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Manuscripts with Decisions

ACTION	STATUS	ID	TITLE	SUBMITTED	DECISIONED
	Contact Journal MM: Badola, Madhavi • Accept (26-Apr-2024) view decision letter	CMRO-2024-ST-0038.R1	Indonesia's healthcare landscape: embracing innovation in the new health regime View Submission	23-Apr-2024	26-Apr-2024
a revision has been submitted (CMRO-2024-ST-0038.R1)	Contact Journal MM: Badola, Madhavi • Major Revision (18-Apr-2024) • a revision has	CMRO-2024-ST-0038	Indonesia's Healthcare Landscape: Embracing Innovation in the New Health Regime View Submission	09-Jan-2024	18-Apr-2024

Responses to Reviewers' Comments

The line numbers may be changed during the submission process; hence, we have used location descriptors to identify where in the text we have made the changes

Reviewer 1

Number	Comments and Questions	Response
1	<p>This is valuable contribution filling certain knowledge gap on Indonesia's Healthcare Landscape.</p> <p>Evidence base should be expanded and citation track record diversified to include far more evidence outsourcing from the LMICs countries and Emerging BRICS markets in particular.</p> <p>Authors should expand introduction and discussion sections for up to a few paragraphs each.</p>	<p>Thank you for your comment. We have highlighted this in our manuscript</p>
2	<p>They should also consider citation in this regard of at least several of these sources listed beneath alongside few more additional ones at authors own disposal:</p>	<p>"We acknowledge and appreciate your valuable comment, which has been duly noted and incorporated into our manuscript."</p>
3	<p>The reviewer has provided an extensive list of references however all of these are self-citation of the reviewer's own work. Therefore we request the authors to only select references relevant to their commentary and to avoid referencing most of these references unless absolutely relevant.</p> <p>https://link.springer.com/article/10.1186/s12992-</p>	<p>"We acknowledge and appreciate your valuable comment, which has been duly noted and incorporated into our manuscript."</p>

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https://www.tandfonline.com/doi/full/10.2147/RMHP.S406491](https://www.tandfonline.com/doi/full/10.2147/RMHP.S406491)
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<https://link.springer.com/article/10.1186/s12962-023-00461-9>
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<https://www.cureus.com/articles/196855-characteristics-of-top-searched-individuals-in-japans-yen-for-docs-conflicts-of-interest-database-during-the-covid-19-pandemic.pdf>
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Reviewer 2

Number	Comments and Questions	Response
1	<p>Thank you for the opportunity to review your work. Please see below my comments and suggestions:</p> <p>1. As you have written Indonesia has a high maternal mortality rate. Could you please clarify what the reasons for that are, and how universal health coverage (UHC) may help tackle the problem?</p>	<p>Implementing Universal Health Coverage (UHC) in Indonesia holds immense potential to tackle the nation's high maternal mortality rate by significantly enhancing access to quality maternal healthcare services. Through UHC, Indonesia can broaden coverage of essential maternal health services, ensuring equitable access regardless of socio-economic status. Moreover, UHC can standardize and regulate healthcare practices, bolstering the quality and safety of maternal care while also prioritizing the improvement of healthcare infrastructure in remote areas. Furthermore, UHC can facilitate comprehensive health education initiatives aimed at raising awareness and promoting healthy behaviors, ultimately contributing to the reduction of maternal mortality and the overall enhancement of women's health outcomes across the country.</p>
2	<p>You have also commented on the high rates of diseases that can be prevented via vaccination, e.g. malaria and tuberculosis (1,2). Could you please elaborate on the public health programmes aimed at tackling these diseases via vaccination? In addition, is UHC affecting the access to public health programmes?</p>	<p>In Indonesia, tackling diseases like malaria and tuberculosis through vaccination programs is crucial for disease prevention and control. The country has implemented strategies such as distributing insecticide-treated bed nets, indoor residual spraying for malaria, and providing the Bacille Calmette-Guérin (BCG) vaccine for tuberculosis prevention.</p> <p>However, integrating vaccination programs into Universal Health Coverage (UHC) can significantly enhance their effectiveness by ensuring financial protection for individuals, increasing accessibility to vaccines, and improving coverage rates, particularly among vulnerable populations. UHC also plays a vital role in addressing challenges in resource-constrained settings by prioritizing public health programs, thereby optimizing disease prevention efforts and enhancing overall health outcomes. By enhancing access to vaccination campaigns and other essential health services through UHC, Indonesia can make significant strides in improving public health outcomes and reducing the burden of vaccine-preventable diseases.</p>
3	<p>Another aspect that is causing health related issues in the long run are diet and sedentary life</p>	<p>In the context of Universal Health Coverage (UHC), integrating health promotion and</p>

	<p>style. Could you please discuss if health promotion and prevention programmes related to raising awareness, education and life style changes are planned to be part of UHC</p>	<p>prevention programs focusing on diet and sedentary lifestyles is paramount in Indonesia. These initiatives, encompassing awareness campaigns, nutrition programs, physical activity promotion, and behavioral change interventions, aim to empower individuals to make informed health choices, prevent chronic diseases, and enhance overall well-being. By endorsing such programs within the UHC framework, Indonesia can effectively address the root causes of health-related issues, promote healthier lifestyles, and reduce the burden of preventable diseases. This integration not only enhances individual health outcomes but also strengthens the sustainability and efficacy of the healthcare system, ultimately contributing to improved population health in the long term. These programs, including comprehensive awareness campaigns, targeted nutrition initiatives, physical activity promotion, and behavioral change interventions, serve as proactive measures to empower individuals, prevent chronic diseases, and foster holistic well-being. By prioritizing these initiatives within UHC, Indonesia can effectively tackle the underlying causes of health concerns, promote healthier lifestyle choices, and alleviate the burden of preventable illnesses across diverse populations. Moreover, such integration not only enhances individual health outcomes but also fortifies the resilience and efficiency of the healthcare system, laying a solid foundation for sustainable public health advancement and improved quality of life nationwide.</p>
<p>4</p>	<p>The lack of GPs in rural areas is significant. I was wondering whether there is a shortage of clinicians in Indonesia in general, due to immigration, for example, or is it unwillingness to practice in these areas? How about nurses and physician assistants, could they be filling in these gaps in primary care provision</p>	<p>The shortage of healthcare professionals, particularly general practitioners (GPs), in rural areas of Indonesia poses a significant challenge to accessing primary care services. This shortage is exacerbated by factors such as immigration, where healthcare professionals migrate to urban areas or other countries for better opportunities, and the preference for urban practice due to limited infrastructure and lower salaries in rural settings. Additionally, the scarcity of nurses and physician assistants further compounds the issue, as these healthcare workers play a crucial role in filling gaps in primary care</p>

		<p>provision. Addressing this shortage requires comprehensive strategies to incentivize healthcare professionals to practice in rural areas, improve infrastructure and resources, and invest in training and professional development opportunities to ensure equitable access to healthcare services across Indonesia.</p> <p>To tackle the shortage of healthcare professionals in rural areas and enhance primary care provision, several strategies can be implemented. Incentivizing rural practice through financial incentives, career development opportunities, and continuing education support can attract healthcare professionals to underserved regions. Training programs for nurses and physician assistants aimed at strengthening their primary care skills and retention initiatives offering ongoing support can help fill gaps in healthcare provision. Additionally, leveraging telemedicine services and mobile health units can bridge access barriers by connecting patients with healthcare providers remotely and delivering care to underserved communities. By implementing these measures, Indonesia can address healthcare workforce shortages, improve access to primary care services, and enhance healthcare delivery in rural areas.</p>
5	<p>References:</p> <ol style="list-style-type: none"> https://www.who.int/news/item/02-10-2023-who-recommends-r21-matrix-m-vaccine-for-malaria-prevention-in-updated-advice-on-immunization#:~:text=The%20R21%20vaccine%20is%20the,have%20high%20public%20health%20impact. https://www.who.int/teams/health-product-policy-and-standards/standards-and-specifications/vaccines-quality/bcg#:~:text=BCG%20vaccine%20has%20a%20documented,bacillary%20spread%20in%20the%20community. 	<p>"We acknowledge and appreciate your valuable comment, which has been duly noted and incorporated into our manuscript."</p>

Reviewer 3

Number	Comments and Questions	Response
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<p>1</p>	<p>I would like to express my gratitude to the editor for the opportunity to review the manuscript submitted to the Current Medical Research & Opinion journal. Entitled "Indonesia's Healthcare Landscape: Embracing Innovation in the New Health Regime," the manuscript offers a detailed exploration of the complexities and challenges within Indonesia's healthcare system, presenting nuanced issues, supported evidence, and concluding with strategic recommendations. While the manuscript successfully highlights key aspects and provides a solid foundation, it requires further refinement to meet the standards of novel publication. In my view, significant enhancements are necessary to elevate the quality and impact of the paper to the required level for publication.</p> <p>-The author should employ the most recent references when presenting data related to program metrics. For instance, in line 24 page 3, the author used a 2016 reference for the doctor-to-population ratio, which may have significantly changed due to shifts in population demographics and governmental policies in education and health sectors. It is crucial to update these references to reflect the current statistics and ensure the reliability and relevance of the data presented.</p>	<p>Thank you for the constructive input. The data will be updated accordingly, and any information incongruent with the theme will be removed.</p> <p>As of 2023, there are an estimated 165,453 general practitioners (GPs) in Indonesia according to data from the Indonesia Medical Council (KKI) and Indonesia Medical Doctor Association (IDI), This makes up the majority of the total 214,878 medical doctors in the country. Indonesia faces a chronic shortage of medical professionals, The ratio stands at around 0.63 doctors per 1,000 population. However, this ratio still falls below the ideal WHO standard of 1 doctor per 1,000 population.</p>
<p>2</p>	<p>In lines 20-29 page 3, the author discusses the existing disparity in the doctor-to-population ratio and correlates it with the prevalence of tuberculosis (TB) in Indonesia. It is essential for the author to establish this connection cautiously as a causal explanation, considering that the disparity in TB infections can be attributed to more complex factors, including economic conditions and broader disparities within the healthcare system. Thus, attributing TB prevalence primarily to doctor distribution oversimplifies the issue and might lead to misleading interpretations.</p>	<p>Thank you for the constructive input. The data will be updated accordingly, and any information incongruent with the theme will be removed.</p>
<p>3</p>	<p>The manuscript contains conflicting opinions, particularly evident in lines 31-41 page 3, where the author asserts a high proportion of healthcare expenses are paid out-of-pocket by individuals yet cites a reference indicating that only one-third of healthcare costs are borne by individuals. To resolve this discrepancy, the author needs to present a more recent and robust argument, supported by current evidence, to substantiate the</p>	<p>Indeed, the proportion of out-of-pocket healthcare expenditure in Indonesia remains relatively high. Here are some supporting data:</p> <p>Data from WHO:</p> <p>In 2021, 49.6% of total healthcare expenditure in Indonesia was covered by</p>

	<p>claim that the proportion of out-of-pocket expenses for healthcare remains high. This should involve the inclusion of up-to-date statistics and authoritative sources that reflect the latest trends and policy impacts on healthcare financing.</p>	<p>individuals themselves. This figure is higher compared to the average for upper-middle-income countries (37.4%) and the global average (32.2%). (Source: WHO Global Health Expenditure Database)</p> <p>Data from Indonesian statistic bureau :</p> <p>In 2020, the average healthcare expenditure per capita in Indonesia reached Rp 1,231,000 per month. Of this amount, Rp 615,000 (approximately 50%) constituted out-of-pocket expenses. (Source: Statistics Indonesia)</p>
<p>4</p>	<p>The discussion on power decentralization within the manuscript lacks depth and nuanced understanding. While the abstract emphasizes the importance of decentralizing decision-making power to local governments to optimize healthcare funding, the narrative in lines 68 on page 4 suggests that these entities now possess significant bargaining power to develop skills and manage budgets autonomously. However, it is crucial to note that autonomy in decentralization has been a significant aspect of Indonesian bureaucracy for over two decades, with its initiation around 2021. The challenges within the system extend beyond mere authority; they are also deeply intertwined with local capacity, commitment, and leadership. Moreover, the effectiveness of decentralization is contingent upon the monitoring and evaluation systems implemented by the central government. Additionally, despite the push for decentralization, significant decision-making power, particularly in critical health areas like national priorities for communicable diseases, remains centralized, with a top-down approach still prevalent in managing donor funds. This discussion requires a more comprehensive analysis to reflect the complexities and limitations of decentralization in the Indonesian health sector.</p>	<p>Indonesia's decentralization policy in the health sector has led to a redistribution of authority, resources, and responsibilities, with local governments gaining more control over health service planning and implementation. While this approach allows for tailored services and local prioritization, it also introduces challenges, such as resource disparities and uneven service delivery across regions. While some areas may see improvements in health outcomes, others may struggle due to limited resources and management capacity. To address these issues, Indonesia must strengthen local capacity, reform resource allocation, enhance monitoring systems, and establish standardized data collection practices.</p> <p>The subsequent challenge entails encountered by local authorities in Indonesia pose significant hurdles to the effectiveness of decentralization in the healthcare sector. Issues such as limited qualified personnel, inadequate infrastructure, unequal resource distribution, and weak policy implementation hinder the delivery of quality healthcare services and exacerbate healthcare disparities across regions. To optimize the benefits of decentralization, Indonesia must prioritize investments in human resource development, infrastructure enhancement, financial management capacity-building, and improved policy implementation mechanisms. By addressing these challenges comprehensively, Indonesia can enhance the effectiveness of decentralization and ensure equitable access to quality healthcare services</p>

		<p>for all citizens.</p> <p>Despite the decentralization of healthcare services, central oversight in managing healthcare funds in Indonesia plays a crucial role in enhancing transparency, accountability, and the effectiveness of the healthcare system. It ensures efficient and targeted use of funds, aligns programs with national priorities, prevents duplication and wastage, enhances accountability and transparency, and contributes to the sustainability and effectiveness of the healthcare system. Despite challenges such as resource limitations, lack of stakeholder coordination, and fragmented information systems, efforts to strengthen central oversight through capacity building, improved coordination, and integrated information systems can lead to a more sustainable, effective, and accountable healthcare system in Indonesia, providing quality healthcare services for all citizens. Prevention efforts, particularly in family planning education and nutritional improvements (especially those related to lifestyle factors such as smoking and cardiovascular diseases), are deemed to yield greater benefits compared to the development of healthcare facilities. In addition, private sector involvement is crucial for the successful implementation of such public health programs.</p>
	<p>The author emphasizes the significance of innovation in healthcare delivery within the recommendations, which is indeed crucial. However, there is a noticeable lack of practical guidance on the specific types of innovations that could effectively address the complexities of the current healthcare system. To enhance the paper's utility for policymakers, it would be beneficial to include examples of practical solutions that have been successfully implemented or proposed in similar contexts. This addition would provide a more concrete foundation for the recommendations and offer actionable insights that could assist in the formulation and execution of health policies. Such illustrative examples would not only enrich the discussion but also bridge the gap between theoretical recommendations and their real-world</p>	<p>The complexities inherent in the current healthcare system necessitate innovative solutions that target issues such as access, cost, and efficiency. Among these innovations are telehealth and digital health platforms, which utilize technology to facilitate remote delivery of healthcare services. The benefits of these platforms include increased access to care, particularly in rural areas, enhanced management of chronic diseases, and reduced wait times for consultations. For instance, Rwanda implemented a nationwide family planning program, connecting rural health centers with specialists in urban hospitals, thereby significantly enhancing access to specialized care. Similarly, India launched "eSanjeevani," a national teleconsultation platform enabling patients to</p>

	application, thereby increasing the paper's relevance and impact.	consult doctors remotely, thereby alleviating travel burdens and reducing costs.
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Current Medical Research & Opinion: FINAL REVISIONS REQUIRED External Inbox x



Ahmed, Mithi

Dear Dr Rahman, I hope you are keeping well. Many thanks for your revised manuscript submission— things are looking great however there remains a few areas that

Thu, Apr 25, 6:52 PM (2 days ago) ☆



Ferry Fadzul Rahman

Dear editorial team! will look into this and get back to you. Thank you

Thu, Apr 25, 6:53 PM (2 days ago) ☆



Ferry Fadzul Rahman <ffr607@umkt.ac.id>
to Mithi

Fri, Apr 26, 1:53 PM (19 hours ago) ☆ ↶ ⋮

Dear Editor

I hope this email finds you well! Herewith, I attached my revision draft (track change and clear) and also my response

EDITOR'S COMMENT: The reviewer has also asked what the reasons for a high maternal mortality rate are. Please could you ensure this is also included in the manuscript?

response : The number of maternal deaths in Indonesia is currently approximately twice that of its counterparts in Asia [4]. These encompass concerns regarding Indonesia grappling with formidable obstacles in its maternal healthcare domain, notably encompassing apprehensions regarding the quality of care attributable to inadequacies such as under-equipped healthcare facilities and insufficient training among healthcare personnel [2]. Persistent differentials in healthcare accessibility, notably afflicting women hailing from remote locales or marginalised socioeconomic strata, exacerbate the challenge [2]. Furthermore, the inherent risks associated with pregnancy and childbirth underscore the necessity for concerted efforts to mitigate complications.

EDITOR'S COMMENT: Please could you confirm whether any AI tools were used to prepare your article and if so, in what capacity? This is so that we can include this in our transparency statement.

response : We use Consensus (<https://consensus.app/search/>) through our discerning utilisation of the Consensus application, we endeavor to epitomize scholarly rigor and methodological exactitude, ensuring the meticulous curation of knowledge from the vast expanse of academic discourse.



13 of 3,515 < >

Current Medical Research & Opinion: FINAL REVISIONS REQUIRED External Inbox x



Ahmed, Mithi

to me

Dear Dr Rahman,

Thu, Apr 25, 6:52 PM (2 days ago) ☆ ↶ ⋮

I hope you are keeping well.

Many thanks for your revised manuscript submission— things are looking great however there remains a few areas that require your final attention before we can finalise the paper. Please see below:

Reviewer 1

1. As you have written Indonesia has a high maternal mortality rate. Could you please clarify what the reasons for that are, and how universal health coverage (UHC) may help tackle the problem?

RESPONSE: Implementing Universal Health Coverage (UHC) in Indonesia holds immense potential to tackle the nation's high maternal mortality rate by significantly enhancing access to quality maternal healthcare services. Through UHC, Indonesia can broaden coverage of essential maternal health services, ensuring equitable access regardless of socio-economic status. Moreover, UHC can standardize and regulate healthcare practices, bolstering the quality and safety of maternal care while also prioritizing the improvement of healthcare infrastructure in remote areas. Furthermore, UHC can facilitate comprehensive health education initiatives aimed at raising awareness and promoting healthy behaviors, ultimately contributing to the reduction of maternal mortality and the overall enhancement of women's health outcomes across the country.

EDITOR'S COMMENT: The reviewer has also asked what the reasons for a high maternal mortality rate are. Please could you ensure this is also included in the manuscript?

Editorial comments

EDITOR'S COMMENT: Please could you confirm whether any AI tools were used to prepare your article and if so, in what capacity? This is so that we can include this in our transparency