HUMAN RESOURCES ON HEALTH (HRH) FOR FOREIGN COUNTRIES: A CASE OF NURSE 'SURPLUS' IN INDONESIA

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BACKGROUND

Human resources on health (HRH) in Indonesia include all persons engaged in healing and rehabilitation of peoples suffering of illnesses as well as promoting and maintenance of peoples' health status. They can be the communities who support those with disease problems (informal) to professionals that provide health cares (formal). HRH is considered as one of the important component in the 1982 National Health System in Indonesia (NHSI), and it is placed significantly as a major sub-system and one of the most pertinent health policies in the 2003 New National Health System in Indonesia (NNHSI). In this particular paper, the general discussion will be merely concentrated at the nurses in Indonesia, and it will be focused at the nurses in Indonesia for foreign countries. This concentration is selected due to the subject is considered as one of the most complicated and complex effort in improving the effectiveness and efficiency of HRH in Indonesia.

The total academic of nurses and health poly-technique for nurses in Indonesia is 409 schools; with the total prediction of nurse production are approximately 22,000 persons per year (reported about 18,000 nurses in 2004). The total absorptive capacity by public health sector within this five year of health development period is in exceed of 2000-3000 persons per year, while the total absorptive capacity by private health sector is vary and depend on situation with approximately 1000 – 2000 persons per year.

Unequal distribution of nurses in Indonesia is still a serious problem in Indonesia. Concentration of nurses is in the big cities and surrounding areas of Java and other big islands. Difficulties of geographic with lack of transportation and infrastructure

facilities in most areas outside of Java, Bali and Sumatra islands cause rejection of nurses to be placement in those areas

Decentralization policy in health and other sectors has been started since 2001. This sudden and new policy of the Government of Indonesia has caused some uncertainty of local HRH policies including to the placement of nurses. While low salary, lack of facilities and uncertainty of future carrier of nurses are also considered as other importance factors for unequal distribution of nurses in Indonesia.

The above conditions have created a discrepancy of nurse production and placements with approximately more than 15,000 nurses do not get proper placements. Or, in other words, there has been a 'surplus' of roughly 15,000 nurses per year in Indonesia. On the other hand, there are opportunities for Indonesia to send nurses abroad due to high needs of nurses from neighboring countries (i.e. Malaysia, Singapore, Australia), middle-east countries (i.e. Saudi Arabia, Abu Dhabi etc.), European countries (the Netherlands, Germany etc.) and USA. The Government of Indonesia has also encouraged for placement of Indonesian manpower especially for nurses to work abroad for improving countries foreign reserves and reducing jobless in Indonesia.

HEALTH SYSTEM AND HRH IN INDONESIA

The policy of health development in Indonesia is based on the Health Law no. 23/1992 and several regulations or decrees based on this law as well as other health related laws. The Minister of Health Decree to the 2003 New National Health System in Indonesia (NNHSI), the concept of Healthy Indonesia 2010, and some ratification documents made by the Government of Indonesia (GOI) to the global health commitments such as roll back malaria, 3 by 5, millennium

development goals and so forth have directed the health policy in Indonesia to be more specific strategies or programs of health development in Indonesia.

It is clearly stated in all of those stewardships direction, particularly by the Minister of Health Decree to the 2003 NNHSI that HRH is one of the most important subsystems of NNHSI framework in Indonesia. The other subsystems of NNHSI are health services, health financing, health management, drugs and health equipments, and community empowerment. NNHSI is a stewardship document covered all of the Indonesian integrated efforts to guarantee the achievement of the health status of Indonesian to the highest possible degree. The NNHSI objective is to ensure the implementation of health development by all nation potentials, public, private and community, in synergizing optimally, efficiently and effectively in order to achieve the highest possible degree of Indonesian health status. The basic principles of NNHSI are humanity, human right, equity and fairness, community empowerment and self-sufficient, partnership, priority and efficiency, and effectiveness.

The ***subsystem of health services*** is a NNHSI subsystem directed all of public and private health care services integratedly and to support each other in achieving the highest possible degree of Indonesian health status. The objective of this sub-system is the implementation of accessible, affordable and high quality of health care services in Indonesia as a part of overall health development in Indonesia. The basic principles are: 1. The public health care services should be carried out by the GOI with community involvement and 2. The private health care services should be implemented by GOI, community and private sectors. The implementation of public and private health care services should be comprehensive, integrated, retain sustainability, affordability, high quality and gradually. The public and private health care services should be professional, based on nation morale, ethics and follow on the development of health knowledge and technologies.

The subsystem of ***health financing*** is a NNHSI sub-system directed all of efforts in collecting, alocating and spending of health budget integratedly and to support each other in achieving the highest possible degree of Indonesian health status. The objective of this sub-system is the availability of sufficient health budget, the fairness of health budget allocation and the efficiency as well as effectiveness of health budget spending for health care services in Indonesia as a part of overall health development in Indonesia. The basic principles are: 1. Health budget should be sufficiently available and it should be managed transparently, 2. The GOI budget should be used particularly in increasing the public and private health care services for disadvantaged communities; 3. The community budget for private health care services should be organized effectively and efficiently for compulsory health insurance system with additional benefit as needed voluntarily, 4. The compulsory health insurance for private health care services is a part of overall scheme of compulsory social insurance in Indonesia, and 5. The application of health financing in Indonesia should be based on the public-private mix partnership.

The ***subsystem of human resources on health (HRH)*** is a NNHSI subsystem covered all of integrated planning, training, education and utilization of HRH in Indonesia and to support each other in achieving the highest possible degree of Indonesian health status. The objective of this sub-system is the availability of high quality of HRH, the fairness distribution of HRH, and the effectiveness and efficiency HRH utilization to realize the highest achievement of health development in Indonesia. The basic principles are: 1. Production of HRH covering number, types and qualification based on the need and demand of the local and international markets, 2. Appropriate utilization of HRH concerning particular attention to the equity, welfare and fairness aspects of HRH, 3. Improvement of the HRH quality which are focused at the advancement of health knowledge and technologies, moral and performance based on the religion and professional ethics, and 4. Career development should be carried out objectively and transparency based on their working performances and national

The ***subsystem of drugs and health equipments*** is a NNHSI subsystem directed all of integrated efforts to ensure the availability, equity and quality of drugs and health equipments in Indonesia and to support each other in achieving the highest possible degree of Indonesian health status. The objective of this sub-system is the availability of safe, effective, affordable and high quality of drugs and health equipments to realize the highest achievement of health development in Indonesia. The basic principles are: 1. Drugs and health equipments as one of the human basic needs cannot only be treated as economic commodities, 2. Basic drugs and health equipments as public needs should be ensured their availability and affordability, 3. Drugs and health equipments should not be promoted improperly and exaggeratedly, 4. The circulation and utilization of drugs and health equipments should be in line with laws, ethics and morale of Indonesian, 5. Optimizing of national drugs and health equipment industries should concern with their variability and competitiveness, 6. Hospital and other health care services should be standardized based on the standard list of national essential drugs, 7. Drugs and health equipments should be managed nationally with high concern in quality, usefulness, price, accessibility and safety, 8. High quality, safe, scientific tested and effective effects of traditional drugs should be developed and improved, 9. Drugs and health equipments safety should be carried out since their production, distribution and utilization, and 10. Further policy of national drugs and health equipments should be decided by GOI and other related components.

The ***subsystem of community empowerment*** is a NNHSI subsystem covered all of integrated health efforts of personals, groups and communities in Indonesia and to support each other in achieving the highest possible degree of Indonesian health status. The objective of this sub-system is the availability of effective and efficient health care services, health and social advocated, health and social monitoring by personals, groups and communities to realize the highest achievement of health development in Indonesia. The basic principles are: 1. Promotion of personals, groups and communities based health care services, 2. Empowerment of community voices and choices, 3. Improvement of community

awareness, willingness and abilities in health development, 4. Improvement of openness, responsiveness and responsibility of GOI to empower the community, 5. Improvement of partnership and mutual self-help.

The ***subsystem of health management*** is a NNHSI subsystem covered all of integrated health data and information system, health knowledge and technology application, law enforcement and health administration in Indonesia and to support each other in achieving the highest possible degree of Indonesian health status. The objective of this sub-system is the availability of high quality of health information system, health knowledge and technology support, law and health administration application to realize the highest achievement of health development in Indonesia. The basic principles are: 1. Empowerment of evidence based health development supported by high quality of health information system, health knowledge and technology, morale and professional ethics, 2. Certainty of health law and health administration discipline, 3. Anticipation to the global health development and enforcement of decentralization and local autonomy policy, 4. Development of self sufficient, inter-sector coordination and involvement of community as well as private sectors, 5. Application and coordination of all subsystems within the Indonesian health system.

POLICY OF NURSE IN INDONESIA

Based on the above general health policies, several operational stewardships of HRH in Indonesia, especially those related to nurse policy has been developed such as: * Policy of HRH Development 2000 – 2010

* Strategic Plan of National Board of Development and Empowerment of HRH, etc.

Basically there are 6 general strategies concerning the nurse policy in Indonesia:

1. Planning improvement of nurse
2. Education improvement of nurse
3. Training improvement of nurse

4. Placement improvement of nurse
5. Empowerment of nurse profession
6. Improvement of integrated management of nurse

Planning improvement of nurse in Indonesia has been carried out through: a. Need analysis of nurse, b. Development model of nurse empowerment, c. Development of planning of total number and type of nurse needed, and d. Development of nurse monitoring and evaluation system

Education improvement of nurse in Indonesia has been implemented by MOH in several programs as follows: a. Management development of nurse education, b. Development of educational process of nurse academy, c. Development of HRH of nurse academy, and d. Development of infrastructure of nurse academy

Training improvement of nurse in Indonesia has been developed through several programs as follows: a. Development of management of nurse training, b. Development of methodology and technology of nurse training, c. Maintenance of quality of nurse training, and d. Development of resources of training centers.

Placement improvement of nurse in Indonesia has been applied through the following programs: a. Development of equity model of nurse placement, b. Improvement of quality and self sufficient of nurse, c. Development of education assistance to poor community and community at the remote areas who are interested to be nurses, d. Development of government regulation for equity of nurse distribution, and e. Empowerment of nurses for abroad placement

Empowerment of nurse profession in Indonesia has been carried out through: a. Improvement of self sufficient in nurse profession, b. Development of nurse regulation, c. Performing a net work collaboration between nurse professional organization and nurse academy, and d. Development of council of health professional including nurse professional organization.

Improvement of integrated management of nurse in Indonesia has been implemented through the following programs: a. Improvement of planning and evaluation of National Board of Development and Empowerment of HRH, b. Development of nurse management at national, province and district levels, c.

Enforcement of law and organizational management of nurse, and d. Development of nurse information system as part of overall HRH information system.

Total number of HRH in Indonesia in 2003 was 450,427 persons (53% of them or in exceed of 250,000 persons were nurses) in providing health services to approximately 215 million people in Indonesia **(Table 1. Trend of Availability of Various HRH in Indonesia 1983 – 1997 and Its Projection to 2010)**. With the growing of population estimated at 1.35% per year, it has been expected the total population of Indonesia in 2010 will be approximately 236 million people ***(Table 2. Proportion and Number of Indonesia Population Based on Age, Census 1961 – 1990 and Projection 2000-2020)***. This amount of population in 2010 needs approximately 1,097,119 HRH with approximately 583,000 nurses. With the total production of nurse approximately 20,000 nurses/year (in range of 18,000 to 22,000 nurses per year), the expected of nurses can be produced within the period of 2003 – 2010 (7 years) will be approximately 140,000 nurses or by the year of 2010, there will be roughly 390,000 nurses in Indonesia. This figure is actually far behind the projected need of 583,000 nurses in 2010 ***(Figure. 1. Availability and Need Projection of HRH 1982-2010 in Indonesia)***

Table 1. Trend of Availability of Various HRH in Indonesia 1983 – 1997 and Its Projection to 2010

No.	Category of HRH	Avail-ability in 1983	Avail-ability in 1988	Avail-ability in 1993	Avail-ability in 1997	Projection of Availability in 2005	Projection of Availability in 2010
1.	Medical Doctor: Specialist	1.155	2.815	4.859	6.776	9.695	12.370
2.	Medical Doctor: G Practitioner	15.122	17.662	20.600	28.568	45.015	56.773
3.	Dentist	1.292	3.821	5.321	6.972	11.069	14.032
4.	Pharmacyst	-	1.777	3.027	7.646	12.815	17.752

5.	Other HRH (Universities level)	1.219	1.860	2.500	3.000	6.034	9.142
6.	Nurses (Academic level)	44.651	64.087	94.675	216.52	347.441	419.355
7.	Nurse Assistant	12.011	22.858	40.358	66.962	115.822	147.122
8.	Nurse Helper	29.473	56.186	59.186			
9.	Non . Medical/Nurse HRH	63.221	108.959	116.459	52.181	81.024	90.993
Total HRH (professional)		***168.144***	***280.025***	***346.985***	***388.627***	***629.095***	***767.539***
Community based health volunteers		***120.252***	***191.349***	***262.913***	***388.627***	***629.095***	***767.539***
Total HRH (professional & community)		**288.396**	**471.374**	**608.898**	**777.254**	**1.258.189**	**1.535.078**

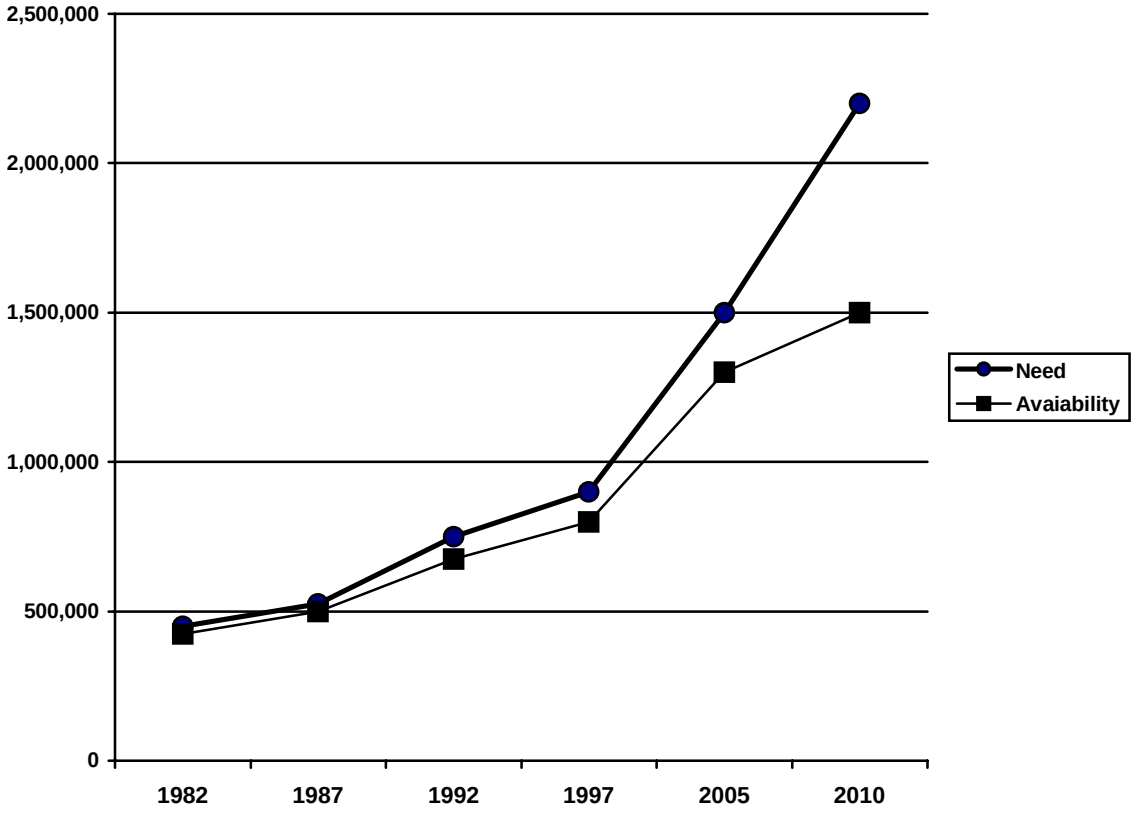
Source: MOH RI (2000**).** *'Policy of HRH Development 2000-2010', Supporting Book.*Jakarta

Table 2. Proportion and Number of Indonesia Population Based on Age (Census 1961 – 1990 and Projection 2000-2020)

Group of Age	1961	1971	1980	1985	1990	1995	2005	2010	2020
Proportion of Population in %									
0-14	**42.1**	**44.0**	**40.9**	**39.4**	**36.5**	**33.6**	**30.2**	**25.9**	**22.1**
15-34	**32.6**	**30.6**	**32.6**	**33.7**	**35.6**	**36.6**	**37.3**	**36.1**	**32.1**
35-64	**22.7**	**23.2**	**23.2**	**23.5**	**24.0**	**25.5**	**27.9**	**32.4**	**38.6**
65+	**2.6**	**2.3**	**3.3**	**3.4**	**3.9**	**4.3**	**4.6**	**5.7**	**7.2**
	100.0	**100.1**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.1**	**100.0**
Number of Population in million									
0-14	**40.9**	**52.5**	**60.3**	**64.6**	**65.4**	**65.5**	**63.2**	**60.9**	**56.2**
15-34	**31.6**	**36.5**	**48.1**	**55.3**	**63.8**	**71.3**	**78.2**	**84.7**	**81.6**
35-64	**22.0**	**27.7**	**34.2**	**38.6**	**43.0**	**49.7**	**58.5**	**76.1**	**98.2**
65+	**2.5**	**2.7**	**4.9**	**5.6**	**7.0**	**8.4**	**9.5**	**13.4**	**18.2**
	97.0	**119.4**	**147.5**	**164.1**	**179.2**	**194.9**	**209.4**	**235.1**	**254.2**

Source: Central Bureau of Statistics, Population Census (1990) and Demography Institute, University of Indonesia, Indonesian Population Projection (1994)

Figure 1. Availability and Need Projection of HRH 1982-2010 in Indonesia



Source: MOH RI (2000**).** *'Policy of HRH Development 2000-2010', Supporting Book.*Jakarta

However, due to some policy changes and several other factors, it seems that the total production of nurse in range of 18,000 to 22,000 nurses are over 'surplus' of nurse production. In detail, this 'surplus' production of nurse is caused by:

1. Low absorption of government and private health sectors. This low absorption is due to the GOI low formation and budget allocation to placement new nurses in public hospital, public health center and other public health care facilities. The GOI has only able to provide formation and budget allocation for maximum of 3,000 nurses yearly. While at the private health sectors, the placement of new nurses has depended on the needs of each private hospital, clinic and other private health care facilities. It is predicted that the private health sectors

can only absorb approximately 2,500–3,000 new nurses yearly. Therefore, only 1/3 of the total production of new nurses in Indonesia can be recruited properly. Placement of remaining 2/3 of the total nurse production is still uncertain.

2. Decentralization policy carried out at once at the beginning of 2001 has created some misunderstanding concerning policy and responsibility between national, province and district levels in HRH placement. This misunderstanding has caused some rejection of the local district to the placement of nurses. However, with the revision of decentralization government regulation with the 'PP 32 2004', this problem hopefully can be solved in the near future.
3. Inaccessible geographic conditions and inadequate transportation system to most areas out of Java, Sumatra and Bali islands have also created some rejection of nurses to be placement. Most of hospitals, health centers and other health facilities in the eastern part of Indonesia are located in the small islands or in the remote areas with lack of transportation system. These problems have been attempted to be solved by additional compensation to nurses who want to be placement in those areas. However, due to their basic salaries are low and limited budget of the GOI, these additional compensations are not big enough to motivate them to be placement in those remote areas.
4. Uncertainty of future career of the nurses is another important factor. Due to budget limitation, the GOI cannot provide certain fixed future career improvement to all of nurses. Decentralization also provides some difficulties to nurses to move from remote district to other accessible districts.

Based on the above reasons, some 'surplus' of the nurses cannot be avoided, however, some efforts by the GOI has to be taken to solve this problem. The concentration of problem solving is still some efforts for equitable distribution of nurses through out of Indonesia. Alternatively, to send abroad those 'surplus' nurses are one of the best solutions decided by the GOI.

NURSE FOR FOREIGN COUNTRIES

Several countries have been offering opportunities for nurses, medical doctors and other HRH to work there. This promotion has been sent it to GOI and they have asked for having nurses and other HRH to work there with various kinds of criteria including test requirements. For example, USA has offered unlimited nurses for 'S1' or at the level of bachelor in Indonesia (university level in Indonesia, which is high school graduated plus 5 years education at the School of Nursing) and 'D-3' or graduated from academic in Indonesia (academic level in Indonesia, which is high school graduated plus 3 years education at the Academic of Nursing or Poly-technique School of Nursing). Saudi Arabia has also offered its need to have 1000 female nurses to work there with certain criteria. Table 1 shows in detail some needs and criteria should be fulfilled for 4 countries as follows:

Table 1. Needs and Criteria of 4 Countries for Foreign Nurses

Needs, criteria and others	USA	Australia	Saudi Arabia	Malaysia
Needs	Unlimited number of nurses for 'S1' & 100 nurses for academic level	-	1,000 nurses	-
Criteria	TOEFL (540 for 'S1' and 450 for academic level) Passed CGFNS Green Card For academic nurses need to	South Austr: - IELTS 5.5 - Worked at nursing home 6 mo - Evaluated by Flinders Univ	- Female - Age </= 35 years - Gov official or private w/ 2 years experienced	- 'D3' nursing - Passed ESL in Indonesia - Passed MNB test - Posted in private

	take ESL for 6 months	- Pre registr. Course North Aust -iELTS 6.0-6.5 - Passed Immersion Course	in hospital - Can speak English - Passed written test, audience, & health test	hospital as on the job training in the first year
Possible length of contract	3 years and can be extended	3 years and can be extended	1 year and can be extended	3 years and can be extended
Fringe benefits	None	North Aust: RN Course	Free housing, meal 3 X, transportation, nursing dress & health insurance. After 3 years will get 50% salary increased	Housing, civil service, territory allowances and air ticket.
Possible salary	US $ 4,000 per month	Aust $ 3,000-4,000/ month	Real 2,250 for 2 years experienced nurse and Real 2,450 for 4 years	+/- Ringgit 1,500

Source: Muharso, Interactive Discussion of Foreign HRH Indonesia, 2005 (Indonesian language)

There are also possibilities of working in other countries such as UEA, Kuwait, the Netherlands, Great Britain, Brunei, other Middle East countries and so forth. Since

1996, actually there has been some experienced of Indonesian nurses to be foreign countries workers. Those countries have required passing test of nurses who accepted to work in their countries. Although demands of those recipient countries have been big enough, since 1996, the passing rate of Indonesian nurses have been very low with approximately 25% of the total applied nurses. However, the passing rate has showed some significant improvement within these pass 2 years. The detail data about passing rate (the percentage of nurses who pass the foreign countries examinations for working there) can be seen in Table 2.

Table 2. Passing Rate of Indonesian Nurses by Countries Recipient, 1996 - 2004

Year	Country	Number of Applied Nurses	Number of Nurses Passed the Test	Passing Rate (%)
1996	United Emirate Arab (UEA)	120	11	9.1
1997	UEA	123	17	13.8
1998	- UEA - The Netherlands	600 300	143 60	23.8 20.0
1999	UEA	300	50	16.6
2000	- UEA - Kuwait	315 726	60 241	19.0 28.9
2001	Kuwait	768	210	27.3
2002	- Kuwait - Great Britain	754 19	241 4	32.1 21.1
2003	-	-	-	-
2004	Saudi Arabia	120	58	48.3
2005	Saudi Arabia	179	107	59.7

Source: Center for Empowering of Profession and HRH for Foreign Countries,2005

The education policy of nurses for foreign countries in Indonesia follows the general policy of improvement education of nurses developed by the National Board of Development and Empowerment of HRH, MOH Indonesia. They are as follows:

1. Basic nurse education:
    a. Academic of Nursing or Health Poly-technique for Nurses: Three years education after graduated from Senior High School with graduated level of 'D3'.
    b. University, Faculty of Nursing: Five years education after graduated from Senior High School or two years education after graduated from Academic of Nursing or Health Poly-technique for Nurses with graduated degree of 'S1' (bachelor level).
2. Additional courses for nurses who graduated in regular Academic of Nursing, Health Poly-technique for Nurses or Faculty of Nursing. This course is called 'KIPI' or Inclusive Course for Indonesian Nurses. This is a 5-6 months course for Indonesian nurses who want to work abroad. The course materials focus on English language, improvement of clinical nursing experiences and cultural knowledge of foreign countries.
3. Additional 1 year for specific courses needed foreign country in Academic of Nursing and Health Poly-technique for Nurses with graduated degree of 'D4'. The five specification courses added within one year are high care nursing, medical surgical nursing, pediatric nursing, obstetric nursing and emergency nursing.
4. International class in Academic of Nursing and Health Poly-technique for Nurses. These classes are in collaboration with the Griffith University, Australia. The curriculum is still being developed.
5. Sister school with Australian Universities such as Griffith University, Northern Territory University, Flinders University, University Technology Sidney and so forth. After finishing 'D3' in Indonesia, they have to take courses in Australia for 6 months follow by working in Australia for 2 years.

The mechanism of recruitment and placement of nurses for foreign countries is coordinated by Ministry of Health (MOH) together with professional organization of nurses (National Association of Indonesian Nurses). The private and individual nurses who want to work abroad should be registered by the professional organization of nurse in Indonesia. After registration, they will be sent to MOH for selection process. If the nurses pass the test and all criteria required by the foreign countries, they will be prepared by MOH and sign a contract to the users as well as with MOH. Finally after all of the administration procedures have been proceeded, they are sent to the country destination. For the government nurses, they can be directed apply to the MOH, further process is the same as private or individual nurses.

While they are working in foreign countries, the MOH will monitor them through the collaboration with the Ministry of Foreign Affairs. After they come back to Indonesia due to their contract is finished, they have to report to the MOH for further placement in Indonesia. Most of the private and individual nurses who return to Indonesia after successfully fulfilling their contracts will be placement to the private hospitals. While most of the government nurses who return to Indonesia will be recruited to be teachers in the Academic of Nursing, Health Poly-technique for Nurses or Faculty of Nursing.

Overall schematic of recruitment and placement mechanism of nurses for foreign countries can be seen in **Figure 2.**

DISCUSSION

Although at the beginning of program of sending nurses abroad has an objective to solve the problem of ‘surplus’ nurses in Indonesia, the GOI has aware that this program should be seriously manage and prepare in the future. The seriousness of GOI has showed by the MOH new organizational structure in 2005 which has

created the Center for Empowering of Profession and HRH for Foreign Countries under the National Board of Development and Empowerment of HRH. Another strength is the efforts of international class for nurse education, sister school system with some Australian Universities and some additional courses for the nurses who want to work at foreign countries. The strengths are also showed by the preparation of mechanism for nurses who want to work abroad in collaboration with nurse professional organization and other related departments in Indonesia, as well as the increasing of the passing rate of the candidates within these 2 years period. Career development after they return to Indonesia has also been prepared. The encouragement of general policy of GOI in supporting the overall manpower development in working abroad is also one of the strengths.

However, several weaknesses are recognized as follows: 1. Ability of speaking and writing in English for Indonesian nurses are still low and vary from one education institution to others, particularly between nurses education institutions in Java and outside of Java, 2. Nursing capabilities (particularly clinical practice and specific nursing procedures) of Indonesian nurses are still weak and unequal, 3. Teaching hospitals for international standard in Indonesia are very limited, 4. Limitation of teachers with international experiences, 5. Due to limited budget, socialization and preparation of information regarding the needs of nurses for foreign countries are inadequate, 6. GOI commitment of budget for international nursing education is still not strong enough, 7. Standard operational procedure for recruitment, selection, empowerment, monitoring and evaluation of Indonesian nurses work abroad is still uncertain, 8. No evaluation and follow up has been taken to the hundreds of Indonesian nurses who worked abroad since 1996, 9. There are still production of nurses with the basic of junior high school carried out by some institution out of Ministry of Health, and 10. Mechanism of coordination and collaboration between national and local is still not effectively carried out.

The opportunities of Indonesian nurses to work in foreign countries are very big, it can be seen by the offers of various countries to Indonesia. However, if Indonesia

is not able to fulfill those demands, there will be replaced by nurses from other developing countries who have better capabilities as compared to the Indonesia nurses. These challenges particularly come from other developing countries which are using English as their national language or as their second language.

Based on the above discussion, some Inputs for future policy to the development of nurses for foreign countries are as follows:

1. Nurse for foreign country should not be only a policy to solve the 'surplus' problem of nurses, but it should be the sustainable need and policy of the GOI in improving the nurses value, nurses standard quality, nurses technical experience, nurses welfare and country foreign reserved.
2. Nurses for foreign countries should not fully be the responsibility of MOH, but it is also the responsibility of GOI (at least Coordinator Ministry of Social Welfare, Coordinator Ministry of Economics and Finance, Ministry of National Education, Ministry of Manpower, Ministry of Foreign Affairs, Ministry of Law and Human Right and Ministry of Trade), private sectors, professional organization and community organization. High commitment among all of those components needs to be stimulated and created through a policy, implementation and monitoring as well as evaluation team.
3. Quality improvement and create sustainability as well as consistency to the development of international class of nursing schools (academy and health poly-technique for the nurses), sister school system and some additional courses for preparation of nurses for foreign countries.
4. In depth evaluation of nurses who have been experienced in abroad since 1996, use all of their positive and negative experiences as serious inputs for improving the education, training, recruitment and other preparatory mechanism and so forth. Used them as permanent or guess lecturers in the academy of nurses and health poly-technique school of nurses.
5. Improvement of teachers quality and experiences for academy of nurses and health poly-technique school of nurses. For example to give them opportunity to evaluate and monitor the nurses' performance abroad. This

experience is the best way to know what are problems and positive factors of nurses who are working abroad.

6. Improvement the infrastructure of academy of nurse and health poly-technique school of nurses such as nursing laboratory, language laboratory, library, research and development and so forth
7. Creation of standard operational procedure for nurses for foreign countries through regulation and integrated decree of all parties mentioned in the input no 2.
8. Intensive socialization to GOI, private sector, professional organization and community organization about the importance of nursing for foreign countries and the mechanism of participating in this program
9. Improve the commitment of budget allocation of GOI for this program and to solve other weaknesses mentioned in the above discussion such as strengthening the monitoring and evaluation system, placement as well as career development after the nurses return back to Indonesia

CONCLUSION

The nurse program for foreign countries in Indonesia has been carried out since 1996. At the beginning, this program has attempted to solve the false ‘surplus’ problems of nurses in Indonesia. Recently, however, the MOH seriously concern to this program. It is proven by several efforts to promote the nurse program for foreign countries started from the improvement of education, recruitment and others mechanism related to nurses for foreign countries. Some achievements, strengths, weaknesses, potentials and threats have been discussed in the above paper. Alternative policy inputs for future improvement of this program have also been submitted.

The sub-system of HRH in Indonesia is one of the important sub-systems of NNHSI as one of the stewardship of health development in Indonesia. The

objective of this sub-system is mainly the availability of high quality of HRH, the fairness distribution of HRH, and the effectiveness and efficiency HRH utilization to realize the highest achievement of health development in Indonesia. Therefore, although nurses program for foreign countries is very important program and it is really supported, the objective achievements of the HRH sub-system should be firstly prioritized, particularly how the equity and fairness of nurse distribution in Indonesia can be implemented.

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