

# UNIVERSAL HEALTH COVERAGE IN INDONESIA



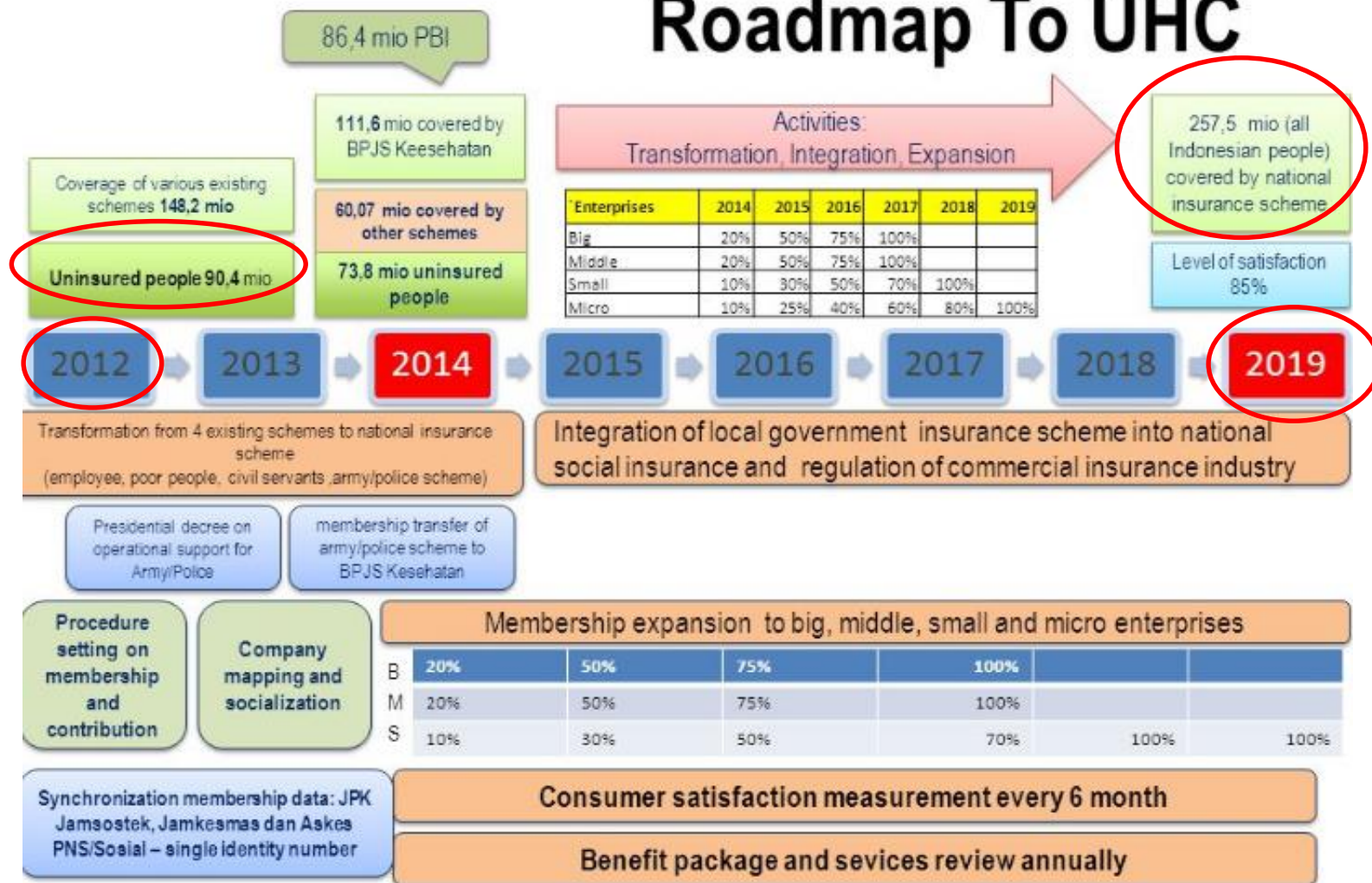
KEMENTERIAN  
KESEHATAN  
REPUBLIK  
INDONESIA



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# Roadmap To UHC



# INDONESIA

## Overview

Indonesia, home to approximately 260 million people, has seen significant economic growth in the last two decades, yet nearly 2 million people are being pushed into poverty because of out-of-pocket healthcare expenditure. Further, maternal and newborn mortality rates are high, particularly for the region, and coverage of HIV services such as antiretroviral therapy remain low.

Despite these challenges, opportunities exist to advance Indonesia's health indicators through national implementation of an ambitious universal healthcare plan. In 2014, the government introduced Jaminan Kesehatan Nasional (JKN), a single payer national health insurance scheme that covers about 74 percent of the population. The country also has an increasingly vibrant civil society and media presence that could take on a greater role in policy advocacy, accountability, and transparency for improvements in maternal and newborn health, HIV, and other health areas.



# Escalate quality and minimize inequity

- Six [Dimensions of quality](#) : 1) Safety, 2) Effectiveness, 3) Person-centeredness, 4) Accessibility, Timeliness, Affordability, 5) Efficiency, 6) Equity
- These were the questions up for [debate at a series of meetings](#) held last a few months ago in Jakarta, including UHCD (UHC Day) designed to tackle the lingering challenges of implementing Indonesia's national health insurance program—*Jaminan Kesehatan Nasional* (JKN). While these obstacles are neither surprising nor unique to any country managing a large-scale insurance program, what differs in Indonesia is how the government is tackling the challenges head on—a move that, if successful, could have widespread implications for other countries looking to implement social health insurance programs to reach universal health coverage.
- Running large-scale health insurance programs in developing countries [is complicated](#). The potential benefits of sweeping health insurance coverage—improved access to healthcare and protection from high out-of-pocket health expenses—are considerable, but so too are the challenges. [How do you ensure that everyone is covered](#), that the care and commodities they receive are equitable and of high quality, that all key stakeholders are engaged and incentivized, and that the program is sustainable?



# Fact of Indonesia

- While GDP is on the rise, [more than 28 million people live below the poverty line](#) (World Bank, 2016b).
- Indonesia's 34 provinces have widely [diverse cultures](#), religions, and natural resources.
- From the bustling metropolis of [Jakarta to the ocean-dependent islands](#) of the Maluku and the indigenous peoples of Papua—each province has its own context and unique considerations when it comes to economic and social development, and thus its own distinct [set of opportunities](#).

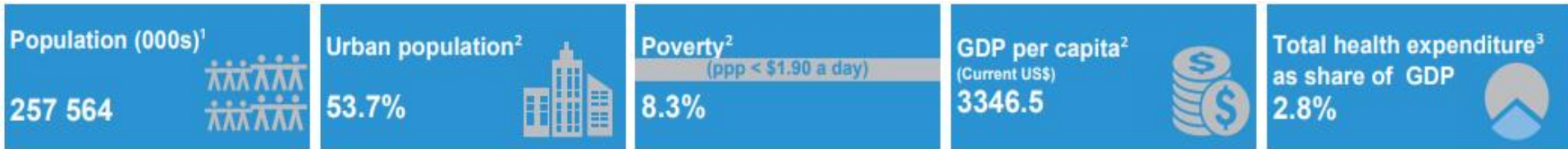
# Fact of Indonesia : 3 Years evaluation

- Since 2017, [three years after](#) JKN's launch, the Government of Indonesia is [conducting a comprehensive assessment](#) of the program and convening diverse stakeholders to find solutions to the persistent challenges of achieving universal coverage.
- This assessment is coordinated by the [National Team for Acceleration of Poverty Reduction](#) (TNP2K), with support from the U.S. Agency for International Development (USAID) through the Health Policy Plus (HP+) project.
- A few months ago's meetings, TNP2K, HP+, the [University of Indonesia](#), the [Organization for Economic Co-operation and Development](#) (OECD), and several others across the government and the private sector came together to share new evidence and discuss possible solutions.

# Fact of Indonesia : Missing Middle

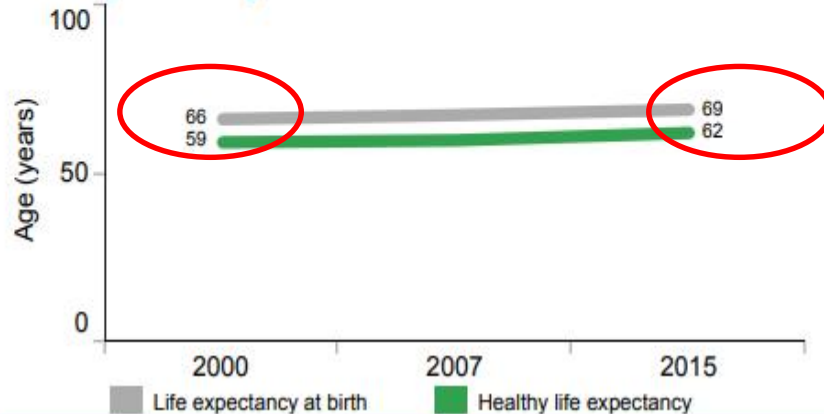
- In just over five years, JKN has managed to bring 74 percent of Indonesia's population under the program—an impressive coverage rate.
- But of the 26 percent that remain uninsured, a large proportion are employed in the informal workforce. This group, which the OECD refers to as the "missing middle," earn too much to be eligible for the subsidized coverage offered to the poor and near-poor.
- While some of the missing middle and their families may participate in other programs or private insurance, it is critical for those who do not to join and remain enrolled in JKN to get the benefits of financial protection and increased access to care. For them to join, they must see the likelihood of the program increasing their access to more affordable and higher quality healthcare.

# SDGs of Indonesia 2017



## Monitoring the health SDG goal: Indicators of overall progress

### Life expectancy



**Life expectancy at birth<sup>4</sup>** provides an indication of overall mortality of a country's population. In Indonesia, from 2000 (66.3 years) to 2015 (69.1 years), the life expectancy at birth has improved by 2.8 years.

**Healthy life expectancy<sup>5</sup>** reflects overall health of the country's population. In Indonesia, from 2000 (59.4 years) to 2015 (62.1 years), healthy life expectancy has improved by 2.7 years.



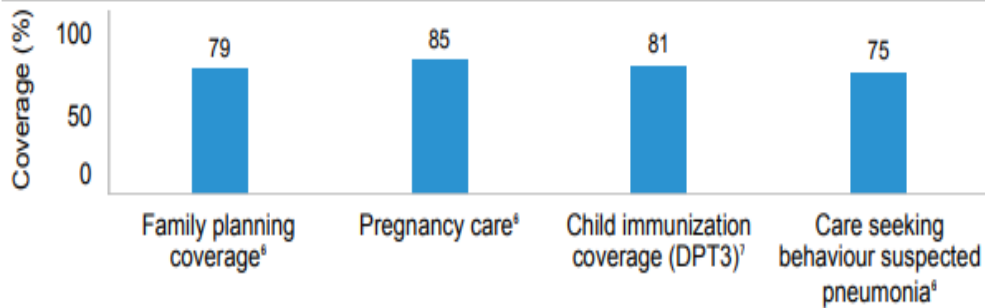
# SDGs of Indonesia 2017

Universal health coverage: At the centre of the health goal

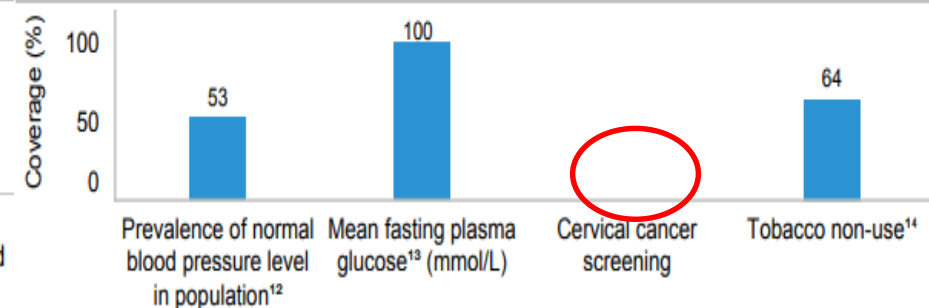
## HEALTH SERVICE COVERAGE 16 INDICATORS :

### Reproductive, maternal, newborn and child health

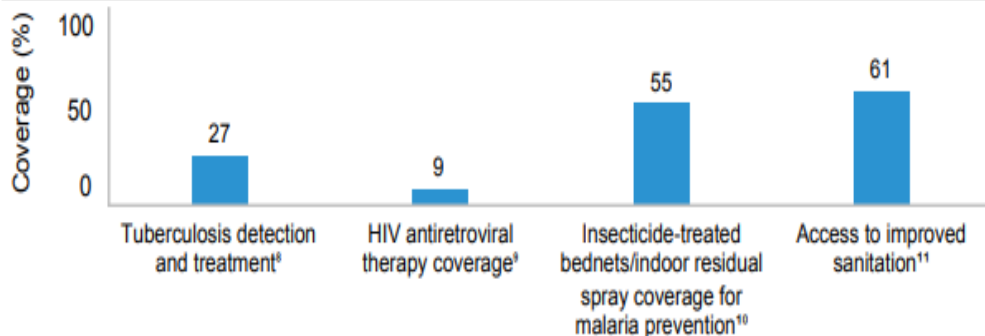
Latest available data (2010-2015)



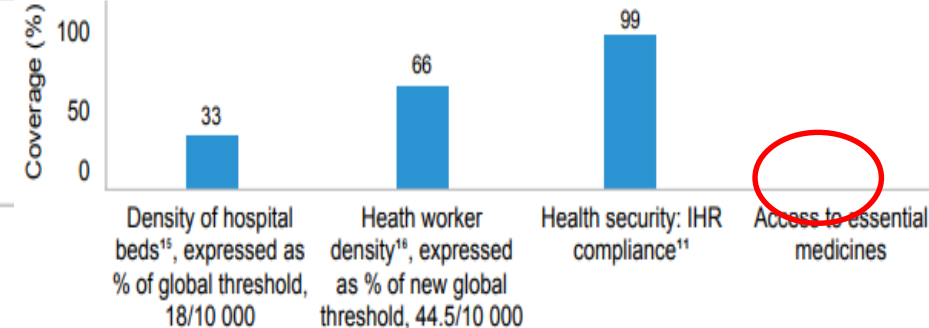
### Noncommunicable diseases



### Infectious diseases



### Service capacity, access and health security



# SDGs of Indonesia 2017

## FINANCIAL PROTECTION

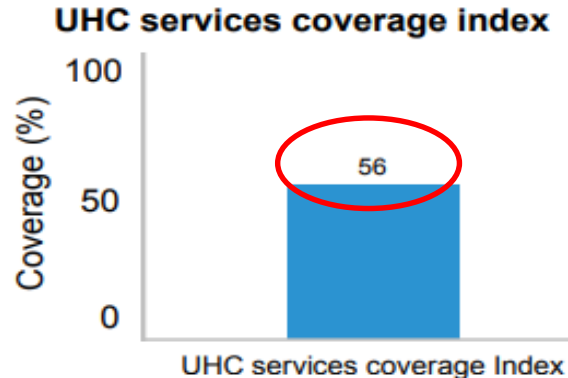
Financial protection is measured through two indicators:  
(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment: **0.8%** or **approximately 2 000 000** people are being pushed into poverty because of out-of-pocket health spending.<sup>17</sup>

Catastrophic expenditure on health: **4.4%** of people spent more than 10% of their household's total expenditure on health care.<sup>17</sup>

## UHC services coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

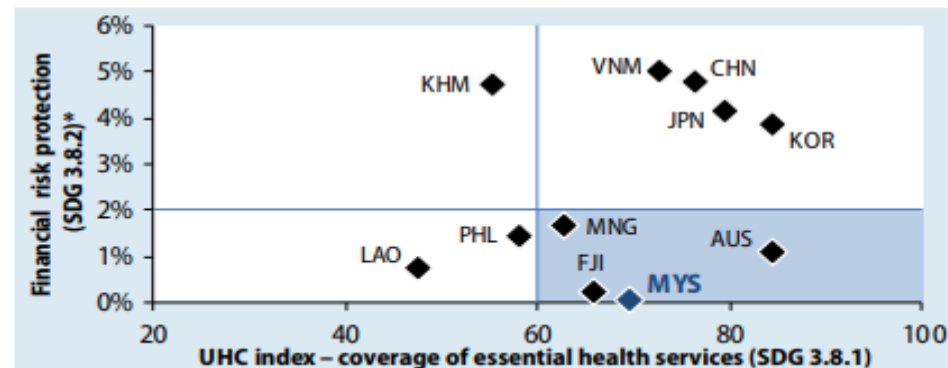


## What tracer indicators are included in the UHC index<sup>6</sup>—coverage of essential health services?

Tracer category	Indicator value	Indicator rescaled score, when applicable. Target: 100%
Reproductive, maternal, newborn and child health <sup>a</sup>	Family planning demand satisfied with modern methods (%), 2015	53    53
	Antenatal care, 4+ visits (%), 2015	80    80
	Child immunization 3 doses of diphtheria-tetanus-pertussis (DTP3) vaccine (%), 2015	99    99
	Care-seeking behaviour for child pneumonia (%), 2015	87 <sup>c</sup>    87
Infectious diseases <sup>b</sup>	Tuberculosis detection and treatment (%), 2015	68    68
	HIV antiretroviral treatment (%), 2015	26    26
	Access to improved sanitation (%), 2015	100    100
Noncommunicable diseases <sup>10</sup>	Prevalence of non-raised blood pressure (%), 2015	77    54
	Mean fasting plasma glucose (mmol/L), 2008	5.7    72
	Tobacco non-use (%), 2015	78    56

## How does Malaysia compare to other countries in the Region?

Relationship between UHC coverage of essential health services and financial risk protection in Western Pacific Region countries



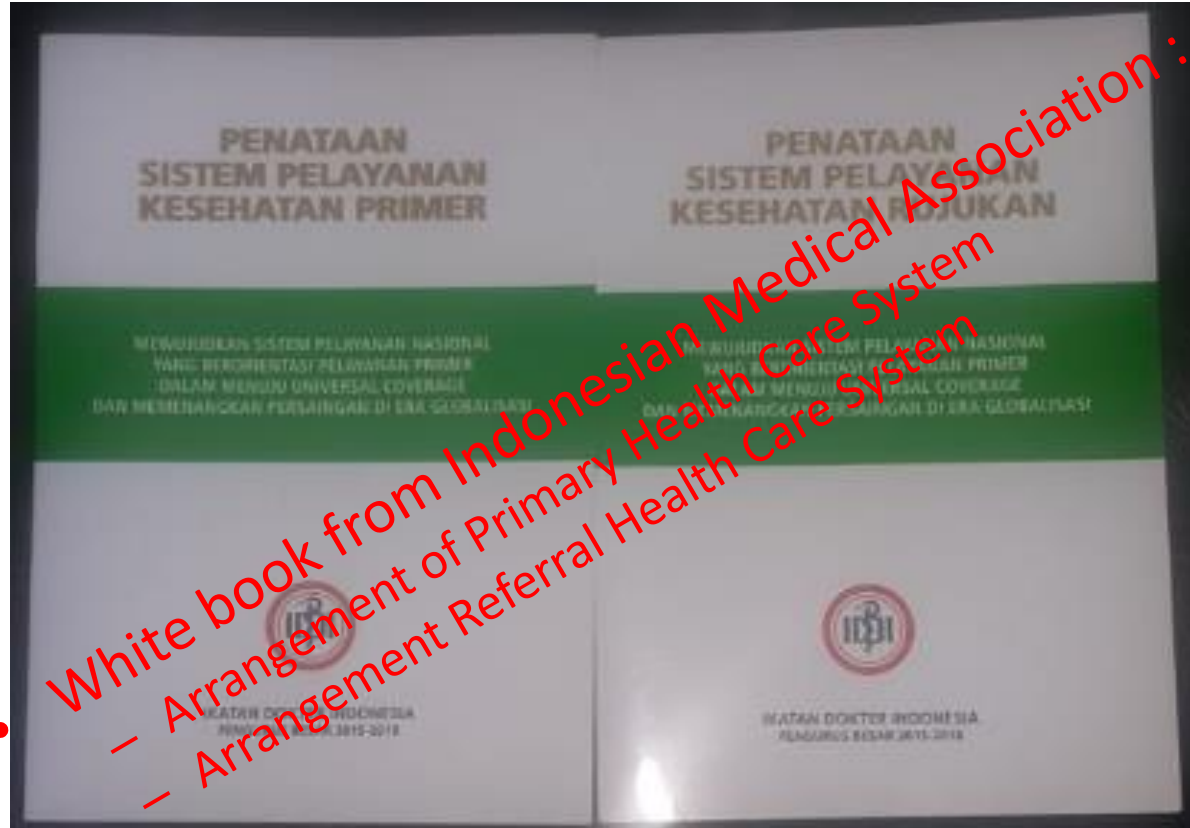
Indonesia also has data about UHC and SDG, but its still partial and fragmented

Its still need to be compiled in a report as above. So that Indonesia can compare with other countries in the region

# Common barriers to achieve UHC

1. Financial constraints are low levels of government spending and overall spending on health
2. Supply side constraints (include workforce constraints)
3. Epidemiological transition

# Engaging Stake Holder and Involvement of Professional Organization





# Indonesia Medical Association and Others Stakeholder

- Improvement Price for Health Care Facilities for better quality services
- Developing Costing with TDABC and Implement Value Best Health Care
- People can access health care facilities every where. It should not to be restricted in regionalization of services
- Transparent information for research
- Public support government to reallocate tax subsidize to health services
- Strengthening public health by MOH and DHO

# Engaging private sector

- As more and more people join JKN, the public sector is not positioned to meet the growing demand for health services on its own.
- To ensure the effectiveness and sustainability of the program, the government must better engage the private sector.
- But this partnership raises its own series of challenges. Through a partnership with JKN in which the private sector gains a higher volume of clients, there is concern that the reimbursement rates remain insufficient to cover the overall costs that private hospitals incur as compared to the public sector.
- So, the question becomes, how can the government establish reimbursement rates that incentivize the private sector to provide quality care while keeping total healthcare cost in check?

# Engaging public sector

- Current public sector health [infrastructure cannot keep up](#) with the growing number of people gaining financial access to care.
- [Partnership with the bustling private sector would allow](#) the government of Indonesia to meet its universal health coverage goal, and the Indonesian market is primed for such an opportunity.

# Has Indonesia's National Health Insurance Scheme Reached the Most Vulnerable?

A Benefit Incidence Analysis of  
JKN Hospital Expenditure

Health Policy Plus and National Team for the Acceleration of Poverty Reduction, Indonesia

May 2018

- Conclusions and Policy Recommendations This benefit incidence analysis finds that JKN hospital expenditure has been inequitable—and is becoming increasingly inequitable—across both island and socioeconomic groups.
- Further investigation is needed to examine the root causes of these inequities and the drivers behind current trends.
- However, to address inequity and increase JKN expenditure on the poor and near-poor, the following recommendations can be made:
  - Build additional facilities and/or shift certain hospital-level services in rural and remote or disadvantaged areas to primary healthcare facilities
  - Geographically target financing for infrastructure and human resources for health to rural and remote or disadvantaged island groups
  - Ensure that the enrollees, particularly the poor, understand and can benefit from JKN enrollment

# Trends in Healthcare Utilization

Figure 1a. IPD utilization among insured and uninsured, by SES

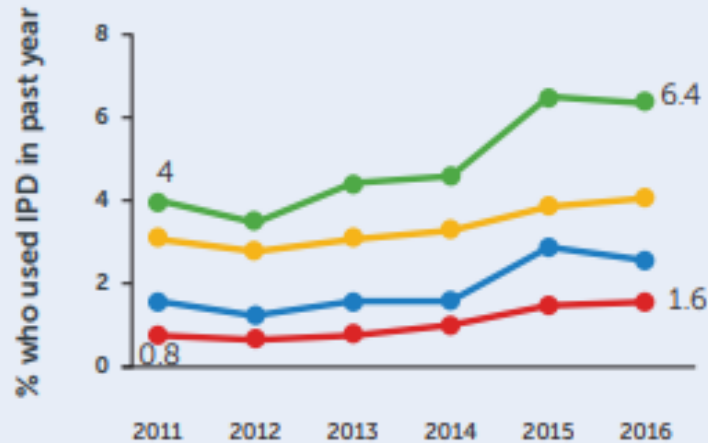
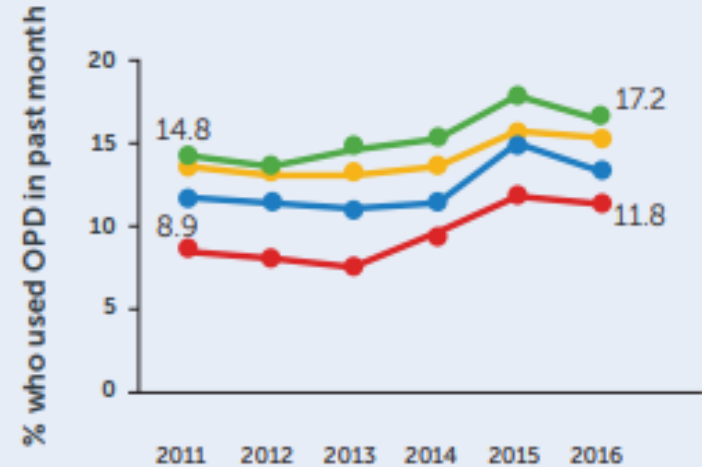


Figure 1b. OPD utilization among insured and uninsured, by SES



**Inequity persists.** In 2016, IPD use was **300% higher** among the insured rich compared to the uninsured poor and **146% higher** among the insured rich compared to the insured poor. OPD use was **24% higher** among the insured rich compared to the insured poor.



# Ensuring Equity

- Even if Indonesia manages to reach that elusive [missing middle](#) and bring them into the program, [ensuring that enrollees receive equitable](#) care and benefits—regardless of geography and income—will remain a challenge.
- [Poor and near-poor households](#) and eastern provinces have seen [the most growth in healthcare use](#), although they still lag behind wealthier populations and urban provinces in overall use and per person hospital expenditure.
- To address this gap, more progress is needed to [reduce non-financial barriers](#) to accessing healthcare, such as proximity to health facilities and [clinic wait times](#),
- which may require the government to target its spending more effectively, [investing primarily](#) in facilities and health workers in the rural/eastern provinces and areas [serving the poor](#).

# Maintaining quality

- Clear quality framework that accepted by All Stakeholders in health services in Indonesia, Monitored and Evaluated.
- Government will also need to put in place clear and transparent processes around reimbursement rates, provider payments, and cost-control measures.

# Opportunity for CSO

- Indonesia's civic space is equally experiencing an expansion.
- Since 1998, the growth of civil society entities has been explosive, from the national to the local level, with an estimated 65,000 registered civil society organizations (CSOs) as of 2014.
- Donor programming for democratization and governance reforms has been substantial (Scanlon, 2012).
- Regional autonomy and decentralization have created new opportunities for [CSOs and organized citizens to engage](#) directly with government in public affairs. Legal protections of assembly and speech have been established and the government is committed to continue opening this space.

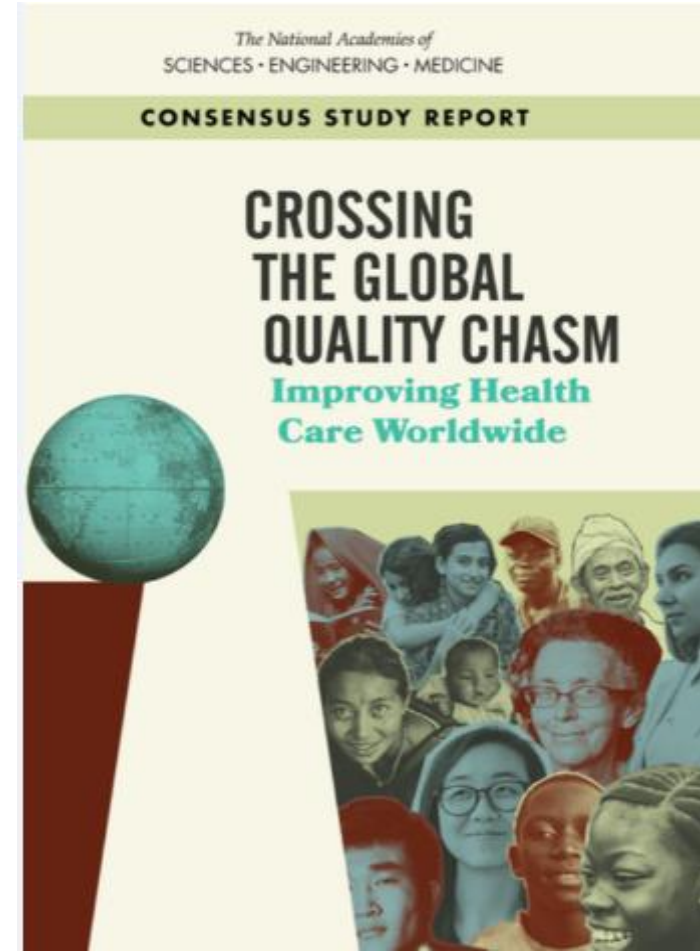
# Opportunity to get Involved

- The need for improved maternal and newborn health, paired with the now drastically increased market for healthcare in Indonesia, offers a prime opportunity for others to get involved in ensuring that health services are high-quality, equitable, efficient, and effective.
- Under JKN, reimbursements related to reproductive and newborn health services will total at least US\$720 million per year in additional revenue for healthcare providers.
- The private sector, civil society, and the media must all play important roles if maternal and newborn mortality is to be lowered; with the health market growing under JKN, now is the time to get involved.

# Crossing The Global Quality Chasm

- Poor-quality health care around the globe cause ongoing damage to human health. In low-and middle income countries (LMICS), of care, which means that quality defects cause 10 to 15 percent of the total deaths in these countries. The resulting cost of lost productivity alone amount to between \$1.4 and \$1.6 trillion each year.
- A move toward universal health coverage (UHC) is the central theme of global health policy today, but the evidence is clear. Even if such a movement succeeds, billions of people will have access to care of such low quality that it will not help them-and indeed often will harm them. Without deliberate, comprehensive efforts to improve the quality of health care globally, UHC will be largely and empty vessel.

Source : The National Academic of Sciences-Engineering-Medicine , August 2018, Consensus Study Report





# Key Messages

## **Making Progress through Policy**

- In the coming months, TNP2K, HP+ and All stake holder need to anticipate The Assessment of JKN, which will further inform these critical discussions about Equity and Quality of UHC in Indonesia.
- With that evidence as well as the motivation and resources of the Indonesian government and the early engagement of key stakeholders, [Indonesia is well-positioned to find innovative solutions to the persistent questions of how to successfully implement a large-scale national health insurance program.](#)
- If they do, it could be a turning point on the road to universal health coverage for Indonesia and countries beyond.

# Key Messages

- Although utilization differences between the poor and rich remain, JKN's influence on IPD use is equal for both groups.
- To better address the inequities that remain by SES and island grouping, recommendations are :
  - Strengthening OPD use in rural areas where supply-side constraints remain
  - Incentivizing individuals to access OPD at puskesmas by improving quality and minimizing wait times
  - Further exploring barriers beyond financial factors that may influence healthcare uses
- Indonesia should join activity and participate in OECD to report progress and compare in regional UHC achievement.

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