



The Ministry of Health Republic of Indonesia

Social Security Reform Towards Healthcare Universal Coverage in Indonesia

Keynote speech:

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Indonesia Vice Ministry of Health

“29th Asean Social Security Association Board Meeting”

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Presentation Outline

1. National Priority Agenda : Towards UHC
2. Preparation of Social Security Law implementation
 - a) Roadmap of membership and Premium Estimation
 - b) Roadmap benefit package, health services & subsidy Scheme
 - c) Roadmap Regulation and Transformation Program & institution
3. Conclusion



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1. NATIONAL PRIORITY AGENDA : TOWARDS UHC



CONSTITUTION BACKGROUND

National Basic Law - UUD 1945

Article no 28 H article (1), (2), (3)

- (1) Every single person have right to life **“prosperity”** and have right to get health services
- (2) Every single person have right to have a similar chance and benefit in order to reach equality and fairness
- (3) Every single person have right of social security with the possibility to self development completely as a human being

Article no 34 article (1), (2)

- (1) the poor people should be look after by the Country
- (2) Country develop social security system for all population ... → UHC



Social Security Law & The Implementation

Universal Health Coverage

Law No 40 Year 2004: National Social Security System (SJSN):

**-5 Program → the 1st
implementation is HEALTH**

**- Execute based on
humanity, benefit, & social
fairness**

Law No 17 Year 2010 : National Development Middle Plan (RPJMN)

**Indonesia will achieve
UHC in the 2014**

Law No 24 Year 2011: Executing Agency of Social Security (BPJS)

**To provide basic life
need necessarily for
all member**



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Indonesia MoH Vision & Focus Priority

8 NATIONAL FOCUS PRIORITY FOR HEALTH

1. Improving maternal health and fam planning
2. Comm nutrition improvement
3. CD and NCD control, environmental health
4. Fulfilling Health HR
5. Improving Availibility, affordability, safety, quality, food and farmacys
6. **Jamkesmas (health insurance for the poor)**
7. Community development, disaster and crisis management
8. Improving primary, secondary and tertiary health care

7 PRIORITY HEALTH REFORMATION

1. **HEALTH INSURANCE**
2. Health services in very remote area (DTPK)
3. Availability of farmacy, health equipment in every health facility
4. Birocration Reform
5. Bantuan Operasional Kesehatan (BOK)
6. Overcoming districts Health problem (PDBK)
7. Indonesia World class Hospital

**Universal
Coverage
2014**

**RPJMN 2010 – 2014
(National Middle
Development Plan)**

**MDGS
2015**

VISSION :
Healthy Community
independent and justice



HEALTH DEVELOPMENT PLAN, NATIONAL HEALTH SYSTEM AND SOCIAL SECURITY

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NATIONAL PARADIGM

(PANCASILA, UUD 1945, WASANTARA, TANNAS,)

Law no 36/2009 Health, Law No 17/2007 RPJPN)

Development Based on Health

Current conditions

Community
health status
not optimally
yet

Basic problem on
health development:

- Law is needed to be synchronized
- Comm behaviour not optimal
- Environment issue
- Food & Nutrition need protection
- Access to public service not optimal yet
- HRD need improvement

**National Long-
Term Plan
Development &
National
Health System**

STRATEGIC ENVIRONMENT:

(IdeologiY Politic, EConomiY, Soscal Culture and
national security)

GLOBAL, REGIONAL, NATIONAL, LOCAL

Opportunity and Barrier

Public
Goods

Private
Goods
(SJSN)

Community
Health
Status

**KUALITAS SDM
INDONESIA**
Healthy and
Productive
People

National
Goals

Sumber: Rancangan Perpres R.I ttg Sistem Kesehatan Nasional
2012 (12-4-2012) Modifikasi dari Presentasi Hapsoro



Health Service System & Finance

Private Goods

Public Health & Goods

**Health Insurance
(Individual Health)**

Clinics for Mom&baby;;
Lab, inpatient care

**Community
Health**

Sick Individu

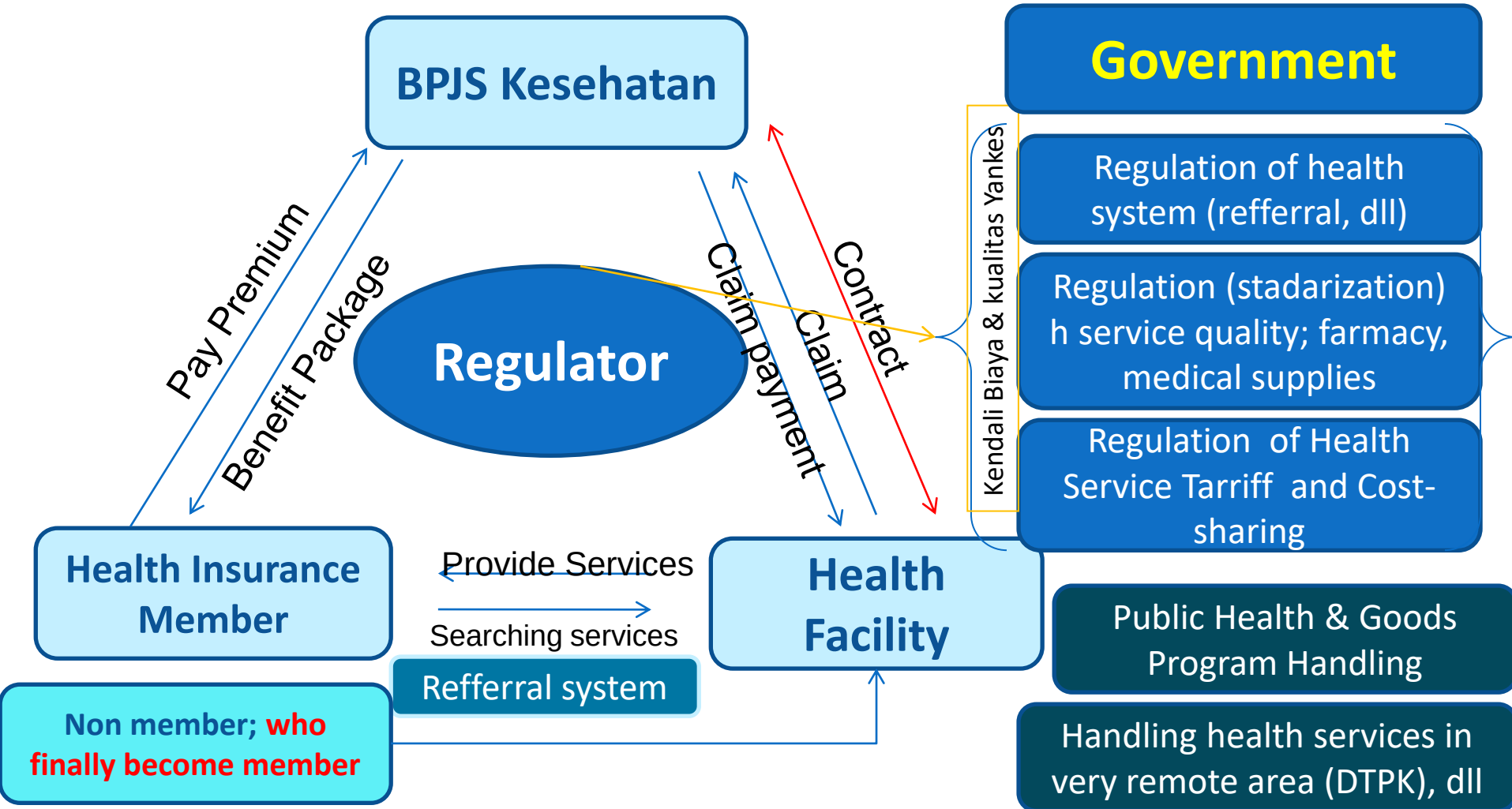
Integrated health
post;PHN,
sanitaiion;, health
promotion; school
health, school
dental health; comm
dental health

**Healthy Individual and
DTPK**

Referral system



Implementation National Social Security System (SJSN) for Health Program





2. PREPARATION OF SOCIAL SECURITY LAW IMPLEMENTATION

ROADMAP:

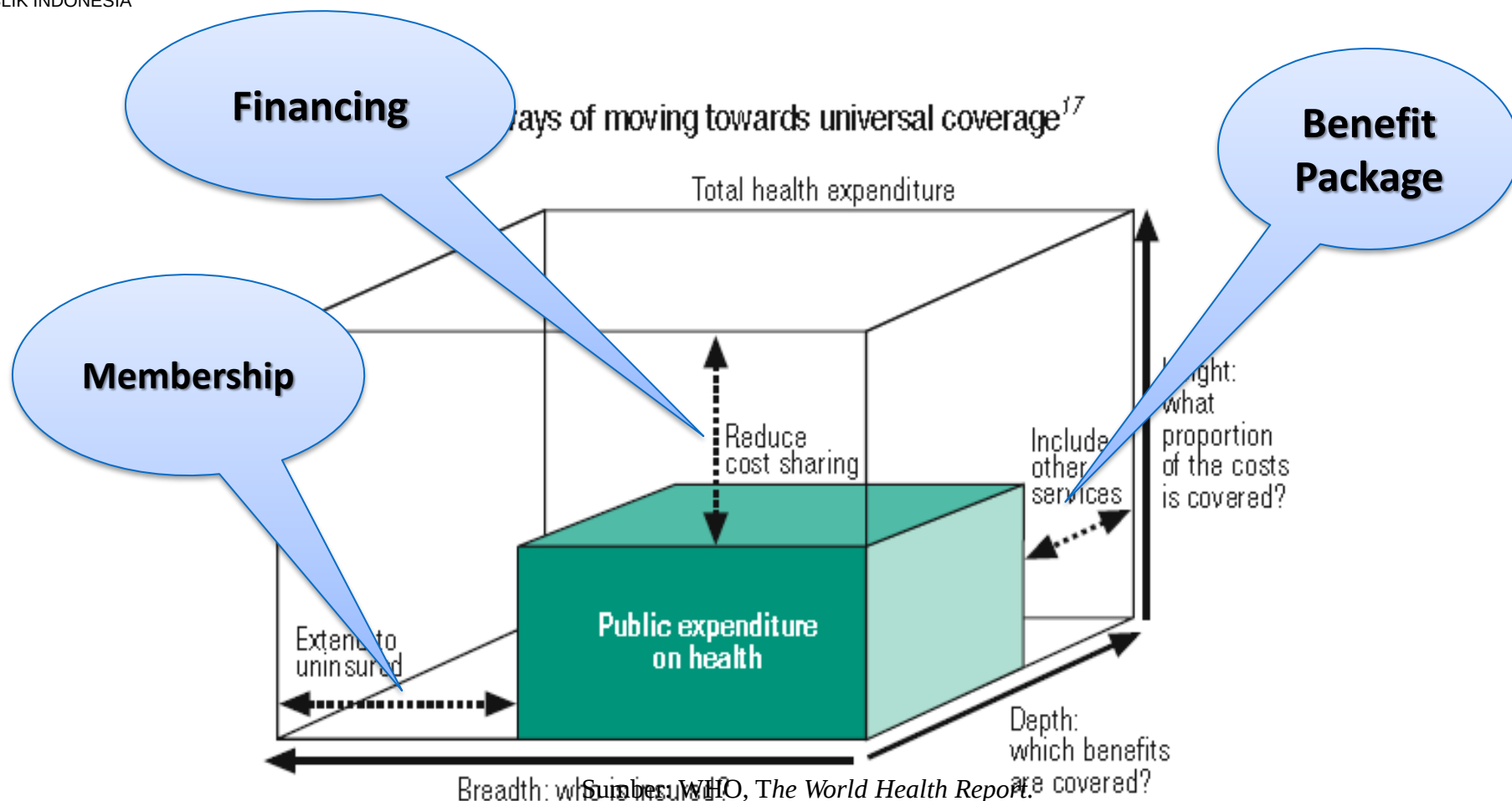
- a. MEMBERSHIP & PREMIUM,
- b. HEALTH SERVICES, BENEFIT PACKAGE,
- c. REGULATION, PROGRAM & INSTITUTION
TRANSFORMATION



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UHC as a Global Priority Agenda

The Universal Health Coverage Dimensions



Source: WHO, The World Health Report.
Health System Financing; the Path to Universal
Coverage, WHO, 2010, p.12



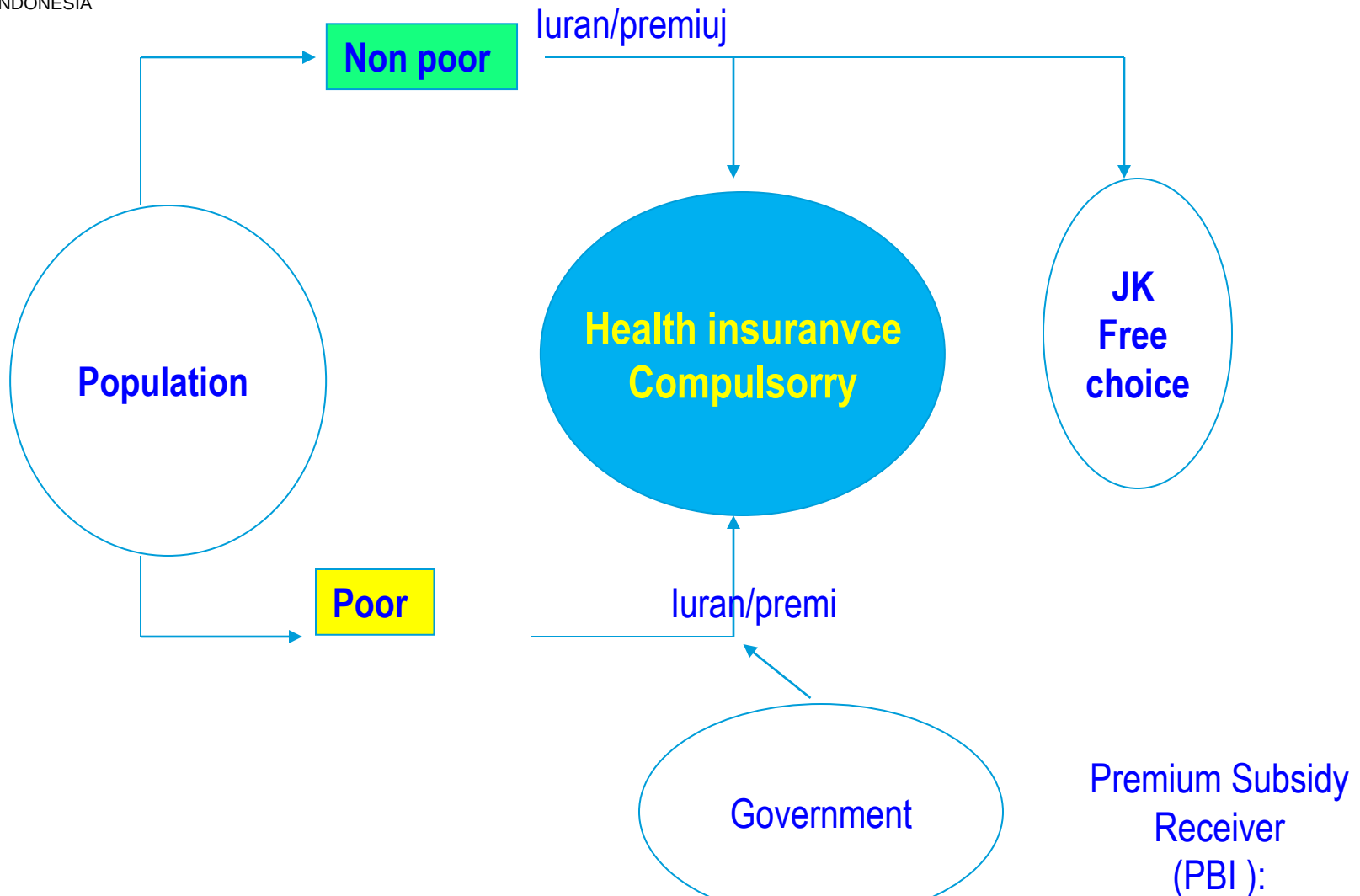
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2A. MEMBERSHIP ROADMAP AND PREMIUM ESTIMATION



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Membership of Social Health Insurance : Towards UHC





Membership Roadmap towards *Universal Health Coverage*

96,4 million subsidy
2,5 subsidy for
people without ID

Citizen has been cover with
several scheme **148,2 million**

90,4 million has not yet
being member

124,3 million member
be managed by BPJS
Health Program

50,07 million
managed by non BPJS
Kesehatan

73,8 million has not
yet being member

Activities :
Transformation, Integration, extention

Company (Perusahaan)	2014	2015	2016	2017	2018	2019
Big company	20%	50%	75%	100%		
Middle company	20%	50%	75%	100%		
Small co	10%	30%	50%	70%	100%	
Micro co.	10%	25%	40%	60%	80%	100%

257,5 million
(all citizen) manage
by BPJS Kesehatan

Membership
Satisfaction level 85%

2012

2013

2014

2015

2016

2017

2018

2019

Transforming JPK Jamsostek, Jamkesmas,
PJKMU to BPJS Kesehatan

Integration member of Jamkesda/PJKMU Askes comercial to BPJS Kesehatan

Perpres Dukungan
Operasional
Kesehatan bagi TNI
Polri

Pengalihan
Kepesertaan
TNI/POLRI ke BPJS
Kesehatan

Penyusunan
Sisdur
Kepesertaan
dan
Pengumpulan
Iuran

Pemetaan
Perusahaan
dan sosialisasi

Membership Extention of big company, midle, smal and micro

B
S
K

	20%	50%	75%	100%		
	20%	50%	75%	100%		
	10%	30%	50%	70%	100%	100%

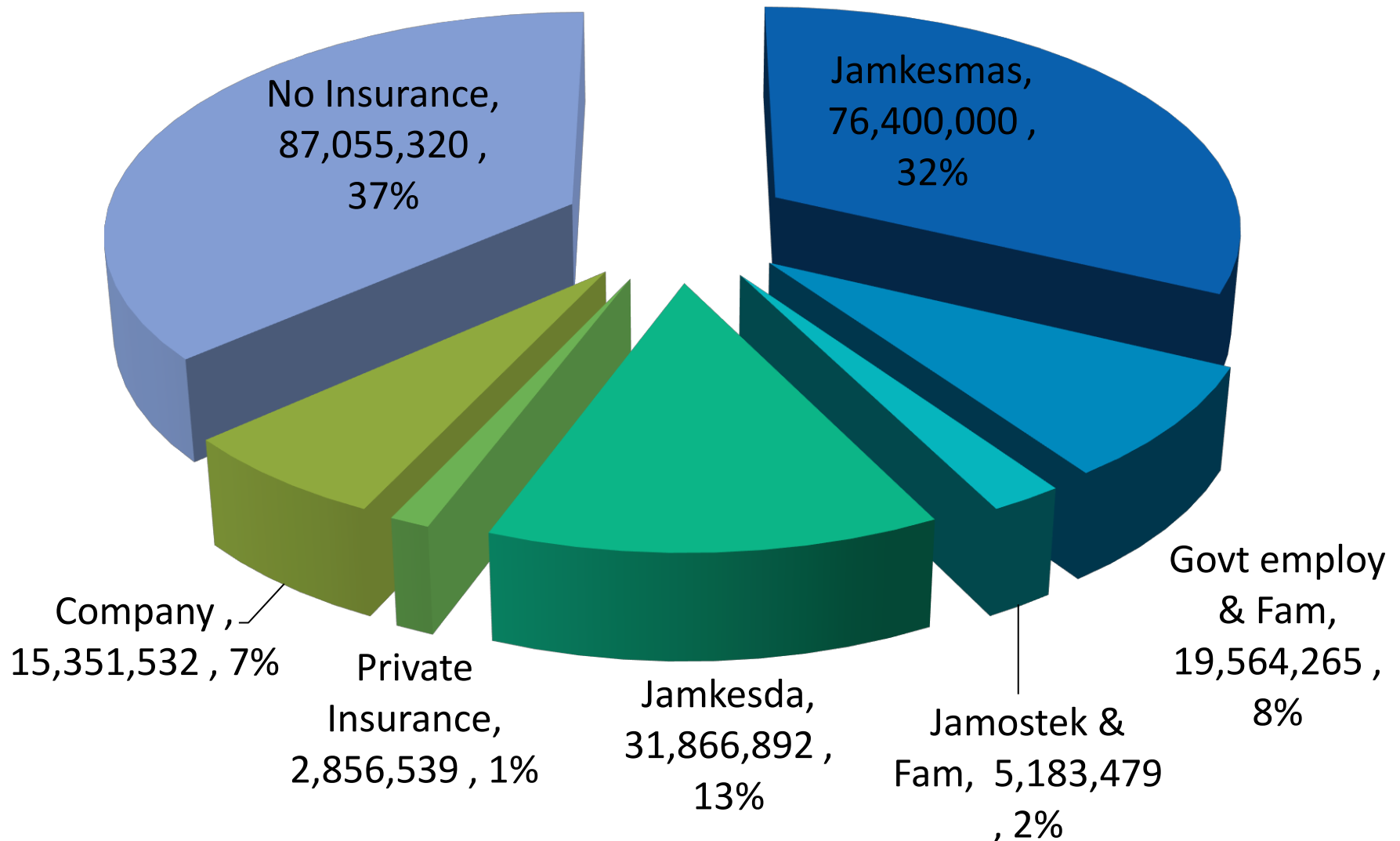
Sinkronisasi Data Kepesertaan:
JPK Jamsostek, Jamkesmas dan
Askes PNS/Sosial -- NIK

Pengukuran kepuasan peserta berkala, tiap 6 bulan

Kajian perbaikan manfaat dan pelayanan peserta tiap tahun



Health Insurance Coverage, 2011





2014 Membership Prediction

BPJS Health Program, 2014	membership	%
Premium subsidy receiver w/ complete ID	96.400.000	39,34%
Premium subsidy receiver w/o ID	2.500.000	1,02%
Govt emply & Fam	19.363.208	7,90%
Jamsostek & Fam	6.075.200	2,48%
sub- Total	124.338.408	50,75%

Non BPJS Health Program		0,00%
Jamkesda	31.866.390	45,13%
Company provide insurance	15.351.532	21,74%
Private insurance	2.856.539	4,05%
Sub-Total	50.074.461	70,92%
Population with health insurance	174.412.869	121,66%
Population without health insurance	70.608.831	100,00%
Population	245.021.700	221,66%



Membership (article 20, SJSN)

- Member: every single person who has been **paid premium** or paid by Government
- Family member have right to receive benefit package of health services
- Every member can register all other family member with additional premium

Premium

- **Will be differentiated b/w subsidy receiver and non subsidy**



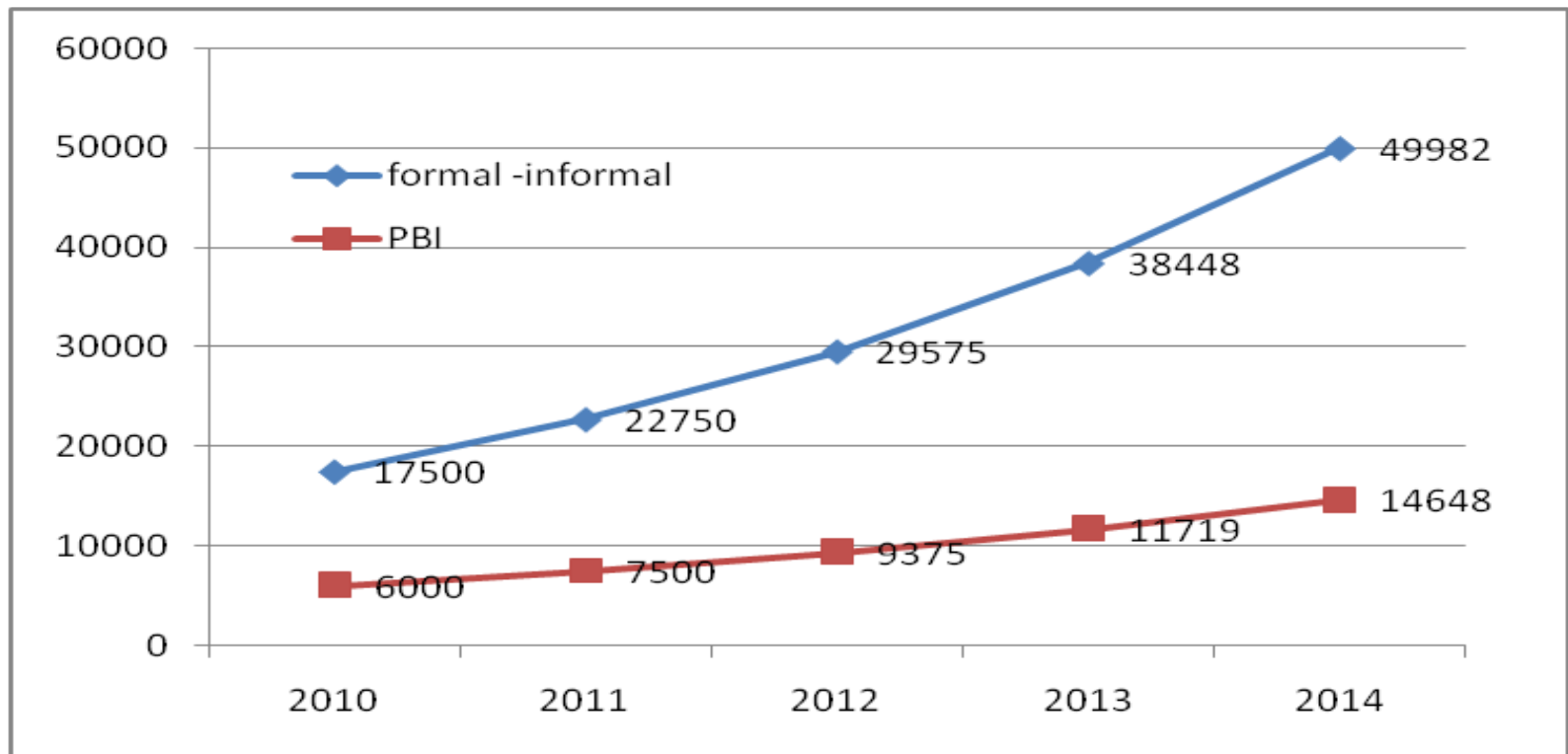
Premium Estimation

- The estimation has been proposed by multi stakeholders with different data sources and methodology
- The stakeholders who have been participate on premium estimation are:
 - TNP2K
 - World Bank
 - IDI (Indonesia Medical Association)
 - Ministry of Health



Premium Estimation: on going process (1)

Example 1: Estimation proposed by MoH; using Data Utilisation out-inpatient of Jamkesmas (health insurance for the poor, with 76,4 million membership)





Premium Estimation: on going process (2)

- **Example 2:** Estimation proposed by TNP2K
 - using Data Utilisation out-patient of Susenas, Askes, Jamsostek, Jamkesmas
 - Unit cost Data
 - Assumption : loading factor, increasing utilisation
 - Temporary result by 20.April.12 ; the premium month per person in 2014 ranging from Rp. 19.286; to Rp. 59.413
- **Example 3:** Estimation proposed by World Bank
 - using Data Utilisation out-patient of Askes
 - Factors to be taken into account : (benefit package, ability to provide services, demand for health service; availability of health facility incl doctors; service cost, population and ages composition, and supply side
 - Temporary result by 03.March.12 ; the premium month per person in 2015 ranging from Rp. 28.442 to Rp. 56.705



Premium Agreement

- Has been agreed that the premium will be differentiated between PBI (subsidy for the poor) and Non PBI (non subsidy for non poor)
- Premium :
 - premium subsidy for poor people Rp. 22.201,- per person per month
 - Premium non subsidy, still on going discussion with proposal as follow:
 - Worker salary receiver: 5% of salary (3% employee, 2% employer)
 - Worker non salary receiver:
 - Rp. 40.000 pmpp (inpatient in 2nd class)
 - Rp. 50.000 pmpp (inpatient in 1st class)



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2B. ROADMAP BENEFIT PACKAGE, HEALTH SERVICES & SUBSIDY SCHEME



Benefit Package

Medical Benefit Package Based on Medical Need :

1. Health Service covered
2. Health Service **limited**
3. H Service with cost-sharing
4. Health Service NOT covered

NON Medical Benefit Package

- At least similar to current benefit



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Benefit package and Premium





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Health Service Aspect

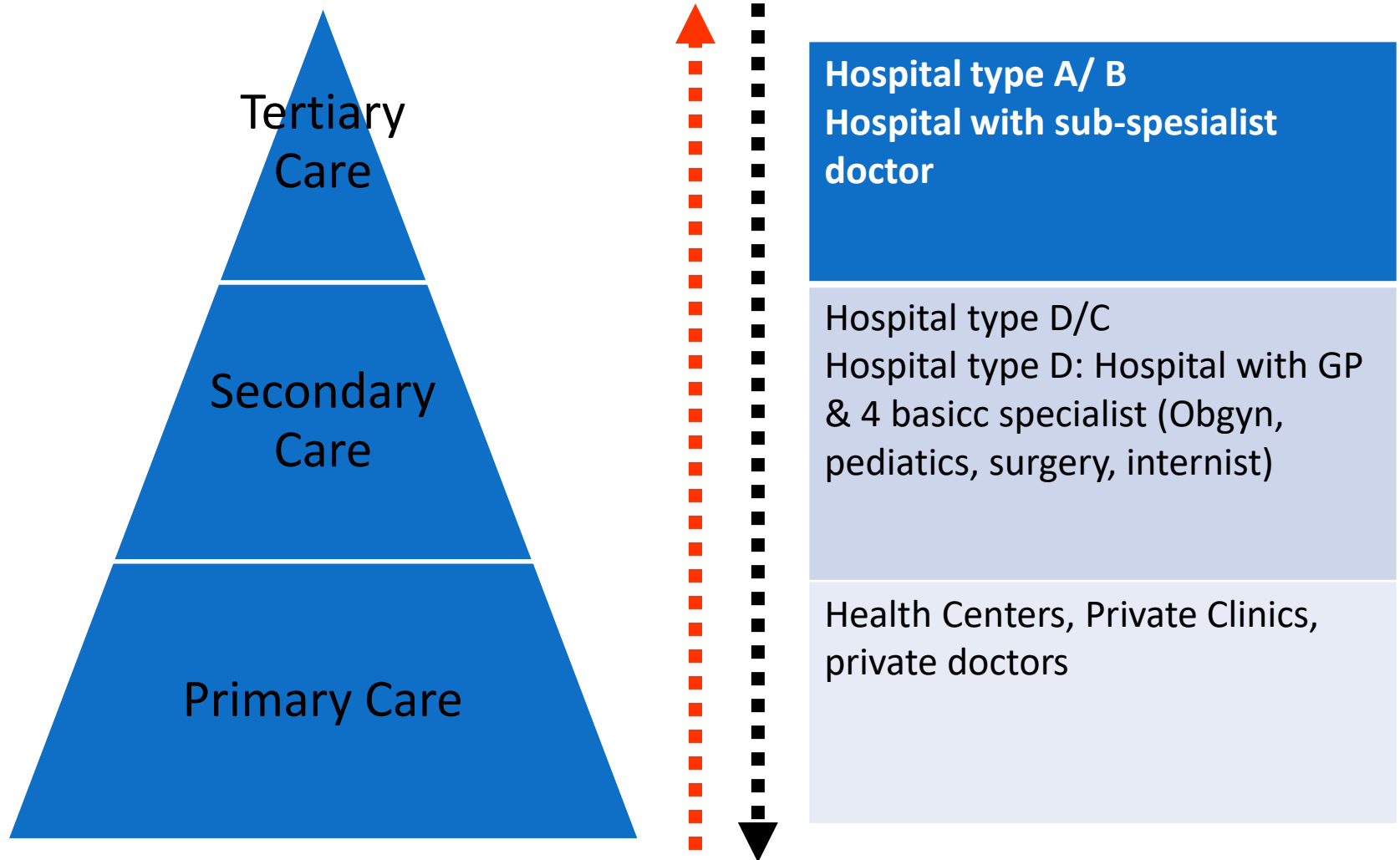




Referral Health System

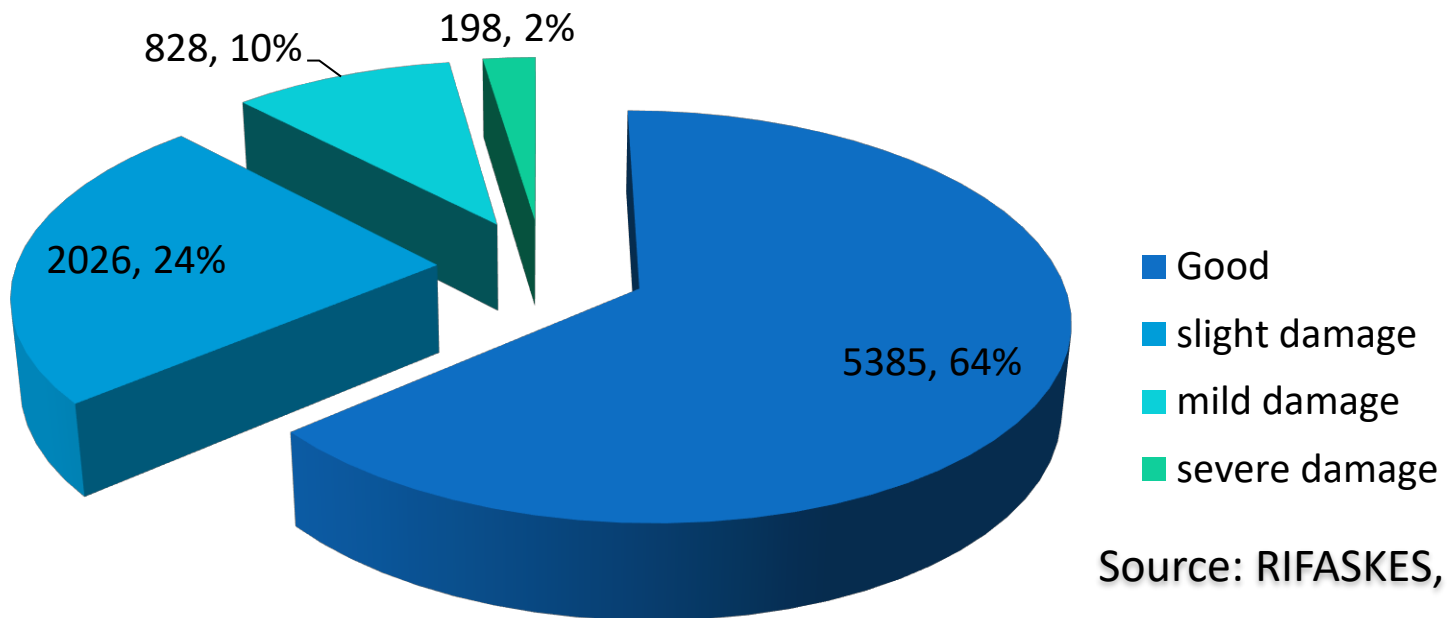
- The referral health system has been renewed → Ministry of Health Regulation No 1 year 2012
- The social health insurance will use the referral health system based on the severity of disease
- Referral can be done reversely
- General disease can be served by primary health services and should not be served at upper health services facility

Referral Health System





Health Center condition



Water & Electricity

Health Center without Water

852

Health Center with no 24 hours electricity

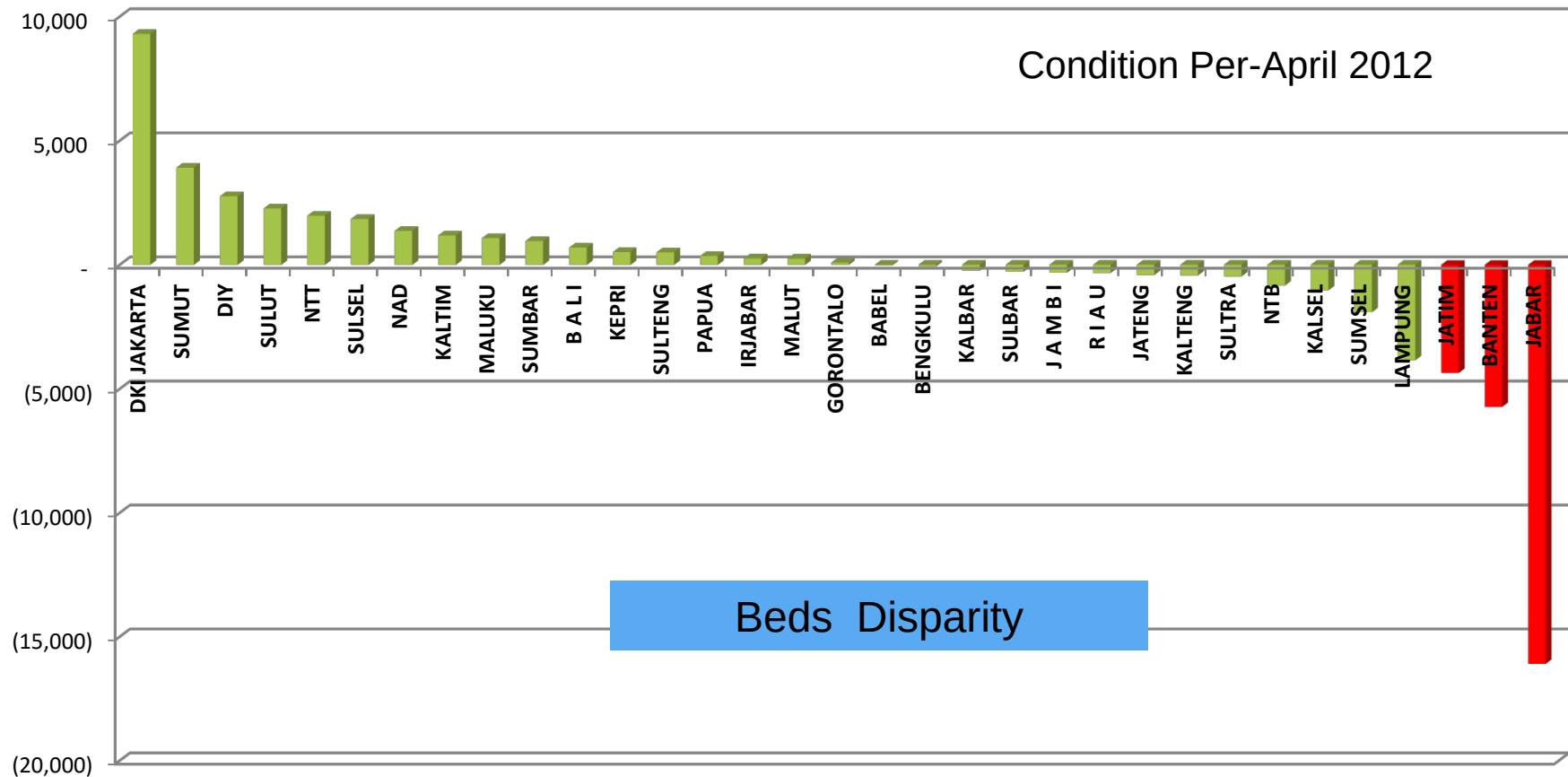
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Source: PODES, 2010



The Distribution of Hospital & Health Center (Puskesmas) Beds per Provinsi

Condition Per-April 2012



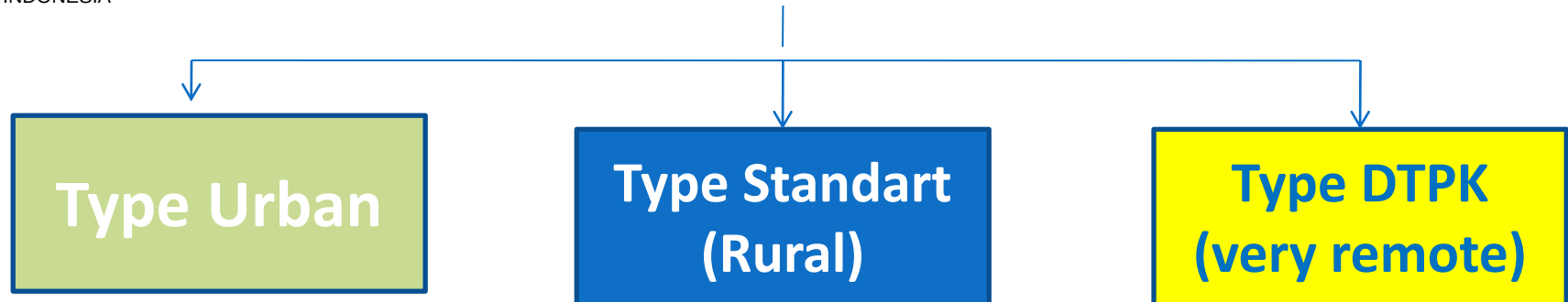


Providing the Health Facility Strategy

1. Setting up fulfilling beds Roadmap; 1 beds for 1000 population
 - national minus 7000 beds,
 - disparity at district level minus 100.000 beds
2. Building up Pratama Hospital in 42 New Distrik
3. Building up Puskesmas in 383 sub-district
4. Renovating Puskesmas damage (middle – heavy) including water and electricity
5. Information System Development on Referral system



Primary Care Policy adjustment (1)



Adjustment of Main function of Primary Care:

- How is the Level of services at Primary Care Urban/Rural-Standart /DTPK

HR Standart adjustment:

How is HR for Primary care Urban type different to Standart /DTPK type

Adjustment of Input – Proces – Output of Primary Care :

How is **Input – Proces - Output** of Primary care Urban type different to Standart /DTPK

Information Technology :

How is the ervices system, referral among Primary Care, Standart tarrif, etc



Primary Care Policy adjustmen (2)

- Policy macro: basically similar → can be added for specific conditions will be treated as a special treatment
- Puskesmas (health center) type Urban – Rural
 - Urban: focus more services
 - Rural: yang ada DTPK nya, konsepnya memang harus beda sekali; kalau perlu Dokter Umum diberi kewenangan plus
 - How is payment mechanism for both type of health center??
- Health services issue still being (on going) discussion;



Secondary – Tertiery Care Policy

Hospital
Type A,B

Hospital
Type C,D

Private
hospital type

RS Pratama?

Clinic Specialistic?

GP / Spesialis
individual Practice?

Main Function :

How is main function of every Type hos[ital? Govenment hosp? Private hosp?

Standart HR & equipment:

How is Standart of HR & equipment in every refferral services ??

Adjustment Input – Proses - Output:

How is Input – Proses - Output Secondary/Tertiery Care?

How is System Informasi Teknologi:

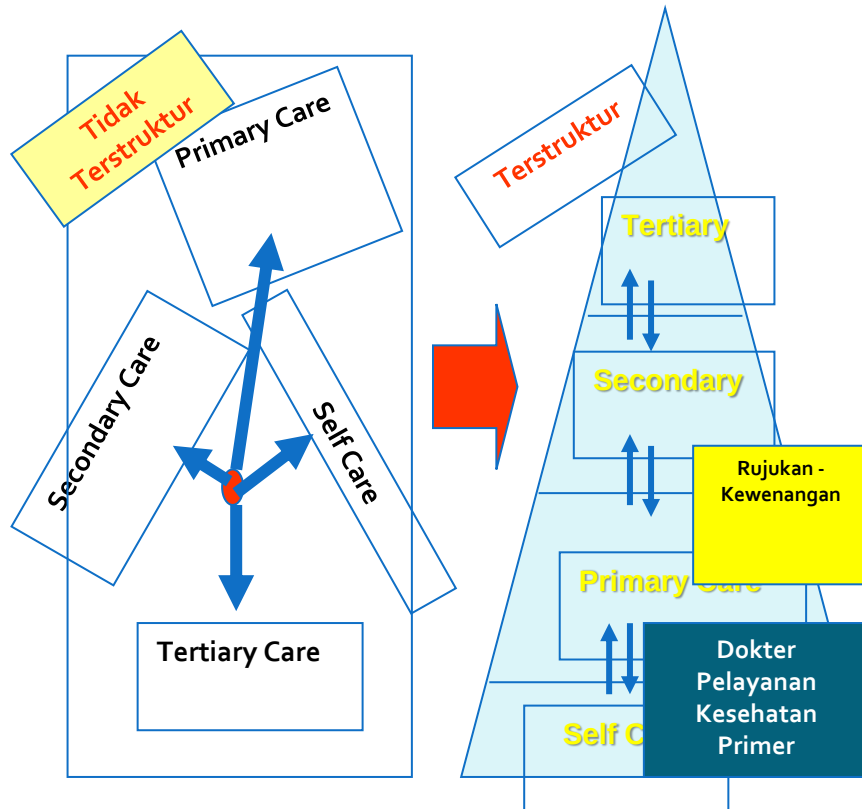


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Refinement Referral System

RESTRUKTURISASI PELAYANAN KESEHATAN

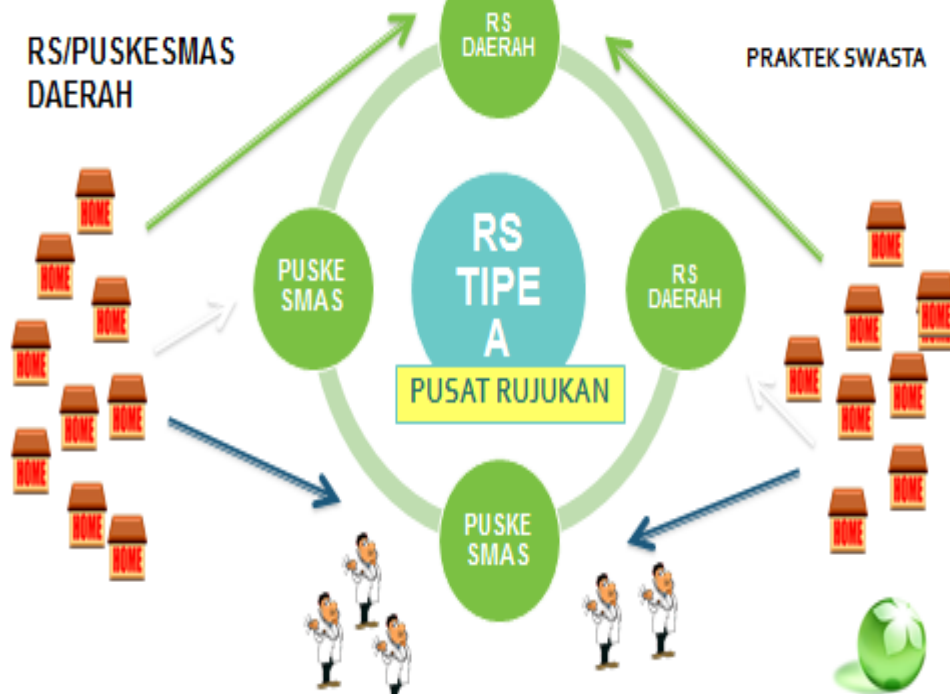
Sistem Kesehatan di Provinsi



25/09/2012

Vice Moh

Ideal Condition :

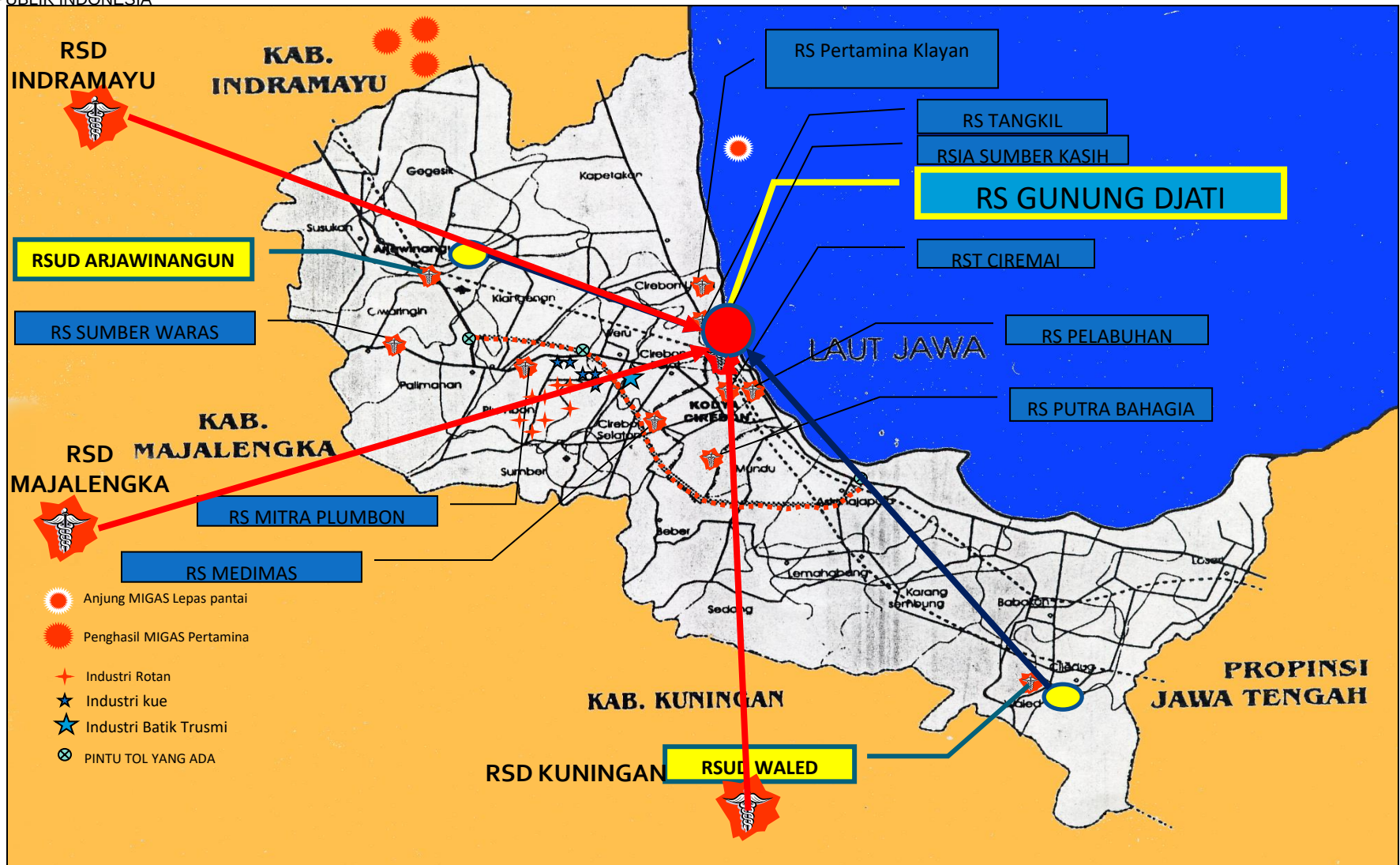


Pelayanan Kesehatan Primer



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Mapping model Regionalization referral system using GIS approach: At Ciayumajakuning Jabar





Fulfilling the HR Gap Strategy

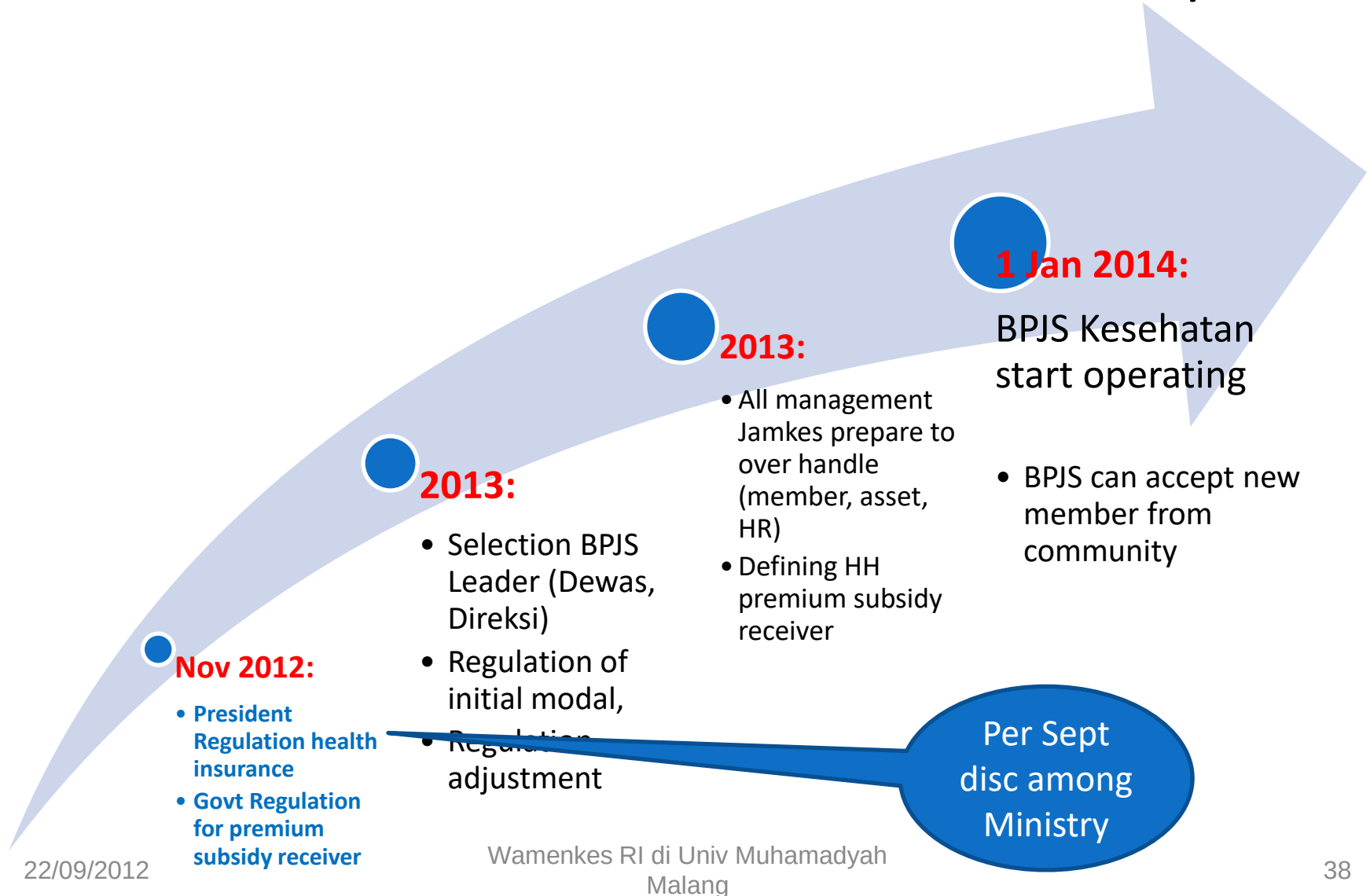
1. Medical Doctor Specialities Program (PPDS)
2. Program Doctor Plus
3. Non Permanent Employer (PTT)
4. Individual special assignment (Residen & D-3 Nakes)
5. Team special assignment (team based)-→ contracting & contracting out
6. Revising recruitment and posing regulation including carrier path



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2C. ROADMAP REGULATION TRANSFORMATION OF PROGRAM & INSTITUTION

Steps BPJS Kesehatan Implementation based on UU No 24/2011





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Institution and Organization Aspect



1st Januari 2014

- BPJS Kesehatan terbentuk
- Semua pengelola jaminan kesehatan yaitu
 1. Jamkesmas
 2. PT Askes
 3. PT Jamsostek
 4. TNI
 5. POLRI

menyerahkan pengelolaannya ke BPJS Kesehatan



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3. CONCLUSSION



Conclussion (1)

- The Indonesia Law No (40/2004; 17/2010; 24/2011) → support to achieve Universal Health Coverage
- Ministry of Health Vission and national middle planned to achieve the UHC in the year 2014; at the end of 2011 has already reached 63% of population or 142 million people have health insurance with different type of insurance and benefit package



Conclussion (2)

- Propose benefit package has been agreed:
 - Will be divided into Medical benefit package and Non Medical benefit package
 - Medical benefit package will be based on the Medical NEED
 - Medical benefit package no less than on-going current benefit package
- **Medical Benefit Package has been agreed:**
 1. Health Service covered
 2. Health Service limited
 3. H Service with cost-sharing
 4. Health Service NOT covered



Conclusion (3)

- Has been agreed that the premium will be differentiated between PBI (subsidy for the poor) and Non PBI (non subsidy for non poor)
- Premium :
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Indonesia Vice Ministry of Health In Asean Social Security Association Board Meeting

**THANK YOU
TERIMA KASIH
MATUR NUWUN**