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HUMAN SECURITY IN SUSTAINABLE DEVELOPMENT GOALS THROUGH POSBINDU

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ABSTRAK

Penyakit Tidak Menular (PTM) menyebabkan peningkatan kematian secara global. Data *World Health Organization* (WHO) bahwa dua pertiga kematian di dunia disebabkan oleh Penyakit Tidak Menular (PTM). Penyakit tidak menular tanpa disadari menjadi pembunuh dan mengancam kehidupan manusia. Ancaman ini menjadi perhatian internasional dalam PBB dengan menyepakati mekanisme Penanganan PTM sebagai bagian dari SDGs. Di Indonesia tercatat separuh kematian disebabkan merupakan PTM dan dua pertiganya tidak menyadari ancaman tersebut. Bahkan jumlah PTM selalu mengalami kenaikan. Mekanisme kesehatan yang ditawarkan PBB belum sepenuhnya terlaksana. Tulisan ini bertujuan untuk melihat inklusifitas kebijakan internasional dalam keamanan manusia melalui Posbindu (pos pelayanan terpadu). Ancaman keamanan manusia dapat ditangani dengan apabila ada kesadaran dan kesamaan persepsi terhadap ancaman keamanan, dan adanya kapabilitas dalam menangani ancaman tersebut. Kesadaran dan kesamaan persepsi menjadi dasar pelaksanaan posbindu pada PTM sebagai salah satu faktor pembunuh manusia. Kesadaran diperlukan dukungan untuk menangani ancaman melalui pemberian fasilitas dan layanan kesehatan yang layak. Inklusifitas kebijakan membutuhkan peran serta banyak pihak. Penelitian ini menunjukkan bahwa inklusifitas pada posbindu mendorong kesadaran terhadap adanya ancaman keamanan manusia. Edukasi dan sosialisasi hanya merupakan sebagian kecil dari mekanisme penanganan yang ditawarkan. Mekanisme layanan dan fasilitas kesehatan belum sepenuhnya menunjukkan inklusitas tersebut. Dibutuhkan kerjasama antar aktor ditingkat domestik dan internasional dalam pencapaian SDGs.

Kata Kunci:, Keamanan Manusia, Posbindu, SDGs

ABSTRACT

Non-communicable diseases (NCD) cause an increase in deaths globally. Data from the World Health Organization (WHO) that two-thirds of the world's deaths are caused by NCD. Unwittingly it becomes silent killers and threatens human life. This threat has become an international concern in the United Nations by agreeing to the NCD handling mechanism as part of the Sustainable Development Goals (SDGs). In Indonesia, half of the deaths were caused by NCD and two-thirds were unaware of the threat. Even the number of NCD always increases. The health mechanism offered by the United Nations has not yet been fully implemented. This paper aims to see the inclusiveness of international policies in human security through Posbindu (integrated service post). Human security threats can be dealt with if there are awareness and a common perception of security threats and the capability to handle these threats. Awareness and common

perception are the basis for the implementation of the Posbindu in NCD as one of the factors that kill humans. Awareness is needed support to deal with threats through the provision of appropriate health facilities and services. Policy inclusiveness requires the participation of many parties. This research shows that inclusiveness in Posbindu encourages awareness of human security threats. Counseling and early warning are only a small part of the handling mechanisms offered. Health service and facility mechanisms have not fully demonstrated this inclusiveness. Cooperation between actors at the domestic and international levels is needed in achieving the SDGs.

Keywords: Human Security, Posbindu, SDGs

Introduction

Over the past few decades, the increase in non-communicable diseases (NCD) has become a barrier to achieving development goals because it affects poverty, public health, and also economic stability (Jasovsky, 2016;1). NCD has caused an increase in deaths globally. Data from the World Health Organization (WHO) shows that of the 57 million deaths that occurred in the world in 2016, 41 million or nearly two-thirds (71%) were caused by NCD. The regions that experienced the greatest increase in NCD by more than 20% occurred in Africa, Southeast Asia, and the Eastern Mediterranean. There is a change in the trend that this NCD is killing people at a younger age with low and middle economic levels (WHO.org, 2018; 1). This tendency concerns the process of achieving global development goals. Therefore, non-communicable diseases are of international concern.

Health problems due to NCD among adults are increasing due to age and health factors. It is undeniable that globalization which brings popular culture also influences people's behavior and lifestyle, including this NCD. Therefore, measuring the risk of death from NCD is important to do to assess the burden of NCD deaths in a population. Measuring the risk of death is based on the estimated percentage of people aged 30 years who will die before the age of 70 caused by NCD. This NCD such as heart disease, cancer, diabetes, or chronic respiratory diseases with the assumption that the person will experience a death rate not caused by other things such as accidents or HIV / AIDS. Losses caused by non-communicable diseases are claimed at 5.8 trillion annually (Max, 2018; 1). This amount of risk of death can be used to measure the source of data that can be allocated to

support the development of a country's economic funds.

Based on this, the United Nations (UN) through a joint agreement includes the Handling of NCD as part of SDGs (Sustainable Development Goals). For sustainable development to be achieved, it is important to align three core elements in its goals and objectives, namely: economic growth, social inclusion, and environmental preservation. These elements are interrelated and all are important for the welfare of both individuals and society globally. The global level SDGs development agenda point 3 was then harmonized by the Indonesian state which had a NCD of 59.7% in 2015, of which 70% did not know they were suffering from non-communicable diseases (Falentina, 2017;1). This global development agenda should be internalized into the country's National policies. The Indonesian government under Joko Widodo's administration internalized this agenda through **Nawa Cita. This agenda is included in the Healthy Indonesia program.** This program was created by the Ministry of Health which is adjusted according to the **Indonesian SDGs road map, SDGs National Action Plan (RAN), Regional**

Action Plan (RAD). This program requires a common perception of the goals, targets, and indicators of the SDGs globally (UN, 2015; 1). Furthermore, the program is planned for its achievement through the Strategic Plan (Renstra) of the Ministry of Health in 2015-2019, which was established through a Decree of the Minister of Health of the Republic of Indonesia Number HK.02.02 / Menkes / 52/2015. This program is supported by other sectoral programs, namely the Smart Indonesia Program, the Indonesia Work Program, and the Prosperous Indonesia Program (Kemenkes, 2016;2). **The healthy Indonesia program for non-communicable diseases was applied through the development of Posbindu NCD,** which is an integral part of the health service system that is organized based on NCD problems in the community and includes promotive and preventive efforts and their referral patterns. The commitment of the state in the effort to prevent and control NCD to achieve SDGs point 3 is also supported by Republic of Indonesia Law No.6 of 2009 concerning health article 158 paragraph 1 which states that the government, regional government, and the community making efforts to

prevent, control and handle NCD along with the consequences (Nasruddin, 2017; 5).

Based on the above phenomenon, NCD is a security threat to human life. The risk of death imposed by NCD impacts development activities that hinder human life in general (Saddiyati, 2017;3). The impact is not only for sufferers but also for the surrounding environment. Therefore, inclusive and shared awareness is needed as a form of understanding of the threats to human life. This paper aims to see the inclusiveness of international policies in human security through Posbindu (integrated service post). Human security threats can be dealt with if there are awareness and a common perception of security threats, and the capability to handle these threats. Awareness and common perception are the basis for the implementation of the Posbindu in NCD as one of the factors that kill humans.

Theoretical framework

The concept of human security began to get the attention of the wider community throughout the world after the world experienced failure at the end of World War II which is more universal. This phenomenon shows that

the concept of security is not only limited to a country, but it applies to the general public that forms the state is human. An event is categorized as human security if it has threatened the national security of a country because of the threat of national security, it may expand to reach global scope.

According to Barry Buzan in his paper entitled "Human Security; What It Means and What It Entails. "Human security is a problematic concept in international security analysis. security for a country is always related to survival, where identity is the key to understanding security for a nation (Buzan, 2000;20). If it is said that identity is the key, it is related to the value of life that is embraced and developed in a country. Life values are not just ideologies, but also relate to the patterns of behavior, norms, and customs adopted by the community. So it does not rule out the possibility of globalization affecting the existing identity.

Besides, according to Hans Van Ginkel and Edward Newman: "Human security is integrated, sustainable, comprehensive security from fear, conflict, ignorance, poverty, social and cultural deprivation, and hunger,

resting upon positive and negative freedom"(Ginkel, 1999; 1). This opinion is more detail mentions the variables that are a source of threat to human life. Although both Buzan and Ginkel and Newman did not state aspects of health, their discussion shows that integrated human security concerns all aspects of human life as long as humans live. More clearly and explicitly stated in the elaboration of the concept of human security according to the United Nations. Many elements are included in human security such as economic security, food security, environmental security, politics and including health security (UNDP, 2011;1). In human security, in the health sector, initially non-communicable diseases receive less attention, but in subsequent developments with increasing NCD, attention becomes more focused on NCD (WHO, 2017; 1). The threat of human security to NCD globally is 57 million people, most of which occur in developing countries.

Threats to human security affect the achievement of the country's development goals in general, namely human welfare. Losses caused by NCD hinder the achievement of sustainable

development goals. The concept of sustainable development is not just general development but also relates to **the continuity of human life as a whole.**

In the concept of sustainable development, two things are implicitly a concern, namely the first concerns the importance of efforts to pay attention to constraints of natural resources and the environment on development and consumption patterns. Second, it concerns attention to the well-being of future generations (Jaya, 2004; 4).

As a derivative of the main concept, the first pillar of the SDGs is known as 5P, namely People, Planet, Prosperity, Peace, and Partnership (UN, 2015; 1). Starve, have an equal position and get the right to live in dignity; Planet: SDGs strive to protect the earth from adverse impacts due to human activities, such as environmental changes and irresponsible use of natural resources, so as to meet future needs; Prosperity: SDGs exist to ensure that all human beings have a prosperous, adequate life and can live in harmony alongside nature; Peace: there is no sustainable development without peace and social security, and vice versa, there is no peace and social security without sustainable

development; Partnership: the success of sustainable development can only be achieved through close global cooperation with the principle of high solidarity. Based on the concept of human security and sustainable development, NCD as a security threat to human life is analyzed.

Discussion and results

The handling of health problems in the SDGs is in point 3 of 13 targets with the hope that achieving these targets will facilitate the achievement of human welfare goals, as the final goal in development. The welfare indicators include. *First*. The amount and equitable distribution of income. *Second*, education is increasingly easy to reach. Third, the quality of health is increasing and equitable (Kompas, 2015;1). Increasing health quality means the ability within the community in various ways to maintain their health. A healthy state is a condition in which everything runs normally and works according to its function and as it should. Understanding healthy according to WHO is a perfect condition both physically, mentally and socially not only free from disease or weakness. The definition of health according to WHO is overall healthy,

good physical, spiritual, and social as a whole and not just the absence of disease or health problems for long. Social health concerns the number of parties involved from human interactions to living systems created by humans, starting around governance, all policies that are decided and implemented and ultimately provide feedback to humans themselves. In this case, the handling of NCD is not just dealing with sufferers but also related to policies and community feedback on the policy. So, in the end, **humans need to understand the importance of the healthy paradigm** itself. According to WHO (World Health Organization), the definition of health is a state of mental physical condition and social welfare which is a unity and not only free from disease or disability. "Health is a state of complete physical, mental, and social well-being and not merely the absence of diseases or infirmity" so that there are three important components when it comes to what is called healthy, namely physical, mental and spiritual health (Shot, 2015; 2). The healthy paradigm changes the perspective of health problems both macro and micro. At a macro level, it means that the development of all sectors must pay

attention to their impact on the health sector, at least contribute to the development of the environment and healthy behavior. Meanwhile, at a macro level, it means that health development must emphasize promotive and preventive efforts, without prejudice to curative and rehabilitative efforts. The importance of applying the new health development paradigm, namely to further improve the nation's health which is proactive. The healthy paradigm is a health development model that in the long run can encourage people to be independent in maintaining their health through higher awareness of the importance of health services that are promotive and preventive.

Achieving sustainable development in the health sector has ten targets. However, this research only focuses on handling NCD on these targets. The handling of NCD is part of the fourth target. By 2030, it is targeted to reduce by one third the number of premature deaths from non-communicable diseases, through prevention and treatment, as well as improving mental health and well-being. In the fourth target, the indicators are associated

with rates of cardiovascular deaths, cancer, diabetes or chronic respiratory diseases and suicide rates. The main causes of death due to Non Communicable Disease (NCD) in 2015 were cardiovascular disease (17.7 million deaths or 45% of all NDC deaths), cancer (8.8 million or 22% of all NDC deaths), and respiratory diseases including asthma and chronic obstructive pulmonary disease (3.9 million), and diabetes caused 1.6 million deaths (IFMSA, 2015; 1).

In supporting the achievement of SDGs, Indonesia applies principles related to sustainable development. Some of these principles include, first, namely, the principle of universality, which is a principle that reflects that the concept of sustainable development can be applied by all countries, both developed and developing countries. This principle shows that the problems faced by developing countries are also faced by developed countries. Globalization indirectly puts developed and developing countries in the same position. Although NCD cases are common in developing countries, this does not mean that developed countries do not have such cases. This condition encourages partnership which is the

basis for achieving SDGs. The second principle, namely integration which means that SDGs try to integrate the three dimensions, both social, economic, and ecological. In this case to handle NCD, not only in terms of health aspects. Social reconstruction is also needed to change the mindset and behavior of NCD. The existence of this social construction is expected to affect other aspects. The last principle, "No one left behind" means that the concept of sustainable development can guarantee all human rights and all human interests that are considered to have urgency and must be a shared responsibility. As the first principle, this principle also means involvement at all levels of society. From the central to the regions (Kemenkumham, 2017; 1). This principle is implemented through the Ministry of National Development Planning/Head of the National Development Planning Agency (Bappenas) facilities, assistance, monitoring, evaluation, reporting, and funding are carried out.

SDGs point 3 in Indonesia has been achieved, however, there are still some that are still a burden, namely controlling HIV / AIDS, TB, malaria, access to reproductive health, deaths

from non-communicable diseases (NCD), narcotics and alcohol abuse, traffic accidents, Universal Health Coverage (UHC), and pollution contamination (Sardjoko, 2017; 5). This continues to be a responsibility that continues to be carried out by the government community and all Indonesian people. As the principle of achieving SDGs namely People, Planet, Prosperity, Peace, and Partnership, so too is the handling of NCD in Indonesia. By focusing on humans, inclusiveness is important. Controlling NCD will not achieve the desired results if there is no broad public awareness about healthy living (Depkes, 2016; 1). Likewise, the handling of NCD in Indonesia must cover these three things.

On strengthening health services; health services means that there is easy access to health facilities. Facilities are not only in the form of hospitals, health centers or clinics, but also related to competent health workers who are in the health service. Whereas the paradigm shift emphasizes people's awareness and understanding of their health and the environment. Government programs related to health will not be achieved if there is no

change in the implementation of the paradigm in the community. In this case, the community's role becomes important in the paradigm shift. Next is national health insurance, national health insurance as a form of assistance to the community, especially the less able to get health services. The Government of Indonesia has stipulated all citizens to register themselves with health insurance through the BPJS (Health Social Security Organizing Agency). One of the activities covering these three things is Posbindu.

Integrated Guidance Post (Posbindu) is a form of community participation in efforts to control risk factors for NCD on an integrated basis with efforts that have been held in the community. The Posbindu program is a program created to increase public awareness of the importance of preventing NCD (Astuti, 2018; 8). This decision is also following the Republic of Indonesia's Minister of Health Regulation number 71 of 2015 concerning the prevention of non-communicable diseases.

In this case, Posbindu is part of the Healthy Indonesia Program on the 5th agenda of Nawa Cita, which is

Improving the Quality of Life of Indonesian Humans. The goal of the Healthy Indonesia Program is to increase the degree of health and nutritional status of the community through health efforts and community empowerment supported by financial protection and equitable health services. This target is in line with the main targets of the 2015-2019 National Long-Term Development Plan (RPJMN), namely: (1) improving the health and nutrition status of mothers and children, (2) improving disease control, (3) increasing access to and quality of basic health services and referral especially in remote, underdeveloped and border areas, (4) increasing coverage of universal health services through the Indonesia Healthy Card and the quality of management of the National Social Security System (SJSN) Health, (5) meeting the needs of health workers, drugs and vaccines, and (6) increased responsiveness of the health system. NCD countermeasures are health efforts that prioritize promotive and preventive aspects without ignoring curative and rehabilitative and palliative aspects aimed at reducing morbidity, disability, and death rates that are carried out

comprehensively, effectively, efficiently and sustainably.

As an aspect of forming a healthy paradigm, Posbindu is part of improving health services. The reality shows that to achieve development goals, the government needs help and support from other parties. Likewise, the implementation of Posbindu. Posbindu activities are carried out in an area and can be integrated with existing community activities such as at Posyandu or at work, in educational institutions, other places where most people gather there for example, at community halls, mosques, churches, sports clubs, or community organization meetings. This integration was conducted to adjust the time and place available and to use facilities and energy at the same time so that the community could be enthusiastic about following it (Ayu, 2018; 2). Posbindu officers are people from groups/organizations who are willing to carry out PT Posbindu activities that are specially trained with minimum high school graduation criteria and have the intention to carry out activities related to Posbindu NCD. Also, there is a need for partnerships with rural/urban villages, industry, and private clinics to

support the implementation and development of activities, especially the pharmaceutical industry in terms of providing medicines and equipment used as well as partnerships with private clinics because Posbindu NCD requires medical personnel and also medical devices. Reciprocal for private clinics that can improve the image and views of social functions to the community. The implementation of Posbindu NCD can be held once a month, if needed it can be more than once a month for other NCD risk factor control activities, such as joint sports, workshops, and others. The days and times chosen are following the agreement and can be adjusted to the local situation and conditions. The place of implementation can be in one of the houses of the community, a village/village hall, one of the stalls in the market, office space/company clinic, UKS in a school, one of the room in a place of worship, or a certain place provided by the community independently. With this activity held once a month, it is hoped that the prevention and treatment of NCD will be more easily carried out. Herein lies the inclusiveness of program implementation that involves many

parties, especially the community in general.

Next is the national health insurance paradigm. This paradigm is related to the costs that must be incurred in handling NCD. Costs needed for the implementation of Posbindu NCD come from the Health Operational Assistance. Apart from the government, partnerships from companies, community groups/institutions or support from other parties concerned about non-communicable diseases are also needed in their respective regions, and can also be obtained from donor agencies by submitting proposals/proposals for activities. The local area that organizes Posbindu is obliged to guide so that Posbindu continues to grow and develop through policy support including sustainable financing. Meanwhile, in the private sector that organizes Posbindu NCD in its work environment, it can participate in the surrounding area in the form of partnerships through CSR (Corporate Social Responsibility) or corporate social responsibility. Funds collected from various sources can be used to support Posbindu NCD activities, such as Posbindu NCD operational costs,

replacement of cadre travel costs, costs for providing consumables, costs for purchasing Supplementary Feeding Materials (PMT), meeting costs, referral assistance for those in need, assistance with the cost of suffering if a member has an accident or death. Posbindu also provides a referral that if at the next visit (after 3 months) the risk factor condition does not change (remains in a bad condition) or following the referral criteria, then to get better treatment must be referred to the Puskesmas or Private Clinic according to the needs and concerned desires (Ratna, 2018; 2). In making this reference refer to the government provisions related to health insurance. The existence of health insurance in the provision of referrals is expected to reduce the costs charged to the community.

Even though they have received the necessary treatment, cases that have been referred are still recommended to carry out monitoring of NCD risk factors in Posbindu. Follow-up of the PT Posbindu results is carried out routinely to keep conditions in normal condition. Not all methods of controlling NCD risk factors must be done with drugs. In the early stages,

NCD risk factor conditions can be prevented and controlled through a healthy diet, adequate physical activity and a healthy lifestyle such as stopping smoking, avoiding stress, and others. Through counseling or education with a counselor/educator cadre, the community's knowledge and skills to prevent and control NCD risk factors can be improved. Through a gradual learning process, each individual who has risk factors will adopt a healthier lifestyle independently. The process undertaken by the Indonesian government to make changes, especially in non-communicable diseases, is through the three principles previously mentioned. First, the healthy paradigm. The healthy paradigm shows the mindset of the community to keep a healthy body healthy, the sick accelerates healing, and promotes promotive and preventive efforts in health services that the results will create community empowerment and independence, clean and healthy living behavior and the growth of Community-Based Health Unit (UKBM)). To instill this healthy paradigm, the government created a program specifically to deal with Non-Communicable Diseases (NCD) whereas previously known that more

Indonesian people suffer from NCD. This program is a Community-Based Health Unit, the Integrated Guidance Post or Posbindu. Understanding of Indonesian public health can be seen in public awareness to prevent disease and treatment to come to Posbindu NCD, seen from the number of NCD sufferers. According to research conducted by the Ministry of Health, Directorate of Prevention and Control of Non-Communicable Diseases (P2NCD), the number of NCD sufferers from 2015-2019 is increasing as in the following table.

Tabel 1. 1. Number of NCD sufferers in Indonesia (Riskedas, 2018; 52)

Types of NCD	2013	2018
Cancer	1.4%	1.8%
Heart	2%	1.5%
Diabetes	1.5%	2.0%
COPD	3.7%	-
Stroke	7%	10.9%
Kidney	2.0%	3.8%

In the table, the number of NCD sufferers from 2013 to 2018 showed a significant increase. The increase in the number of sufferers is not in line with the goal of Posbindu to reduce NCD sufferers, the reality that occurs that NCD sufferers are increasing from year to year. This data will be a study

material that needs to be known what causes the increase, could be due to the adoption of unhealthy lifestyles, lack of physical activity, lack of eating fruits and vegetables, and other activities that harm the body. This relates to the mindset of the community about how important it is to maintain health itself.

One of Indonesia's health pillars in the Indonesian Health Program in Health Services (Yankes), an effort to maintain and improve health, prevent and cure diseases, and restore health. Posbindu NCD health services are carried out by way of the community coming to the Posbindu implementation site according to the determined flow. The community registers first, then interviews and health checks will be conducted. After that, health workers will check the health condition which then goes on to referral or only to the counseling stage in Posbindu. Based on a number of these activities in Posbindu, this program received a positive response from the community. This can be seen by the increase in the number of Posbindu who support health services from 2015-2017, as follows:

Table 2 Number of Posbindu in

Indonesia from 2015-2017 (P2PTM Kemkes, 2019; 1)

Year	Number of PT Posbindu
2015	9,850
2016	19,425
2017	33,679
2018	35,749

Health services provided by the government to support the implementation of Posbindu show that support continues to increase every year. The availability of PT Posbindu and also the services at Puskesmas that are increasing is a manifestation of the responsibility of the Indonesian government to be able to handle non-communicable diseases which are a burden of current problems. The increasing number of Posbindu implementation venues should be a positive thing so that NCD sufferers decline. However, on the other hand, the socialization of Posbindu NCD is still lacking, so many people still do not understand what Posbindu is.

Indonesia provides free health services through BPJS management to achieve Indonesia's National health principles as part of the National Social Security System (SJSN) which is

implemented with a mandatory social health insurance mechanism. According to Law Number 40 of 2004 concerning the National Social Security System, the objective of fulfilling the basic needs of public health that is appropriate is given to everyone who has paid contributions or whose contributions are paid by the government. National Health Insurance (JKN) requires contributions from people who are working, healthy, and relatively capable. More contributions are needed from non-government formal workers and informal workers. But unfortunately, the informal workers who register with JKN are still low. Whereas the informal sector dominates the Indonesian workforce (58.2% or a total of 73.98 million workers). Until 2019, there were only 31.2 million JKN members from this segment. Meaning that there are around 40 million people who are missing, they are often called "Missing Middle" (Prastyani, 2019; 1). Also, many have registered but do not pay contributions regularly, even though this segment has the most benefits.

In several cases of missing middle NCD was detected suffering after visiting Posbindu. Some communities

are still not aware of doing routine health checks and will only visit health services only if there are complaints. The existence of Posbindu helps detect early NCD cases in the community. The government has also tried to achieve this by requiring and organizing a health facility accreditation process to contract as a JKN provider. Health BPJS is formed based on the Act. No.24 of 2011 which aims to implement a national health insurance program as mandated by Law No.40 of 2004 concerning the National Social Security System (SJSN). The establishment of BPJS on January 1, 2014, automatically merges Social Security, Taspen, Asabri, and Askes which have long been organizers of health insurance into one legal entity. All four health insurance providers automatically become BPJS participants.

Healthy Indonesia Program which consists of three Paradigms becomes the reference and pillar in running the program. Tables 1 and 2 show that although the number of Posbindu has increased, the number of NCD sufferers has increased. This means that although there has been an increase in capacity and capability in handling

NCD, NCD remains a threat to the security of human life. What the government does through Posbindu is not in vain. This is because the data on NCD cases in Indonesia can be said to be still in transition. Before the existence of a healthy Indonesia program, NCD cases were only detected at major health facilities such as hospitals and clinics. Whereas after the program, NCD began to be detected in supporting services such as Posbindu both in the neighborhood, schools, offices and other facilities. Although socialization and cooperation have been carried out, NCD is still a threat. The ease of health services is opening up the community to be more aware of health.

Conclusion

The Posbindu NCD program has opened people's understanding of the health paradigm. The existence of Posbindu helps detect NCD cases early on and as a form of inclusiveness. Posbindu encourages awareness of human security threats. However, Posbindu is still only a small part of the handling mechanism offered. Health service and facility mechanisms have not fully demonstrated this

inclusiveness. Cooperation is still needed between actors at the domestic and international levels in achieving the SDGs. The success of NCD handling inclusiveness in other countries can be used as a learning and reference in handling. The important thing in handling is public awareness about the health paradigm. Social construction is the basis for achieving SDGs in general.

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