



KEMENTERIAN SOSIAL  
REPUBLIK INDONESIA

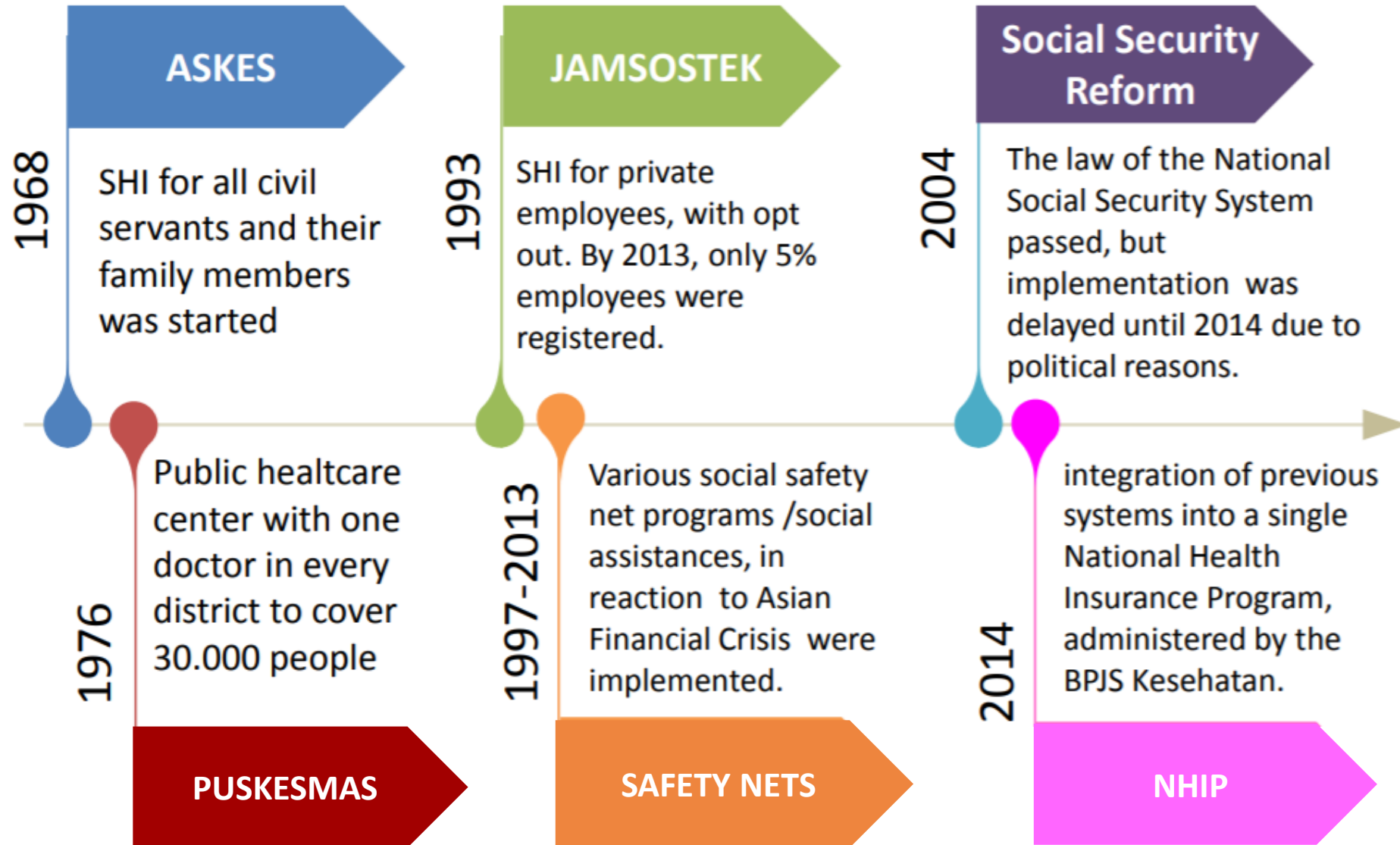


## NATIONAL HEALTH INSURANCE (*JAMINAN KESEHATAN NASIONAL/JKN*) IN INDONESIA

Director General for Poverty Alleviation

April 1, 2019

# OVERVIEW OF UNIVERSAL HEALTH COVERAGE IN INDONESIA



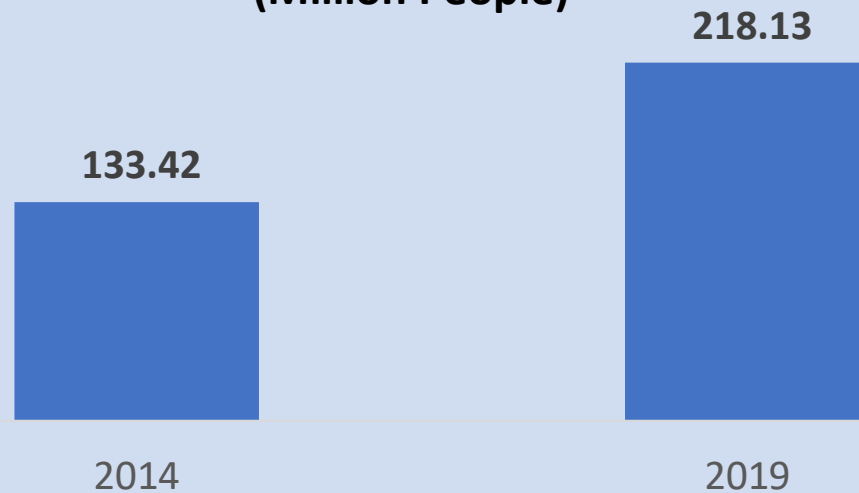
# GENERAL POLICY OF NATIONAL HEALTH INSURANCE PROGRAM

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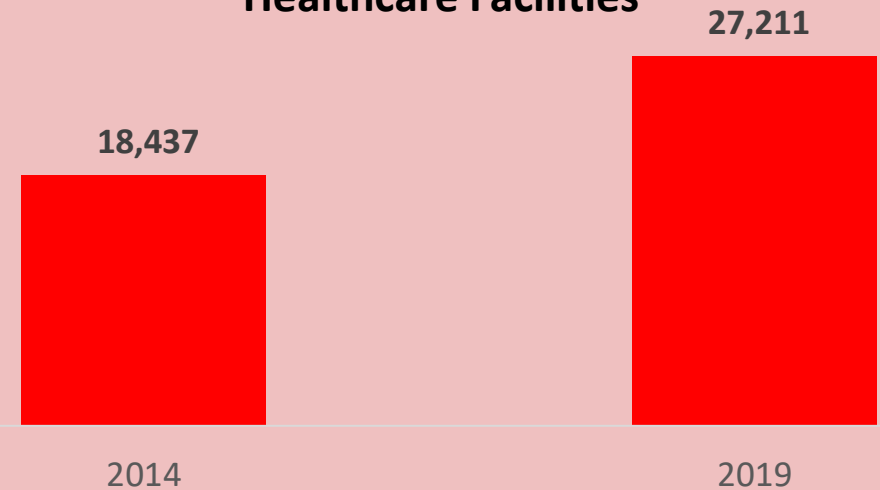
- **RAPID EXPANSION OF COVERAGE** to all citizens of 260 millions in 5 years (2014-2019):
  - ✓ **LOW PREMIUM** – regressive in nature
  - ✓ **COMPREHENSIVE BENEFITS WITH FREE OF CARE AT THE POINT OF SERVICES;** cost sharing is limited to prevent moral hazard of members
  - ✓ **LOW TARRIFs WITH PROSPECTIVE PAYMENT MECHANISM**
  - ✓ **MASSIVE GOVERNMENT SUBSIDY** for paying the contribution of the indigents and contingency funds
  - ✓ **OPEN REGISTRATION** for all citizens since the first day of NHIP implementation with limited period of waiting time and minimal compliance risk management

# NATIONAL HEALTH INSURANCE (JKN) IN INDONESIA

Number of People Insured  
(Million People)



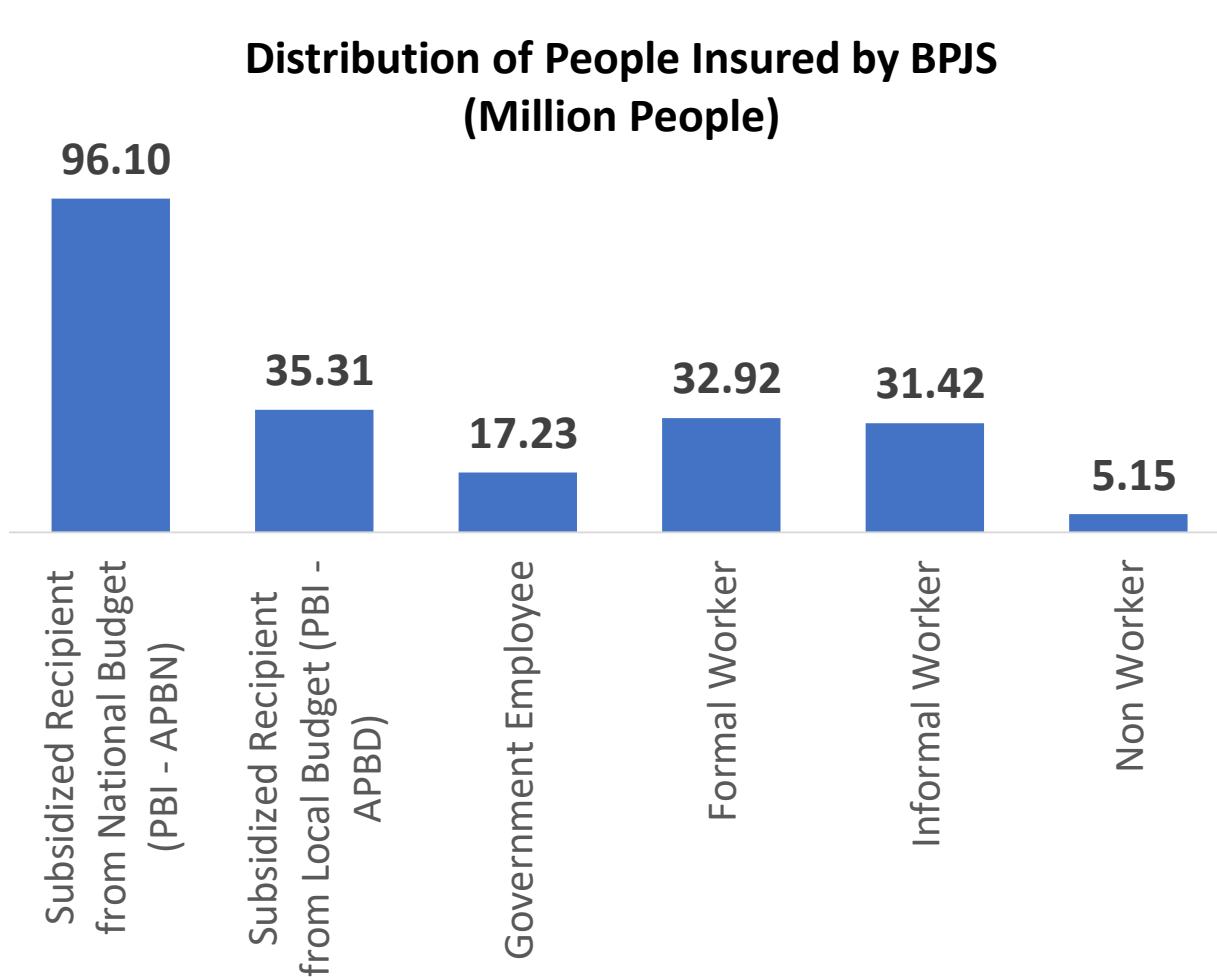
Number of Affiliated  
Healthcare Facilities



- In the beginning of the implementation of National Health Insurance (JKN) in Indonesia, the number of people registered in **Social Security Agency (BPJS)** reached **133 million people**.
- This number keep increasing and reached **218,13 million people by March 1<sup>st</sup>, 2019**.
- Similar trend found in the **number of affiliated healthcare that increased from 18,437 facilities in 2014 to 27,211 facilities in 2019**.
- In 2019, the government targeted JKN to reach about 95 percent of population or more than 250 million people.

# Who get insured?

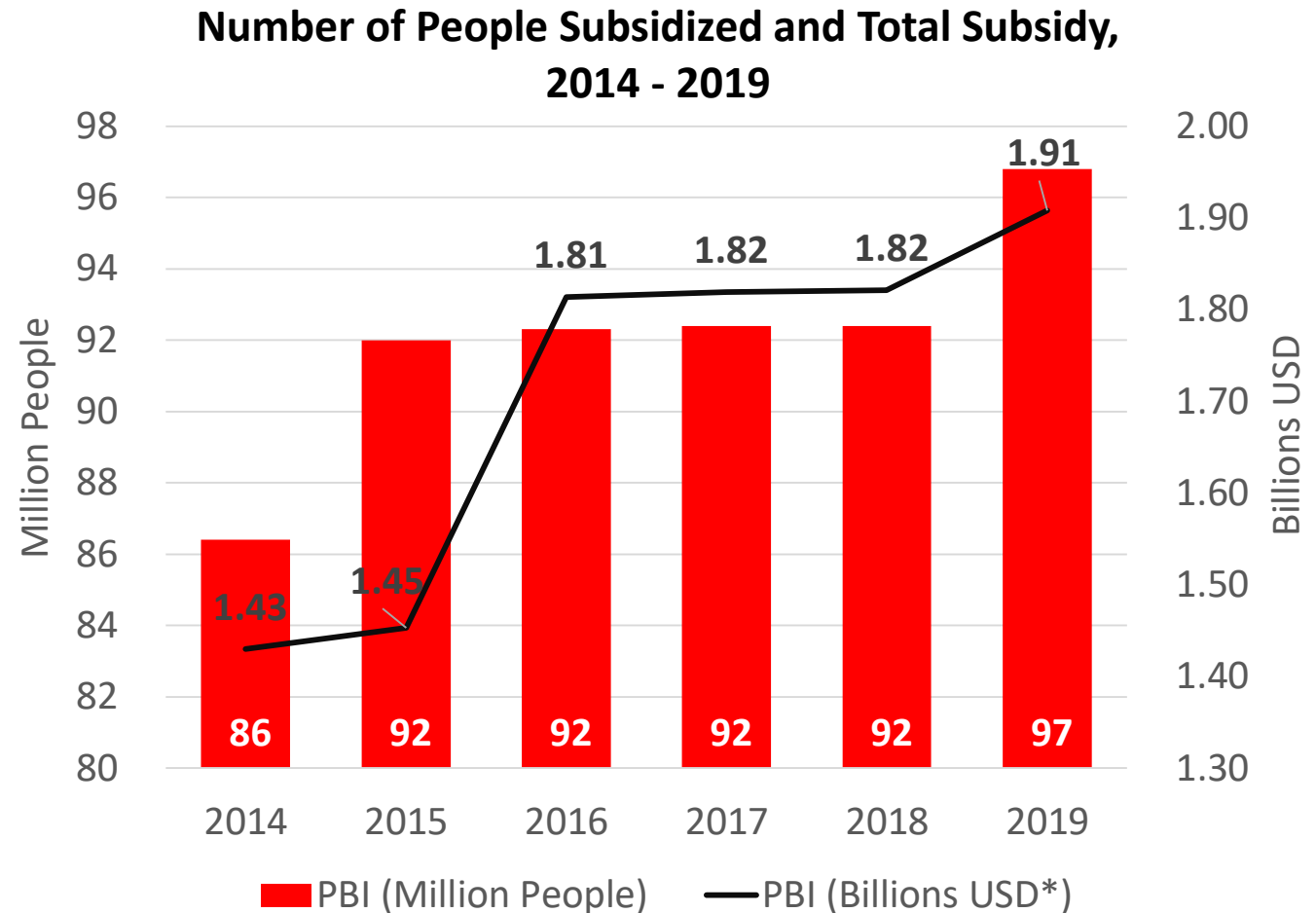
Distribution of People Insured by BPJS  
(Million People)



- More than **60 percent** of people insured by BPJS are from the Subsidized Recipient (PBI).
- Around **73 percent** of these people are subsidized by the Central Government, while the **other 27 percent** covered by Local Government.

# BUDGET AND ALLOCATION OF PBI

- The number of people subsidized for the JKN scheme keep increasing from 86 millions people in 2014 to 97 millions people in 2019.
- The total subsidy for given to the PBI recipients experience a 33 percent growth in 2019 compared to 2014.
- The increase in total budget will depend on the UDB data which has the data of bottom 40 percent of income in Indonesia.



\* 1 USD = Rp 14.000,-



# THE IMPACT ON HEALTH ACCESS FOR THE POOR?

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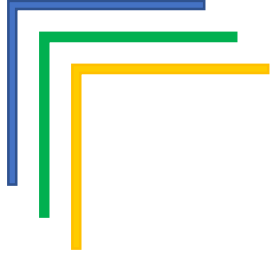
- The implementation of JKN resulted on an increase in healthcare utilization by the poor, especially the access to outpatient care and inpatient care at public hospital (Johar, et.al., 2018).
- After JKN implemented in Indonesia, the household expenditure on health was reduced and hospital utilization in the poorer eastern regions of Indonesia was increased (Agustina et.al., 2019).
- Decreasing Gini Index for health expenditure in Indonesia, presumably after JKN was imposed (Dartanto et.al., 2015).
- Moreover, the challenge on the utilization of JKN is not for the poor or non-poor, but on the middle-income population (Agustina et.al., 2019; Dartanto et.al., 2015).
- Because access to health is one of 14 criteria used by the Central Bureau of Statistic to calculate the poverty line, hence an increase in access to health care for the poor will indirectly affect the poverty rate in Indonesia.

# CONCLUSION

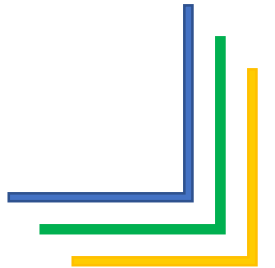
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1. The implementation of JKN in Indonesia is an output of about 50 years of previous health policy.
2. The government targeted all the population will be registered in JKN by the end of 2019.
3. Several studies conclude that the implementation of JKN gives a fruitful impact, such like:
  - Decreasing the inequality on health access.
  - Indirect impact on the decreasing of poverty rate.





THANK YOU



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