



# MEASURING AND ACHIEVING UNIVERSAL HEALTH COVERAGE

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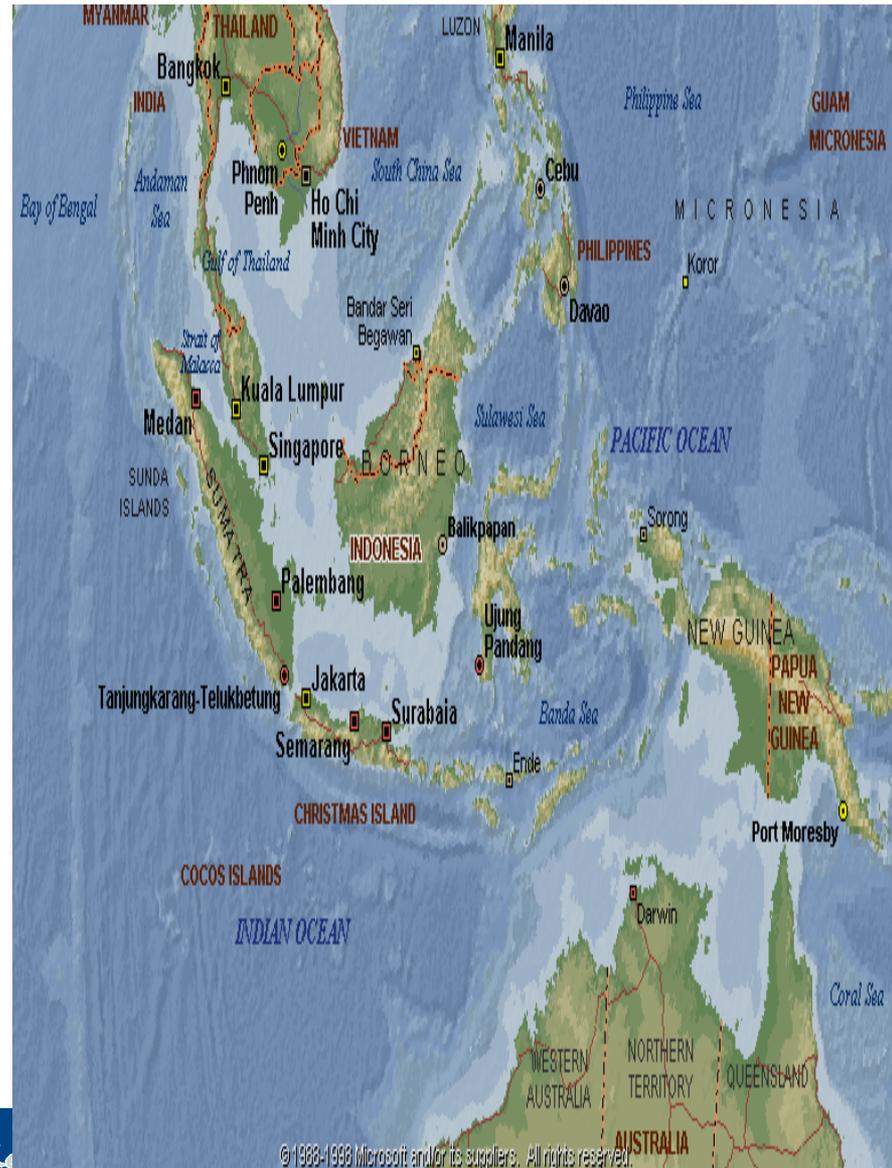
**Manila , 2 December 2014**

# Outline of Presentation

1. Universal Health Coverage
2. Major Component of UHC Goals
3. Indicators
4. Challenges
5. Conclusions

# Country Background

- An archipelago between Asia & Australia, >17,000 islands, 5 big islands
- GDP US\$ 4,200 (2012)
- Social & Health Indicators :
  - Total population > 250 M, 33 Prov. 497 Districts,
  - 66% in informal sector
  - IMR 34 ; MMR 228 ; L.E 72 (2014)
- Health Systems: Predominantly govt 's facilities :
  - 9,520 health centres & 23,163 sub-centres.
  - 2,300 public and private hospitals; doctor/pop. ratio 1:2,500
  - Health insurance coverage 72% (2012)



## 2. Evolution of UHC in Indonesia: major milestones

- 1969: Civil Servant Benefit Scheme was introduced (ASKES)
- Early 1970s: Health Card
- Early 1990s : Managed Care System was introduced (JPKM).
- 1992: Social Security for Formal Sector Employees (JAMSOSTEK)
- 1998 :economic crises, a social safety net program for health was implemented
- 2004, Indonesia enacted the National Social Security System Law
- 2005: The *Health Insurance for the Poor (covers 76,4 Million)* Program was introduced
- 2005: Local government health insurance initiatives grow
- 2008: Implementing prospective provider payment system (INA DRGs and Capitation)
- In 2010 Jampersal (HI for pregnancy and delivery) was introduced
- 2011: Act on Health Insurance Carriers (BPJS -> merging various schemes into one scheme & be implemented in Jan 2014)

Universal Health Coverage for **Primary Health Care** Benefit Package in Puskesmas (public provider) has been achieved in 1980's

# 1. 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

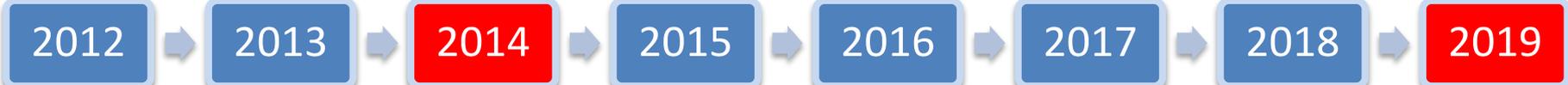
**73,8 million** has not  
yet being member

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%



Transforming JPK Jamsostek, Jamkesmas, PT  
Askes to BPJS Kesehatan

Integrasi member of Jamkesda/PJKMU Askes comercial to BPJS Kesehatan

President  
Regulation of TNI  
POLRI Operational  
Health Support

Transforming  
TNI/POLRI  
membership to  
BPJS Kesehatan

Setting up  
System  
Procedure of  
Membership  
and Premium

Companies  
Mapping and  
socialization

Membership Extention of big company, midle, smal and micro

|   |     |     |     |      |      |      |
|---|-----|-----|-----|------|------|------|
|   | 20% | 50% | 75% | 100% |      |      |
| B | 20% | 50% | 75% | 100% |      |      |
| S | 20% | 50% | 75% | 100% |      |      |
| K | 10% | 30% | 50% | 70%  | 100% | 100% |

Sinkronizing Membership Data of  
JPK Jamsostek, Jamkesmas and  
Askes PNS/Sosial – using citizen ID

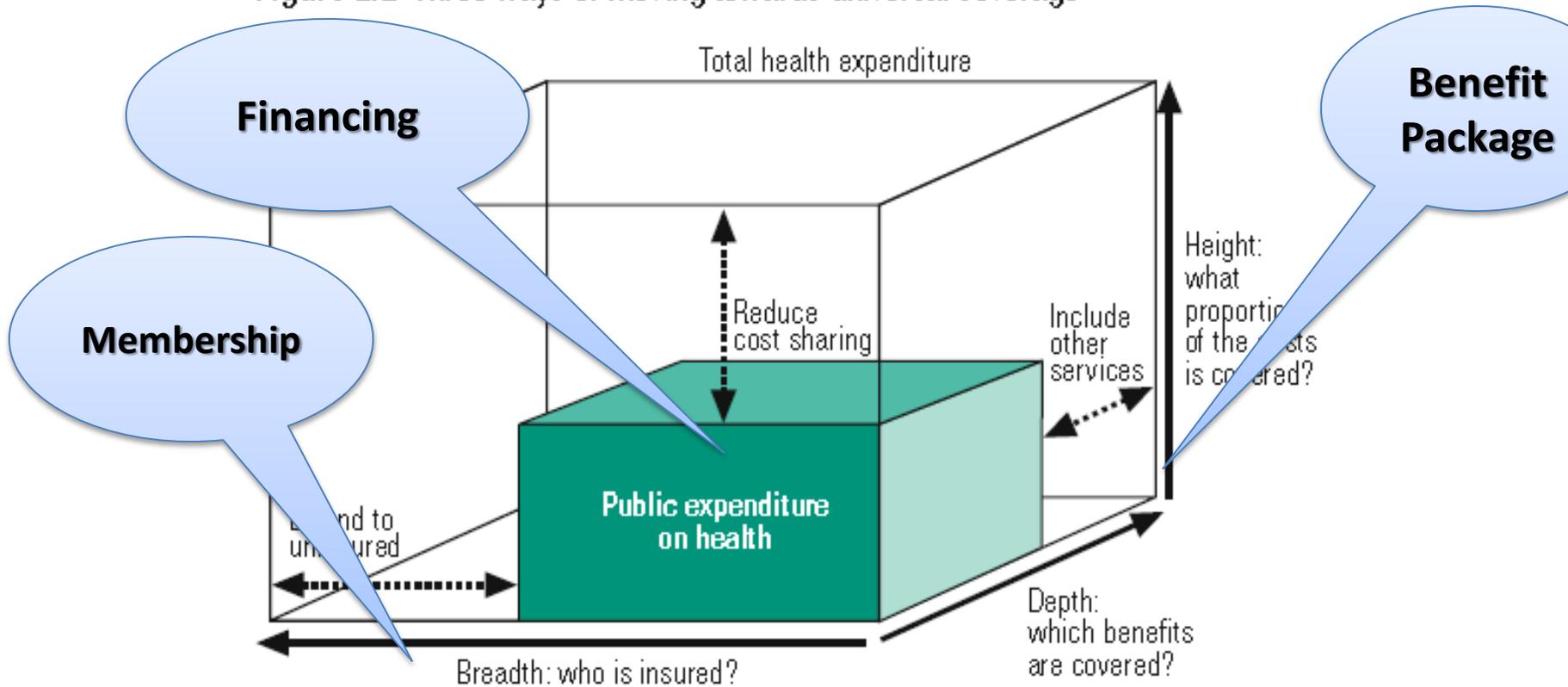
Membership satisfaction measurement periodically, twice a year

Review of Benefit Package and Health Services Refinement

# Indicators of UHC Achievement

## The Universal Health Coverage Dimensions

Figure 2.2 Three ways of moving towards universal coverage<sup>17</sup>



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

# Major Components of UHC Goals

- Access of care
- Equity
- High quality of care
- Efficiency
- Sustainability

# Access

- Data on people covered
- Type of membership

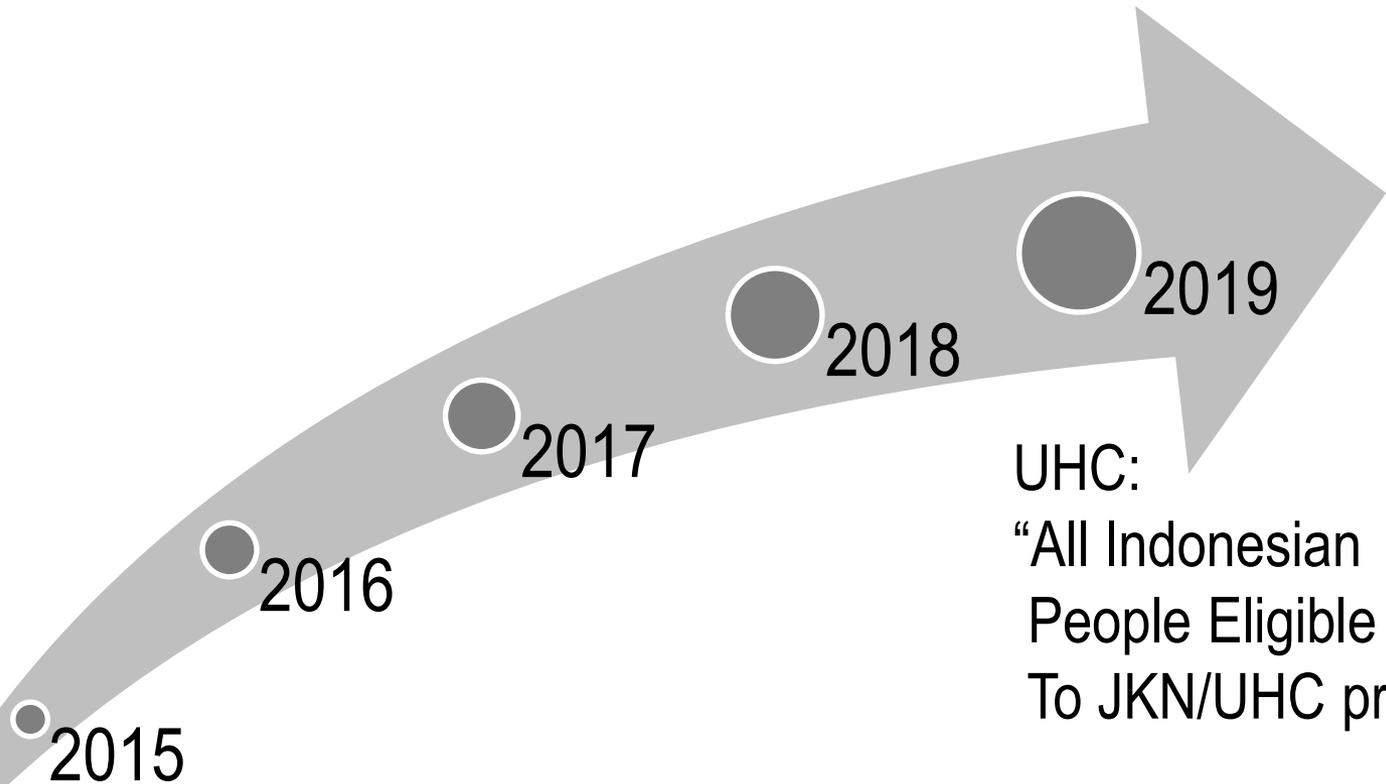
# Quality of Care

- Benefit package what covered
- Diagnosis
- Moratality and morbidity
- Nosocomial infection
- Accredited facilities
- Competence health personnels
- Quality of claims
- Quality administration
- Portability
- Satisfaction level

# Equity

- Access of the 40% of lowest income
- Utilization by income and areas

# Where Do We Want To Go ?



UHC:  
“All Indonesian  
People Eligible  
To JKN/UHC program”



**Deklarasi UN  
Declaration 1948 HAM  
Article 25, Verses (1)**



**Pancasila  
Social Solidarity for all  
Indonesians**



**Resolusi WHA ke58  
2005 di Jenewa**

**Each member state should  
achieve UHC .**

**Health is fundamental right**

## Comparison of UHC Achievement in ASEAN Countries

| Country     | <b>(3)</b><br>Pop cover age | People covered (Mill) | Pop (Mill)<br>(*) WHO | <b>(2)</b> Health service coverage  | <b>(1)</b> Financial protection* |
|-------------|-----------------------------|-----------------------|-----------------------|---|----------------------------------|
| Malaysia    | 100%                        | 28                    | 28                    | PHC services focus on MNCH. But long waiting time, and limited number of family physicians; Survey reports 62% of ambulatory care was provided by private clinics | 40.7%                            |
| Thailand    | 98%                         | 67                    | 69                    | Comprehensive benefit package, free at point of service for all three public insurance schemes  | 19.2%                            |
| Indonesia   | 68%                         | 163                   | 240                   | Good policy intention but low per capita government subsidy for the poor of US\$ 6 per year   | 30.1%                            |
| Philippines | 76%                         | 70                    | 93                    | High level of co-payment, 54% of the bill are reimbursed  | 54.7%                            |
| Vietnam     | 54.8 %                      | 48                    | 87.8                  | Benefit package comprehensive but substantial level of co-payment, 5-20% of medical bills   | 54.8%                            |
| Lao PDR     | 7.7%                        | 0.5                   | 6                     | Low level of government funding support to the poor results in a small service package  | 61.7%                            |
| Cambodia    | 24%                         | 3                     | 14                    | The poor covered by the health equity fund but the scope and quality of care provided at government health facilities are limited                                 | 60.1%                            |
|             |                             |                       |                       |   |                                  |

# Membership

**Member**

**Contribution**

**Compulsary**

Salary Group

Employees &  
Employers

Non Salary  
Group

Individual person/  
Family/  
Group

Subsidized  
Contribution  
Group (PBI)

Government



**JAMINAN  
KESEHATAN  
NASIONAL**

*Untuk Indonesia yang Lebih Sehat*

# Payment Method Implemented in JKN/UHC



Payment Mechanism



## Primary care

- a) Capitation (per member per month)  
Rp 3,000-6,000 (Urban and semi urban)  
Rp 8,000 – 10,000 (Remote)
- b) Other mechanism (non capitation)

## Secondary and Tertiary Care

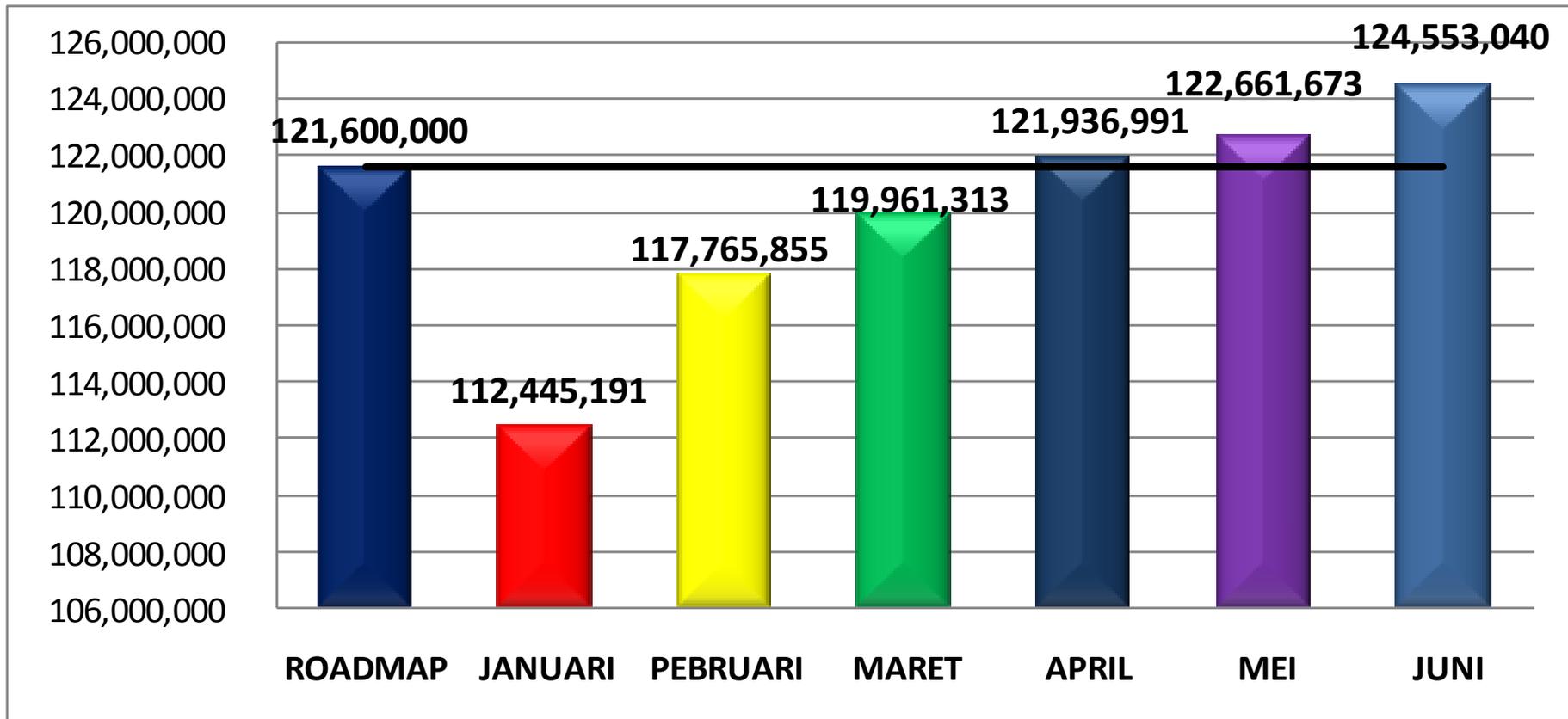
- a) INA-CBG's
- b) Other mechanism



Untuk Lebih Sehat

## 2. Membership Progress semester-1 2014

# Membership Progress on UHC June 2014



Sumber data : BPJS Kes, Juni 2014

# Contracted Health Facilities with the BPJS Kesehatan

## Primary care

| No.          | JENIS FKTP                  | JMLH          |
|--------------|-----------------------------|---------------|
| 1.           | PUSKESMAS                   | 9.725         |
| 2.           | DOKTER PRAKTEK PERORANGAN   | 3.314         |
| 3.           | KLINIK PRATAMA              | 1.656         |
| 4.           | TNI                         | 760           |
| 5.           | POLRI                       | 566           |
| 6.           | RS D PRATAMA                | 5             |
| 7.           | DOKTER GIGI PRAKTEK MANDIRI | 778           |
| <b>TOTAL</b> |                             | <b>16.804</b> |

## hospital

| No           | JENIS FKTL                | JMLH         |
|--------------|---------------------------|--------------|
| 1.           | RS PEMERINTAH (A,B,C & D) | 602          |
| 2.           | RS KHUSUS                 | 123          |
| 3.           | RS KHUSUS JIWA            | 34           |
| 4.           | RS SWASTA                 | 586          |
| 5.           | RS TNI                    | 104          |
| 6.           | RS POLRI                  | 40           |
| 7.           | KLINIK UTAMA/ BALAI KES   | 62           |
| <b>TOTAL</b> |                           | <b>1,551</b> |

Sumber data : BPJS Kes, Juni 2014

# Utilization Rate

| No. | Facilities   | Visit rate 2014                    | Utilization |
|-----|--------------|------------------------------------|-------------|
| 1.  | Primary care | a. Rawat Jalan Tk. Pertama (RJTP)  | 26.877.974  |
|     |              | b. Rawat Inap Tk. Pertama (RITP)   | 78.930      |
| 2.  | Hospital     | a. Rawat Jalan Tk. Lanjutan (RJTL) | 8.261.945   |
|     |              | b. Rawat Inap Tk. Lanjutan (RITL)  | 1.663.819   |

Sumber data : BPJS Kes, Juni 2014

# Bridging MIS

| No. | Integration of MIS                                       | No of Health facilities          |
|-----|--|----------------------------------|
| 1.  | Integration of Ina-CBG's (Bridging INA-CBGs & SEP)       | 1.339 FKTL                       |
| 2.  | Integrasi Komprehensif (Bridging SIM RS, INA-CBGs & SEP) | April : 5 FKTL<br>Juni : 29 FKTL |
| 3.  | Jumlah Titik Jaringan VPN di FKTL                        | 200 Titik                        |

Sumber data : BPJS Kes, Juni 2014

# Efficiency

## Potential of in-efficiency in Hospital

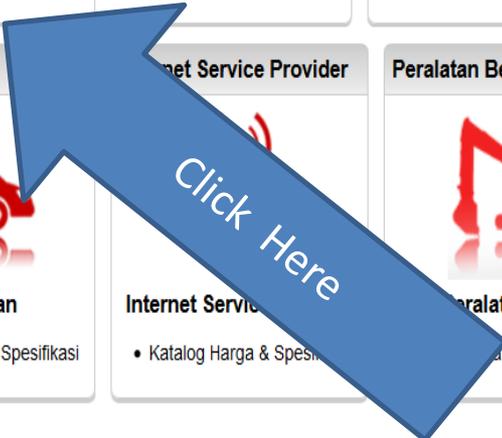
- Medicines/drugs
- Supporting laboratory tests and examinations
- Medical interventions
- LOS
- *overhead cost dll*

# e-Catalog, and National Formulary

- National Formulary  
Cost effective drugs
- e-Catalogue :
  - Transparent and accountable
  - Cost effective
  - Competitive price

Katalog

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>Kesehatan</b><br><br><b>Obat</b><br>• Katalog Harga & Spesifikasi        | <br><b>Alat Kesehatan</b><br>• Katalog Harga & Spesifikasi   | <b>Alat &amp; Mesin Pertanian</b><br><br><b>PP Sheet</b><br>• Katalog Harga & Spesifikasi | <br><b>Mesin Pertanian</b><br>• Katalog Harga & Spesifikasi | <b>Sarana Bahan Pabrikasi</b><br><br><b>Hot-mix</b><br>• Katalog Harga & Spesifikasi | <br><b>Ready-mix</b><br>• Katalog Harga & Spesifikasi |
| <b>Kendaraan</b><br><br><b>Kendaraan</b><br>• Katalog Harga & Spesifikasi | <b>Internet Service Provider</b><br><br><b>Internet Service Provider</b><br>• Katalog Harga & Spesifikasi | <b>Peralatan Berat</b><br><br><b>Peralatan Berat</b><br>• Katalog Harga & Spesifikasi    |   |   |  |

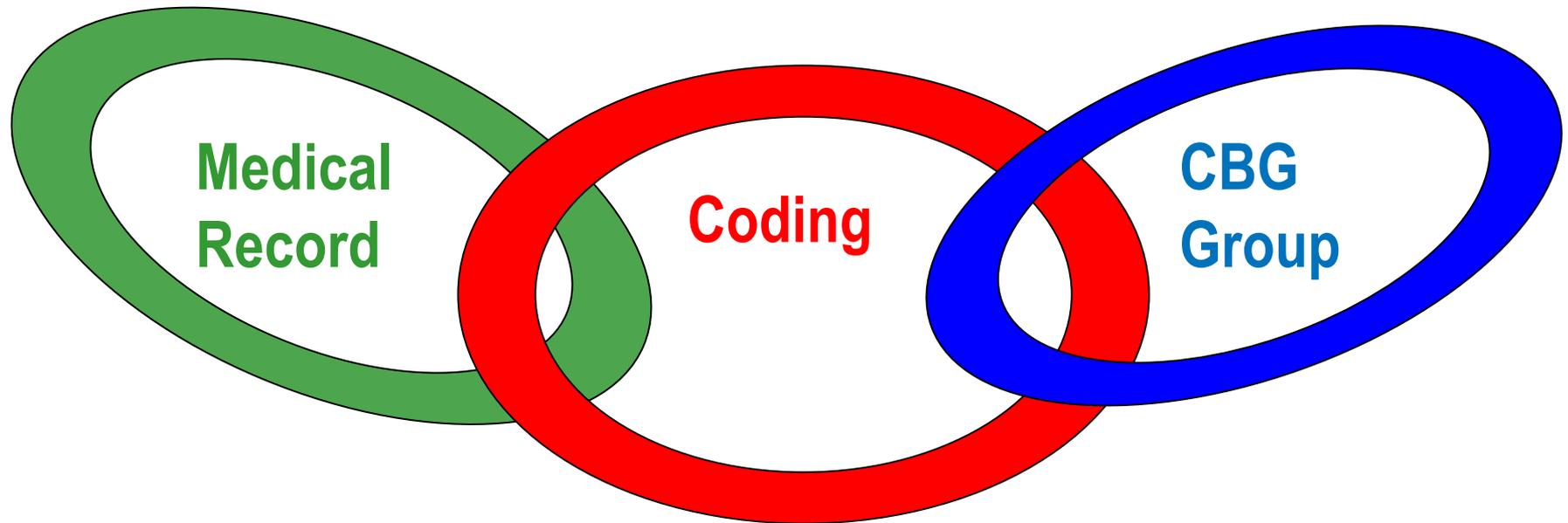


[www.lkpp.go.id](http://www.lkpp.go.id)

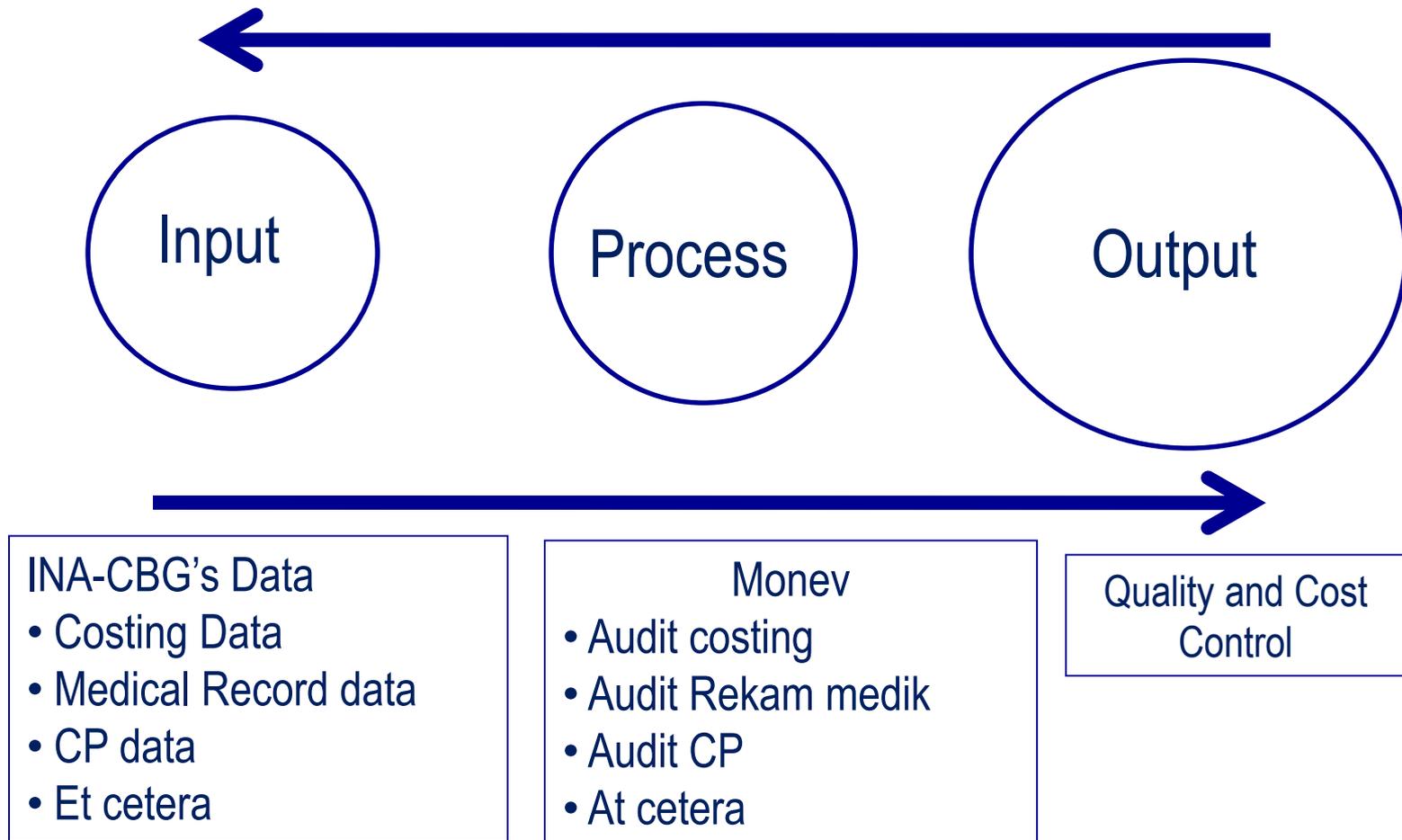
Klik INAPROC → klik e-catalogue

<https://e-katalog.lkpp.go.id/e-catalogue/>

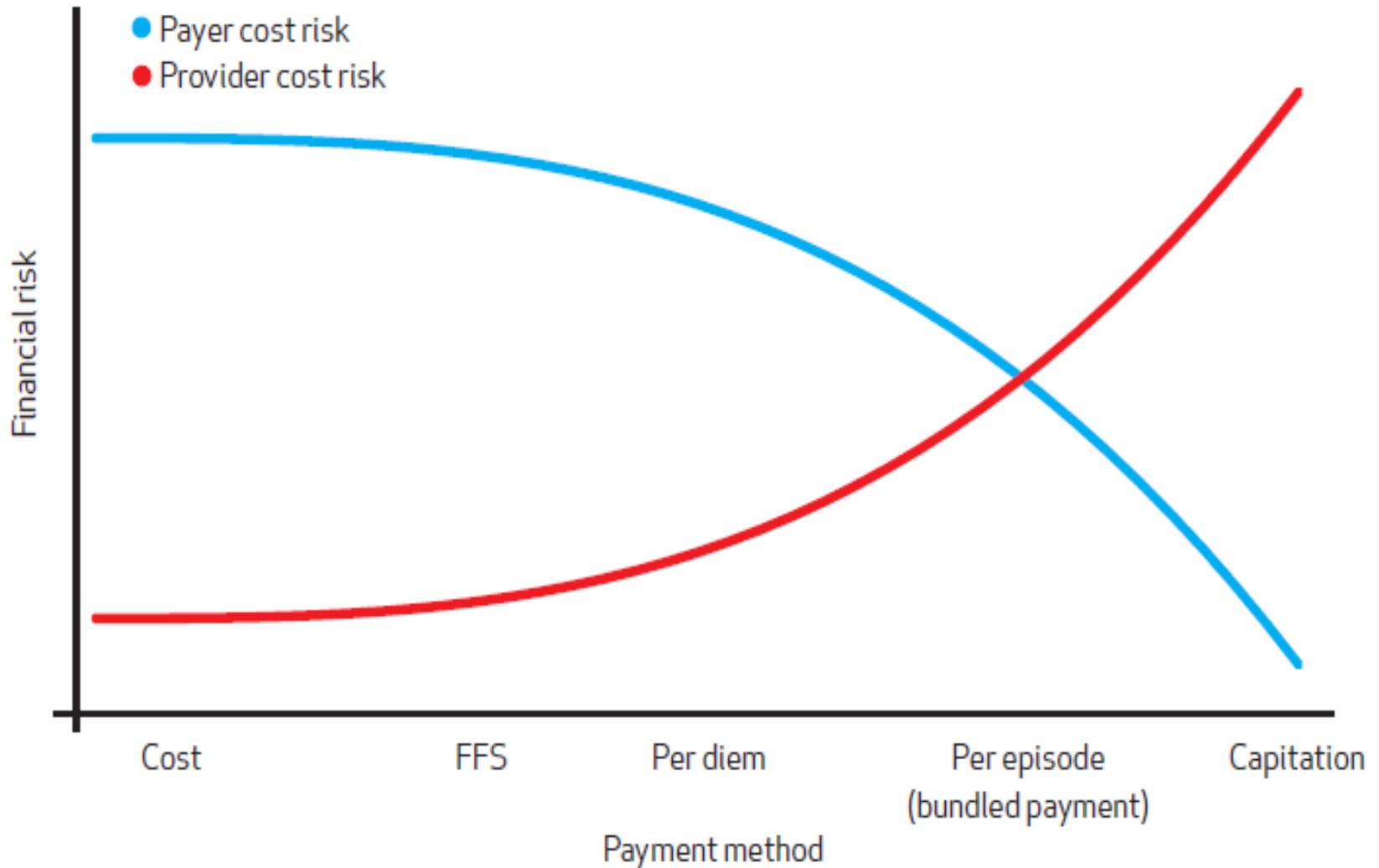
# quality of medical record



# Quality and Cost Control



# Financial Risk of Care for Payer and Provider, by Payment Method



# 4. Conclusion

# Closing points

- UHC the most powerful single concept that public health can offer
- Major Components of UHC Goals
- Effective Coverage
- Sustainability of the UHC program is very crucial therefore some approaches and indicators on sustainability need to be monitored

# THANK YOU