formulated action plans targeting seven health care reform roadmap</td>
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VI. CLOSING

Thus Activity Report is structured by Central Board of IAKMI as a performance evaluation during the year 2011 which is a concern to various public health issues faced. Hopefully we can continue to achieve Health of Nation’s.