Center for Strategic and International Studies

TRANSCRIPT

Event

"The CommonHealth Live! Republic of Indonesia Minister of Health Budi Gunadi Sadikin"

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FEATURING

Budi Gunadi Sadikin

Minister of Health, Republic of Indonesia

CSIS EXPERTS

Katherine E. Bliss

Senior Fellow and Director, Immunizations and Health Systems Resilience, Global Health Policy Center, CSIS

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Katherine E. Bliss: With more than 270 million people stretched across 17,000 islands between the Indian Ocean and the Western Pacific, the Republic of Indonesia is hardly immune to health challenges. It's no stranger to outbreaks of infectious disease and has worked to maintain its status as polio free, while eliminating measles and rubella. At the same time, the country's population, which has on average gotten older, also contends with the human and economic costs of noncommunicable diseases, such as cardiovascular disease, diabetes, and cancers. Having a geographically diverse population and not enough doctors, nurses, and health care providers to reach services in all of the country's 83,000 villages, this upper-middle income country has placed a strong emphasis on health system strengthening, improving access to primary health care, and prioritizing a focus on child health and vaccine-preventable diseases.

During the COVID-19 pandemic when countries around the world saw immunization coverage drop due to the suspension of health services and diversion of resources to outbreak response, Indonesia was able to provide children who had never had vaccines with first-time access and to introduce new vaccines, such as the pneumococcal vaccine and the human papillomavirus vaccine, which prevents cervical cancer. At the end of 2024, following years of having received support from Gavi, The Vaccine Alliance to procure vaccines and introduce new ones, Indonesia made a commitment of $30 million to the organization's next phase of work, between 2026 and 2030.

On today's episode of The CommonHealth Live!, I'm joined by Minister Budi Gunadi Sadikin, who has led Indonesia's Health Department since 2020. We'll discuss the country's experience in strengthening primary health care, improving immunization coverage, and extending services for noncommunicable diseases. And he'll share his thoughts on health financing and how low- and middle-income countries can focus on mobilizing domestic resources and building partnerships across sectors to prevent disease outbreaks and address noncommunicable diseases in the current global health context.

(Video plays.)

J. Stephen Morrison: This is The CommonHealth, from the CSIS Bipartisan Alliance for Global Health Security, engaging senior leaders on questions of how to address our common health security challenges in this post-COVID moment.

(Video ends.)

Dr. Bliss: Welcome to The CommonHealth Live!. I'm Katherine Bliss, senior fellow and director for immunizations and Health Systems resilience within

the CSIS Global Health Policy Center. Today I'm joined by Minister Budi Gunadi Sadikin, minister of health for the Republic of Indonesia, who is here in Washington this week. Minister Budi, welcome to CSIS.

Minister Budi Gunadi Sadikin: Yes, Katherine, nice to see you.

Dr. Bliss: Now, I know you're in Washington this week for the World Bank spring meetings, when finance ministers from around the globe gather to discuss and debate all manner of topics. But the big theme this week is jobs, the path to prosperity. Now you've previously served as deputy minister for state-owned enterprises and you have a background in banking and financing. So I want to start by asking you, you know, when we're talking about jobs or employment as a means of lifting people out of poverty, why is it important to think about health and health-care programming, health-care services, as investments in economic well-being? And what does it change when we think about investing in people's health, as opposed to just thinking about health activities as expenses that have to be kind of mitigated?

Minister Sadikin First, I would like to put some disclaimer, because my background – I was a nuclear physicist, working 30 years in banking, so mostly on economics matter. In the last five years, suddenly, the president asked me to jump into health, with zero background in health care knowledge. So talking about jobs, my president have an ambition in Indonesia to become high-income country. And the definition of high-income countries very, very clear. It is about 14,000 (dollars) GNI, gross national income, per capita income. So for people to have income definitely they have to have jobs. So that's why job is very important in the discussion in the World Bank meeting. They need to have jobs.

Indonesian people now, the average income is around 4,800 (dollars). So we still have to almost triple the average income of our people with a better job, so it can increase and break the minimum income standard for high-income country, which is 14,800 U.S. (dollars). So then the question is, what kind of people that can have a pretty good jobs, so that income level is not 4,800 (dollars), like the average in Indonesian now, but, you know, close to 15,000 (dollars). So my answer is very simple. There are two reasons – two conditions. First, the people has to be smart and the people has to be healthy. So if you are not smart and you are not healthy, then it's impossible for you to get that 15,000 (dollars) per annum jobs.

So that's why for whenever they are talking, I always argue – not argue, but, you know, persuade my minister of finance, wherever you spend your money, including the World Bank president, make sure you spend

enough money to the education sector and the health-care sector, because this will guarantee that people will have proper jobs. Not only normal jobs or underpaid jobs, proper job so they can earn at least 15,000 (dollars). And that will make them eligible to become a high-income country. And I always argue that health come first, then education. And my argument is, to my friends, minister of education, because the education system usually starts in every country at the age of seven, and it ends maybe – basically 35, 40?

But for me, as minister of health, I have to take care of the babies before it was born. You know, nine months. So minus nine months and until the people die. You know, United States, maybe the average life is 79 years old. So my coverage is much earlier and much longer compared with education. So that's why, don't forget. Allocate your budget enough, and spend your money in health-care sector. (Laughs.)

Dr. Bliss: So you have health care and education, you know, really going hand in hand. Healthy people can study, they can work hard, they can develop new, you know, innovations and everything else.

Minister Sadikin: They can get jobs. (Laughs.)

Dr. Bliss: But also, the health-care sector can be an engine of employment and work as well. You assumed your role as health minister after a career in banking in 2020, during the global pandemic. And despite, globally, overall challenges with global immunization coverage – and we've all seen those graphs where there was really, you know, a dip after 2019 and to 2020-2021, you and your colleagues really worked to increase access to routine immunizations for zero-dose children and under-vaccinated populations, while at the same time really prioritizing and devoting attention to cardiovascular disease and other noncommunicable conditions.

So I wanted to ask you to say a little bit, you know, in the context of that crisis of the global pandemic, how have you and your colleagues, you know, coming out of that, you know, really sought to assess and forecast the nation's health needs? You know, kind of looking at the goals of, is it, Indonesia 2045, or the goal of becoming a high-income country. Kind of looking ahead several decades, really looking at the demographic situation of the country now, how have you kind of assessed and forecast the nation's needs, and then, you know, really sought to kind of develop a set of priorities over the last four or five years?

Minister Sadikin So we have two issues if we are talking about the future. First is technical issues about the health itself. And second is the financial

issues, how can we finance this initiative? Talking about the first one, the technical issues, now, to be honest, when I joined we haven't got a real strategic plan, long-term, on how would be our condition, epidemiologically, in the next 25 or 30 years. Because our demography is changing. Now the average life of Indonesian is 72, and most likely will increase to the average age will be 76-78. Then that profile will need a different treatment – technical health-care treatment.

Like now we have around 4.8 million babies every year. It's more than United States. Is almost equal to a country called Singapore. So we have one Singapore every year, a new Singapore, because of the new babies. So we need a lot of child specialists, you know, OB/GYN specialists. But now in the last five years, the numbers of elderly in Indonesia is keep increasing. It's getting equal with the numbers of below five. So that needs a different technical treatment, right? Because these people, we don't need child specialists or OB/GYN. They need cancer specialist, heart disease specialist, or stroke specialist, because the burden of disease are different.

So what we are doing now, we are working with International Health Metrics Evaluation. This is an organization based in Seattle. And they help many countries to picture the burden of disease in the next 30 years. So this institution opened an office in Indonesia to help us forecast, scientifically, what will happen in the next 30 years, based on our epidemiological evolutions. So now we understand, oh, OK, this is the type of people, this is the type of disease.

Now the second thing is, how to fund it, because it is very, very expensive. I always like to use real numbers, as a banker. I give an example. In Indonesia, the average spending – health spending per capita now is 140 (dollars). Our outcome, 72 average life. Our closest is Malaysia, 76 average life. They are spending 300 (dollars) U.S. more, around 431 (dollars). One of the best in ASEAN is Singapore, 84 years average life. And they are spending 3,000 (dollars) U.S. more than us, around, you know, 3,300 (dollars).

So can you imagine – I'm now 61. So Indonesian populations are aging. Assuming in the next five to ten years we reach a Malaysian level, 76, and our health-care system as efficient as Malaysia – which is we are not. But assuming we are as efficient, so we will spend, each person, increased by 300 (dollars) U.S., similar to Malaysia. Multiplied by 280 million? Eight-four billion (dollars) U.S. additional every year. We are now only spend 40 billion (dollars) U.S. every year. If we go to Singapore level in the next 20 years, we need to add additional 840 billion (dollars) U.S. Three thousand (dollars) U.S. multiplied by 280 million. Eight hundred and forty billion (dollars) U.S. every year. We are now

spending, like, 40 billion (dollars). If we go to U.S. level, you have 79 years average life, you spend 11,000 (dollars), we need 2,100 billion – 2.1 trillion (dollars) U.S. every year.

Dr. Bliss: That's a lot of money.

Minister Sadikin: It is a lot of money. (Laughter.) So then how can we sustain this? When I see why is Singapore 84 years average life, they only spent 3,300 (dollars). South Korea, 84, they spent 4,000 (dollars). Japan, 84, spend, 5,000 (dollars). U.S., 79, spend 11,000 (dollars). You know, the difference between these country, if – like the Singaporean – if your strategy is cure the sick people, it will be very expensive. But if your strategy, like the Singaporean, to keep people healthy, then it will be very, very cheap. So that's why Indonesian strategic programs now, health-care programs, is not focusing on to cure the sick people. Don't wait until you are sick, but to keep people healthy. And to keep people healthy you need to spend money more on promotive and prevention, including screening, immunizations, and also education to change your lifestyle. So I do hope, Katherine, you are healthy until the time God called you to meet him. And that is – that is – you don't have to be sick. You just go there to see him. (Laughter.)

Dr. Bliss: Well, and so, I mean, you have really placed a strong emphasis on primary health care, right? I mean, immunizations has been, you know, a core element. But I believe you've also expanded health insurance, and people's access to some of those prevention methods locally in their local clinic, or – you know, so that people don't face all the barriers that they might need to in terms of transportation or waiting to get in for these longer-term, you know, kinds of appointments.

There are a number of big moments on the global agenda this year. I mean, obviously we've got the spring meetings right now and the World Health Assembly coming up. But in June Indonesia has committed to host the second Global Forum on Cervical Cancer Elimination. And then the Gavi replenishment is coming up also in June. And then in September we have the fourth global – or, the fourth High-Level Meeting on Prevention and Control of Noncommunicable Diseases. So kind of both ends of that lifespan that you were talking about. I mean, really focusing on the prevention, but also really addressing some of those longer-term chronic diseases over the longer period.

I wanted to start with the forum, I guess, coming up in Bali in June. And I know that at the first global forum, which was held in Cartagena in Colombia last year, Indonesia reaffirmed goals set out in a national action plan on cervical cancer elimination and then committed to hosting the second global forum. And I wanted to ask you to say a bit

about the country's experience, you know, really developing this action plan, focusing on, you know, kind of the three elements of the, you know, scaling up vaccination for HPV on the one hand, but also diagnostics and treatment. And, you know, really, just ask you to say a bit about, you know, the inspiration for, you know, really offering to host the second conference, and what you're hoping to see come out of that.

Minister Sadikin: First, I have to thank the U.S. government. But I will let you know why I have to thank the U.S. government related in this cervical cancer elimination programs. So for noncommunicable diseases, or NCD, these are now the number one, number two, number three, number four cause of death in Indonesia. Number one is stroke – 300,000 every year. Number two is heart disease, heart attack – 250,000 every year. Number three is cancer – 234,000 every year. And number four is kidney problem. It's slightly below 200,000 every year. Tuberculosis, as an infectious disease, kills around 136,000 every year. So cancer, number three.

And when you rank the cancer, number one killer in women is breast cancer. Number two is cervical cancer. And what amazed me in many countries it is cervical cancer, that kills women, in every country, including United States, is going like this. In Indonesia, it's going like that. So I said, why? This is a major killer to Indonesian women. I don't want to see in any Indonesian women die unnecessarily. Because we don't have the vaccination, in 2022. So that's why we – I said, this is ridiculous. Every other country has done it. So we launched the vaccination program, nationally, in 2022. Full blown in 2023.

And then during APEC meeting, hosted by the U.S., and then Secretary Becerra, at that time a friends of mine, you know, invited me. Budi, we are also pushing this cervical cancer programs. And we have grants. So do you want to have something, so during APAC we can announce something? And then I took the grant from the U.S. government and create our National Cervical Cancer Elimination Strategy, for the first time – for the first time. And we study that the best in the world is Australia, Canada, and Malaysia. And, of course, we have ambition, let's do as good at Australia saving Indonesian women's life. We have more than 100 million women Indonesia. Why they have to die unnecessarily because of cancer, while we already have the vaccine?

So we have put a very high ambition. We will spend between 2024 to 2030 around 900 million (dollars) for vaccinations, and then 2.1 billion (dollars) for screening, HPV DNA screening test, and the 10,000 primary care, and around another 1.1 billion (dollars) for treatment. So we set up the plan. We committed ourselves 2.6 billion (dollars) U.S. from our budget. And we are looking for 1.5 billion (dollars) for grant or

loan. So that's why I'm coming to the World Bank, asking whether you can fill in the gap. We put already the money. We are not low-income country, so we can commit something. But I want – I want to do it faster. Rather than to wait 15 years, 20 years of my Indonesian women die unnecessarily, I want to press it down to seven years or, if possible, five years.

Of course, then I need more money, because the money that I have to spend in 15 years now I have to spend it in seven years. So I need more money, but I think it's very good investment because it will save Indonesian women's life. So that's why – while doing it, then I'm very involved in the cervical cancer discussion. I know that, you know, the Gates Foundation sponsored this event. And I said, why don't you do it in Bali? I think that will be an interesting place, you know, after Cartagena. And everybody vote for Bali. So we will have the event in Bali next year.

Dr. Bliss: So one of the – I know, one of the challenges that was talked about a little bit in Cartagena, and certainly elsewhere, is the challenge of reaching adolescents with vaccines. I mean, it's one thing to reach children under one or under five, because their parents are, you know, taking them to the clinic or they're going to get the shots. But once you have adolescents who aren't – they aren't routinely in the health system as much as younger children, it can be – can be more challenging. And then, of course, if you're trying to reach the older cohorts, you know, to kind of catch up with kind of older teenagers or, you know, young women, sometimes, you know, they're really not in the health system much at all. What has been the experience in the country in terms of kind of reaching those populations that are not routinely in the health system?

Min Sadikin: So you're right. This HPV vaccine target is not children. It is adult. And we have four cohort in our plan. The first cohort that we are planning now is women at the age of 11 to 12. And then the second cohort, women age 15 to 16. Just before marriage age in Indonesia. And then the third cohort will be women 20 to 21, to cover someone is already late because we started the program just in the last two years. And the fourth cohort is boys. It is – it is the latest, you know, advancement. Because everybody told me because boys can transmit the disease to the women. So we need also to vaccinate the boys.

So these four cohort, before the plan is 10 to 15 years. But again, I said, why – you know, 234,000 die because of this? Maybe for cervical cancer it's slightly below 100,000, but they're all women. Why I have to wait for 10 or 15 years, you know? So that's why I would like to squeeze it down to between five to seven years. And then we can save a lot of lives. The

issue is only money. The money that – we have 4.1 billion (dollars) in 15 years, then I have to have 4.1 million, you know, in five years or seven years. But this is something, in my view, it's my job to justify, to explain to the minister of finance, explain to the World Bank, you know, that we need the money to save – to save our women's lives.

Dr. Bliss: So, speaking of money and financing, I mean, certainly, you know, one of the things that we've seen globally over the past couple of years is, you know, the – yes.

Minister Sadikin: Sorry to interrupt, Katherine. I forgot to answer your questions. And it is surprising to me. We execute vaccination program. This HPV is the most well accepted. Maybe it's – the education system is already out there. So Indonesian women understand, hey, if you don't get this vaccination, you can be – you can get cervical cancer. And if – you know that it's really bad. You know, if somebody got cervical cancer, the way they're sick and the way they die is extremely ugly. So Indonesian women understand this. So the pick-up rate is above 95 percent.

Dr. Bliss: Wow, that's fantastic.

Minister Sadikin: So very, very, very high. So – and it's because of their own interest. They are really willing to take it, because they didn't want to get this disease.

Dr. Bliss: So the education system has played a role in helping to generate information. But it sounds like also civil society, or at least – you know, there's advocacy among women to say, look, you know, you may know someone who has experienced this, or, you know, they are, you know, aware and kind of talking to each other about the importance of taking it on.

You know, certainly in recent years Gavi, the global alliance – or, The Vaccine Alliance, has played a strong role in, you know, kind of revitalizing global focus on HPV vaccines. You know, there was sort of a drop off during COVID, but, you know, has really kind of encouraged, kind of renewed focus on that, you know, along with kind of the big catch up to try to close the gap that that opened up during COVID.

In June, Gavi will be kind of hosting its – or having a replenishment conference, and is seeking $9 billion for the kind of five year period from 2026 to 2030, you know, really, to continue supporting the low-income countries that are – you know, that continue to be eligible for Gavi's support. Indonesia at one point was a recipient of Gavi funds. And I think more recently, at the Gavi retreat – which maybe you hosted, or – you know, was – at the retreat in December last year, made a $30 million commitment as a donor to Gavi.

But, you know, despite that and other commitments that other countries have made, certainly the reported cuts to foreign assistance among some of the major donors – including the United States, but, you know, we're also seeing kind of tightening of foreign assistance across the board from many European countries as well, as they focus on military, you know, issues and other conflicts – raise questions about whether Gavi will be able to meet those goals, you know, at the replenishment coming up in just a few months.

So I wanted to ask you to say a bit about, you know, the elements of the Gavi model that you find most compelling. You know, it's been celebrating its 25th year, right? It brings together public, private, and civil society groups. So what are – what are the elements that you find most compelling? And could you say just a little bit about this process by which Indonesia, you know, kind of took that experience of having, you know, really worked closely with Gavi over many years as a recipient of support, to really kind of moving to this new role?

Minister Sadikin: I will share two things about this. First is about Indonesian involvement with Gavi, and how come now we are contributing 30 million (dollars) instead recipient of vaccine. The second one is about the Gavi model, the replenishment, because I sit at the board of Gavi also. So I sit at the board of Gavi, my deputy minister sit at the board of Global Fund. These are the two largest global health fund. And we are – we are very lucky that Indonesia was invited, because our – they need to hear the voice of country like Indonesia.

So first of all, Gavi. Before the pandemic, actually, our relationship with Gavi is very, very low, the connections. But after the pandemic, we realized that we have money. Actually, we are middle-income country, although lower-middle income country. But we don't have access to vaccine. And Gavi is a global institution that provides access to vaccine at the affordable price. You know, we can pay. We don't have to ask for free vaccine, like low-income country. But, you know, we cannot access the vaccine like the high-income country, because they have a lot of money to pay. So of course, you know, logically, the private sector will send it to the high-income country.

So that's why we deal with Gavi. We got access from Gavi. And then the good thing is, you know, many developed countries at that time buy so much vaccine, more than they needed, maybe five times or six times the populations.

Dr. Bliss: You're talking about the COVID vaccine.

Minister Sadikin: The COVID vaccine. And at that time, they just realized there is an expiration date of vaccine, and they don't want those vaccines to expire. So they dump the vaccine in Gavi with a very short expiry date – three months, one month, or two weeks. Gavi gave it to the African countries. Of course, that is very logical. The problem is they expired in these African countries. And then Gavi looking for countries that can absorb many vaccine and deliver to the jabs – to the arms of the people. And Indonesia at the time, we can do 2 million jabs per day.

So when Seth Berkley, at the time the CEO of Gavi asked me, Budi, I have 10 million. But, you know, the expiry date is two weeks. Can you do it? No, no, send it to me. Why? Because I can finish it in five days. (Laughs.) Because we can – we can do it quickly. Then, without realizing the figures, so I got all the good names – Pfizer, Moderna, you name it, Johnson & Johnson, Novavax. I have had those vaccines for free. Yu know, and I calculate the amount is north of 1 billion (dollars) U.S. – north of 1 billion (dollars) U.S. And, you know, it is the feeling that I want to share with many countries. Hey, this institution, without asking anything, you know, help me to save my people's lives – 1 billion (dollars) U.S.

And now is the time for us to give back to them. I think that is – it makes sense. It is a good gesture. It a good ethics, you know, to just give it to them. So they need money. We are not as rich as any other country, but we want to give an example. Thirty million (dollars). Why? It is the appreciation for the members that have received and then give it back. It also can be seen as an example. Hey, even Indonesia, you know, a middle-income country, contribute 30 million (dollars). Why don't you contributing to Gavi, because you're a much richer country than Indonesia? Your GNI per capita is above 4,800 (dollars), like the Indonesian. But I do hope this can also carry a good message to other countries that, please help this institution, because this institution is a great institution. That is the Indonesian story.

Number two is about the replenishment itself. I sit at the board of Gavi. I saw what they did. And I'm very passionate in it, because it saved millions of lives, including the women's life of HPV. They are working with new vaccine for malaria, for tuberculosis. For a country that not as lucky as Indonesia, because the way I see the health-care financing the low-income country should have grant. That is the first level. And then they will move into the second level, where they have concessional loans. It's good to – also to push the country. You can receive grant forever, right? You also have – that is your obligation. Is our obligation, Indonesia's obligation, to increase the quality of our people in country. Then we move to concession loan, and hopefully after that we can be independent and sustainably maintain the health-care programs with

our own money, or borrowing from commercial loan.

But this pathway should happen. And I would like to convince many other country, I'm afraid that many countries now use the money, their budget, to buy more guns rather than to spend in health. That is very, very sad. As a minister of health, I would like to present, why you buy guns that the purpose is to kill people, rather than you buy a vaccine that the purpose is to cure people, to make people healthy? I think that is a good cause. So that's why I said, please, other countries, don't reduce your contribution to Gavi. Because why? This group of people, Indonesian is in the second – but a group of people that needs grant of vaccine. When you take this grant, this money off to buy guns rather than to buy a vaccine, millions and millions of people globally will die. Millions and millions people globally will die. So this is the occasion that – thank you for CSIS that I can share this view, as the minister of health of the middle-income country, talking on behalf of the lower-income country.

Dr. Bliss: Well, and, you know, what you've laid out, you know, is really, you know, in part, I think, around the importance of the transition model, right? That, I mean, so countries may start out paying 20 cents per dose, then as they economically develop they begin to pay more and more. But there is that vision towards sustainability and self-financing that has been, you know, so critical and really refined over many years with Gavi. And, of course, with the malaria vaccine, as you pointed out, I mean, there's an opportunity for the Global Fund and Gavi to work together on issues related to malaria. So, of course, there's several replenishments happening this year. (Laughs.) So –

Minister Sadikin: Yes. (Laughs.) By the way, the Global Fund replenishment also will happen this year. So Global Fund and Gavi will happen this year. And that will be tough.

Dr. Bliss: That it's going to be very tough. I want to ask you, you know, kind of looking ahead to September then, there's the fourth High-Level Meeting on Noncommunicable Diseases. And, of course, there was one – what, the last one was 2017 or 2018, and kind of going back to sort of the early 2000s. And, you know, countries have really come together around the challenge of NCDs as populations have gotten older, and as, you know, just the burden, as you pointed out, of stroke, kidney disease, cardiovascular disease, diabetes, and others, have really become apparent. That these are, you know, long-term conditions that are economically challenging for families, for households, and ultimately for society.

When it comes to kind of global meetings like this, I mean, we'll see

governments come together with private sector and civil society, I wanted to ask you to say a little bit about, you know, where you see the role of the private sector in, you know, really kind of moving things forward on the NCD agenda in particular, and what you hope to see come out of this meeting in September, kind of, you know, looking ahead towards, you know, the next – the next few decades, as these conditions become even more prevalent in society.

Minister Sadikin: So I worked for private sector for 30 years. So I know exactly what private sector is. So first, I would like to answer the private sector role, and second, I will talk about the NCDs.

So Indonesian economy, when the first time Indonesia established in 1945, you know, if you see the Indonesian GDP maybe the contribution of the government is 60 to 70 percent of it. The overall GDP of Indonesia depends on government budget. Now the government budget only contributes 17 to 18 percent of Indonesian GDP. So you understand the rest is coming from private sector. So whatever we do as a government, if you would like to move the needle in every aspect – economic, health, energy, et cetera – you have to understand, you know, that at the current situation 80 percent is dependent on private sector.

Our job as a government is to create the regulations that give incentive to this private sector, you know, to use their balance sheet and grow the sector that we want them to grow in, to serve our people. And our second job is to make sure – because private sector, of course, the motive is for profit, is for money – so they don't abuse the system and take unlimited profit, squeeze the profit out of the people. So that is the only job.

So – but we have to realize, as government officials, we need the private sector. Forget it. You cannot – you cannot fix the problem only with government, because your contributions – your party is very, very small. And to do that as government officials, we have a very powerful pen. We need to write a regulation that incentivize the private sector to work. But, of course, tell them, hey, don't do stupid things. You know, I know that – you cannot do stupid things and make our people suffer. So that is on the private sector.

On NCDs, NCD, these are chronic diseases – stroke, heart disease, cancer, kidney. Chronic diseases. I'm not a medical doctor, again. I'm a nuclear physicist. But chronic disease means you will not die because of cancer right away after you get the first indication. No. You get the first indication, and because you don't treat this condition it get chronic after five years, six years, or seven years. So the key here is you have ample of time to improve your health conditions, to improve your chronic

disease condition, before actually it become unbearable. So that is what we are doing in our approach.

If you treat your chronic disease at the end, then it will be very expensive, quality of life is very, very bad. Like, for example, kidney problem. In Indonesia, we do a lot of hemodialysis. You know, you have to go every week two or three days to the hospital, stay for four hours, five hours, doing nothing, you know? And this one usually you identify – you can identify five years earlier, when your blood sugar is level is high, your HbA1c is above 5.7. So what we are doing now in Indonesia is, instead of attacking the chronic disease at the end of the period, we are doing it early in the period. We do massive screening.

And cardiovascular disease, heart attack, stroke, and kidney disease – the top three – can be controlled easily if you control your blood pressure, hypertension, it should be your blood pressure 120/80, your blood sugar, your HbA1c should be below 5.7, and your blood lipid or your cholesterol level, ideally your LDL level should be below 100. If you control these three, and you are above, you can go to primary clinic in Indonesia and get the free medicine – either Metformin or Amlodipine to reduce the blood pressure. And this is very cheap, generic products. But if you don't do anything, five years, definitely high probability you get stroke, kidney problem, or heart disease.

So now our job is, first, to educate the people. Hey, you want to live long, 84 years old, or you love God so much so you want to see God when you are 45? You know, you make the choice. If you want to live until 79 or 80, see your grandchildren, then make sure you go to the primary care clinics, get a free – we just launched this year a free birthday screening program. So every year the government give you a birthday gift. What is the birthday gift? Is free checkup – a simple check-up, 19 items we check up, including blood pressure, blood sugar, and blood lipid, you know, cholesterol level.

If it is above, then we will give you free medicine – cheap, generic medicine. Very, very cheap. In cents, you are talking. But if not, then make we will – then there is a high probability that you will – you will die faster than your sister or your brother. So that is the education that we are giving to the Indonesian population because for NCDs the strategy is not to cure you when you're sick. The strategy is to keep you healthy. Keep you healthy means you have to do screening. And once you know your chart is off the chart, then you have to change your lifestyle. More physical activities, control what you drink, control what you eat.

Dr. Bliss: So investments in primary health care, and nutrition, and immunizations may seem like a big outlay at the beginning, but certainly less expensive and a better quality of life than dialysis, and radiation therapy, and all these other issues that – especially with the geographic diversity of the country might be challenging even for people to get to clinics for some of that care.

So when you – when you look at the global community around NCDs, I mean countries are, you know, still, to some extent, in different experiences in terms of where the – you know, the demographics of the population, you know, the age structure of the population and the degree to which they're experiencing these. But certainly all countries are experiencing some balance or, you know, level of dealing with infectious disease outbreaks, along with the NCD issues. When you look ahead to September, and now this is the fourth meeting on this set of issues, what do you hope to see come out of it, that would really kind of change the – change the game for the next period?

Minister Sadikin: Again, a NCD strategy should be geared toward promotive and preventive. I would like to see a clear movement from all government leaders that we have to shift our focus from curative, cures sick people, to promotive and preventive, to keep people healthy. Because, to be honest, when I joined this ministry, 80 percent of my budget is allocated, 80 percent of my time is allocated to cure sick people. Talking about the doctors, talking about the specialists, talking about the hospital, you know, expensive medical treatment, because they are where the money is. You know, but that is for the producer, not for the people.

For the people, we should focus our strategy in, you know, the primary care, the midwife and nurses, you know, the immunizations, how to expand the screening program, how to educate the people. This is to control what the sugar level that you should take, you know, to limit the salt and limit also the fat, because otherwise, when you keep, you know, consuming sugar, you know, and salt, definitely you will see it go up faster because you get stroke and you get heart disease or you get kidney problem faster than anyone else. So that should be a very clear movement into this area.

I will give you an example what I do in Indonesia. I'm 61. Last year, I'm 60. And 60, it is a time where you can get free lesson for life lesson, whatever it is. The Indonesian government give it to you. Yes, one thing – one side is good. The other side is intimidating because they are telling you, oh, you are an old man. (Laughter.)

Dr. Bliss: You're not going to have to do this again. Right. (Laughs.)

Minister Sadikin: You are old. So then I decided I want to run marathon. I run Berlin marathon last year. This year hopefully I can go to Chicago marathon. But the thing is, after I'm running marathon at 60, and I would like to finish the six majors before 65, everybody said, hey, he's 60 and he wants to live healthy. So that creates a movement.

You know, health-care programs, you cannot approach this as a program. We have to establish a movement, where everybody feels that this is their responsibility. I want to live healthy. So that mechanic – you know, usually politician is really good, energetic to create people to believe that that is their job to be healthy. So I do hope this event in UNGA will start this movement, global movement, to make people healthy.

Dr. Bliss: So maybe we'll see people leaving UNGA signing up for the New York Marathon. (Laughter.)

Minister Sadikin: Yes. And I'm happy to see that you only serve water. This is a healthy way to do things, other than put, you know, sugar, whatever, juice or soda with sugar.

Dr. Bliss: We could probably find coffee, but – (laughter) – certainly around Washington this week, lots of coffee. Well, Minister Budi, thank you very much for joining me today. We've really covered a lot of ground, from, you know, kind of early childhood vaccines all the way to, you know, really thinking about the importance of prevention as an economic investment in the health of people and the health of families, but really the health of society and the economic engine of a country, you know, looking ahead over several generations. So good luck to you in the remainder of your meetings here this week. And, of course, with the second Global Forum on Cervical Cancer Elimination, and your work with Gavi, and at the fourth High-Level Meeting as well. Thank you very much for joining.

Minister Sadikin: Thank you, Katherine. I wish you all the health, long life. And I wish you that you can see your grandchildren married.

Dr. Bliss: Well, thank you. I might have to start doing marathons in order to get there. (Laughter.) Thank you.

Minister Sadikin: Thank you.

Dr. Bliss: Thanks very much.

(END.)