



The Ministry of Health Republic of Indonesia

Social Security Executing Agency (BPJS)
Towards Universal Health Coverage in Indonesia

Keynote speech:

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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 in prosperous and have right to get health services
- (2) Every single person have right to have a similar opportunity and benefit in order to reach equity 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 Programs → 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 members



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 :
Self reliant healthy people
within a just health care
system



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HEALTH DEVELOPMENT PLAN, NATIONAL HEALTH SYSTEM AND SOCIAL SECURITY

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

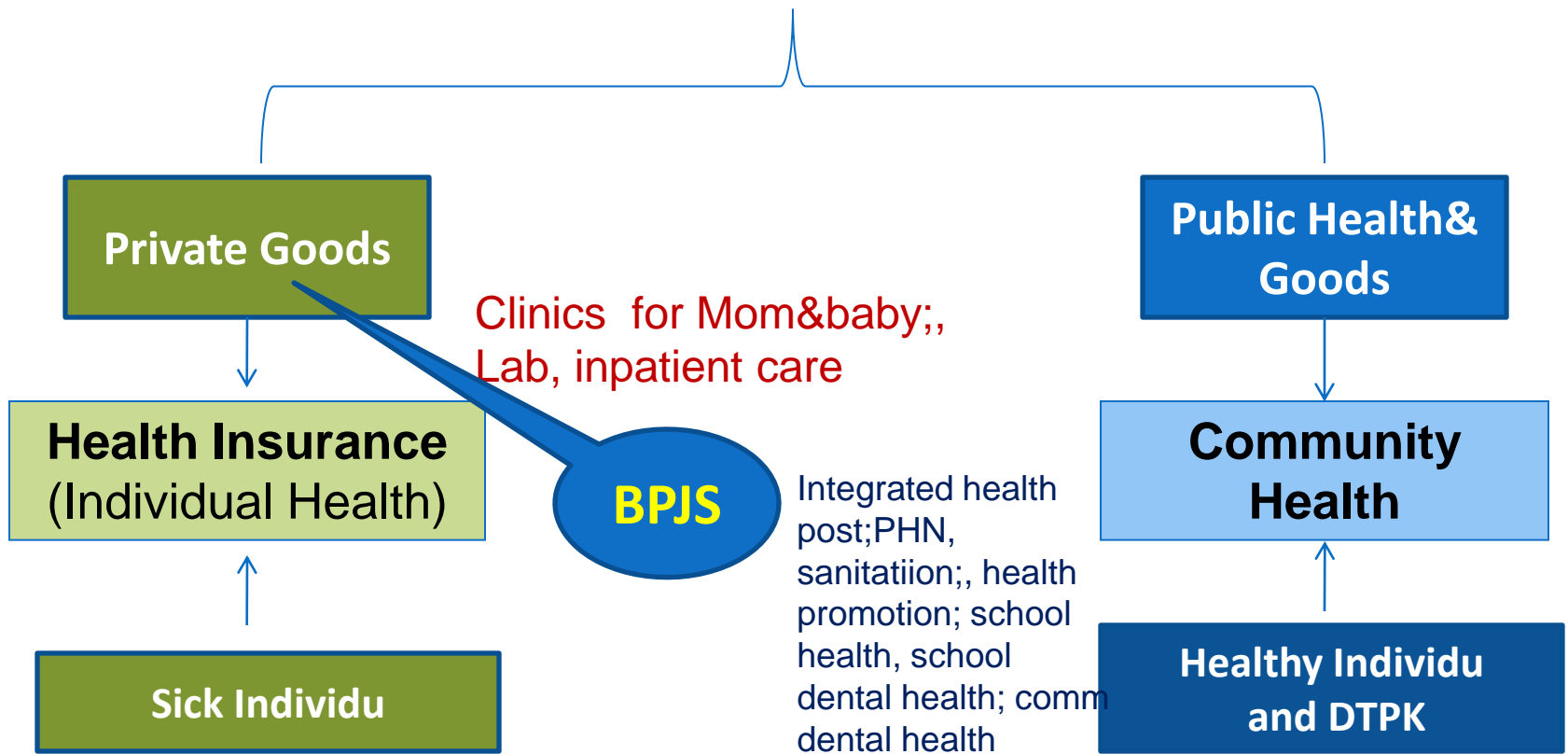
**National
Goals**

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



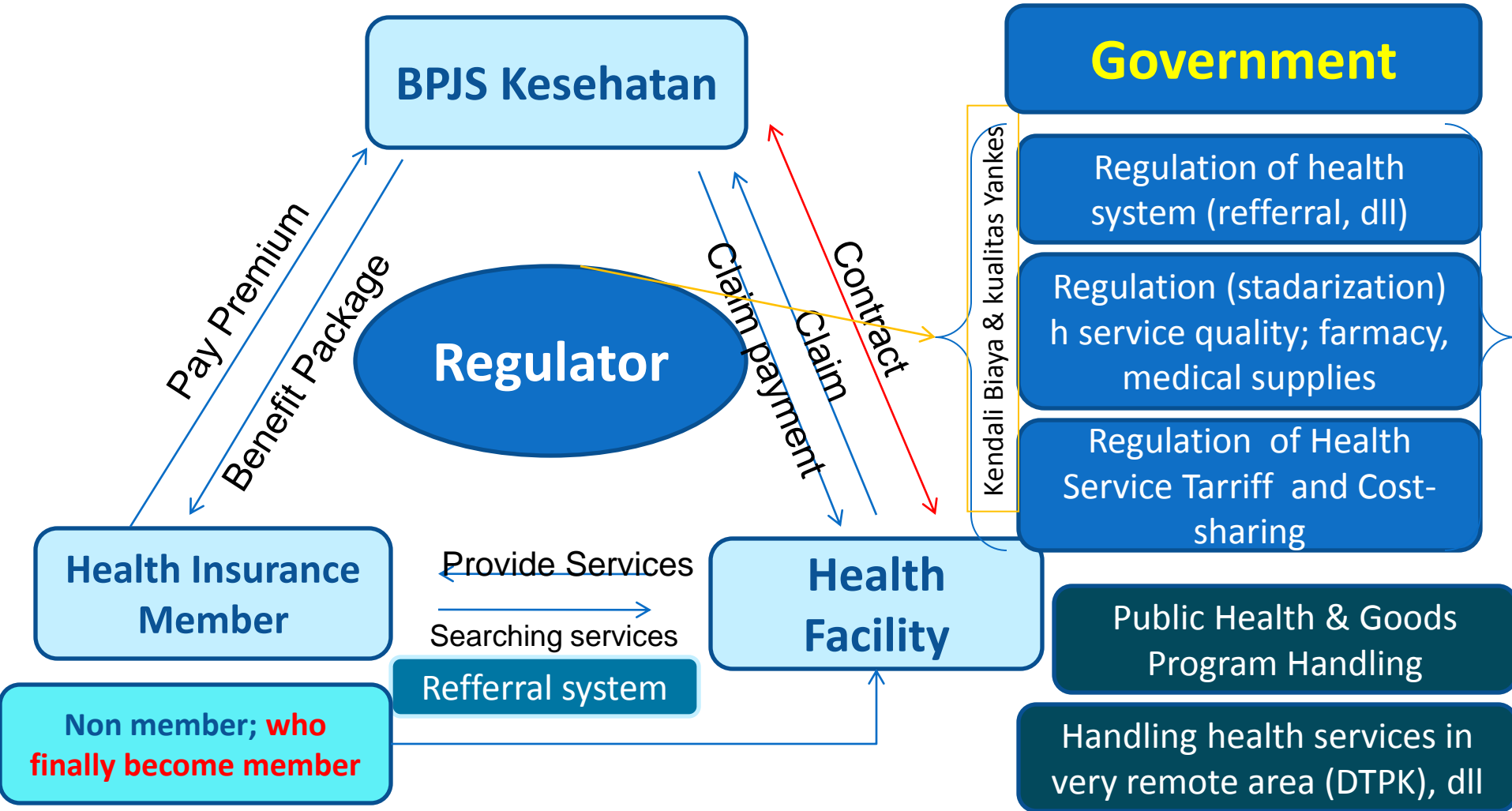
Health Service System & Finance

Referral system





Implementation National Social Security System (SJSN) for Health Program





2. PREPARATION OF SOCIAL SECURITY LAW IMPLEMENTATION

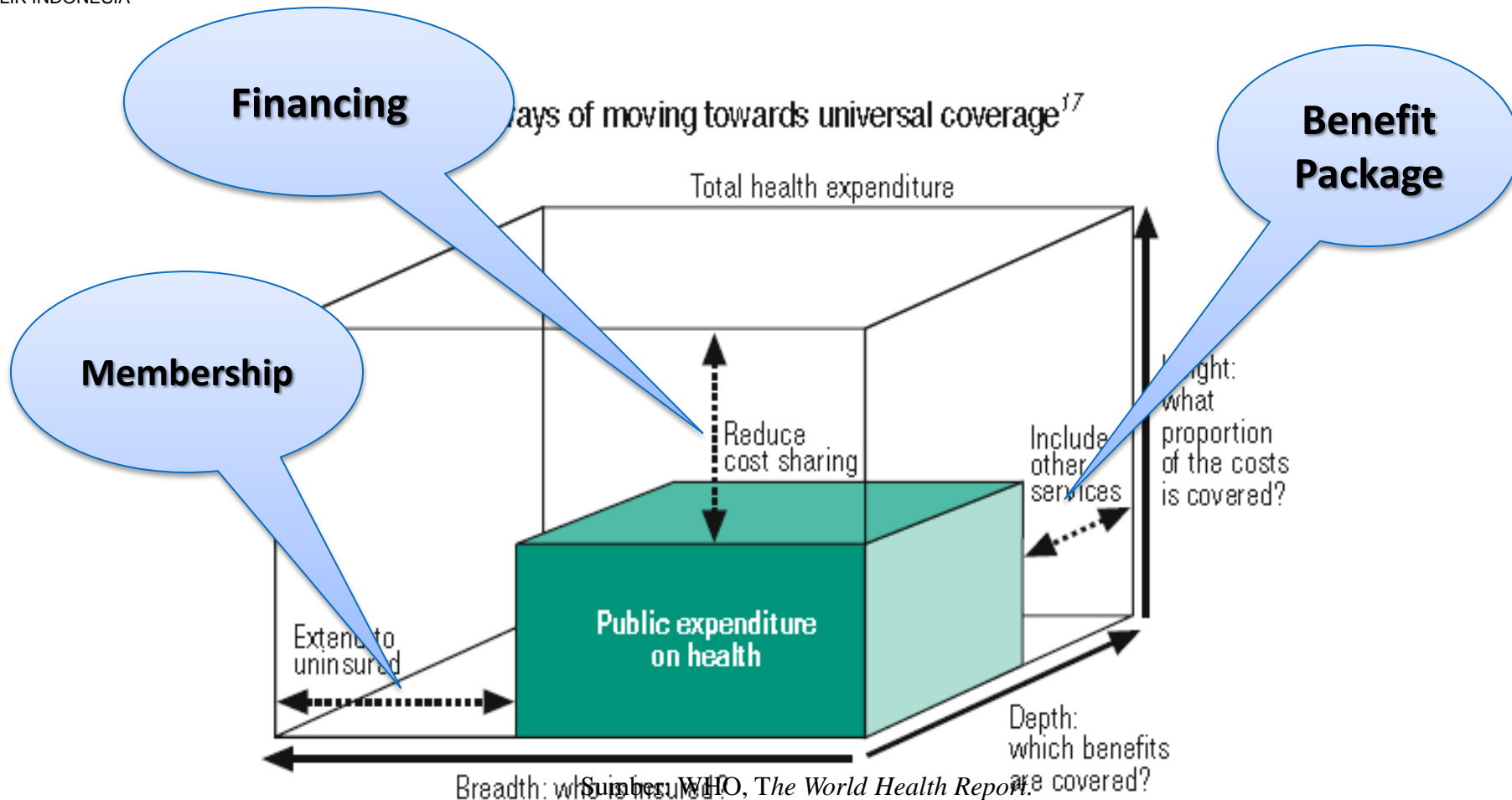
ROADMAP:

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



UHC as a Global Priority Agenda

The Universal Health Coverage Dimentions



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



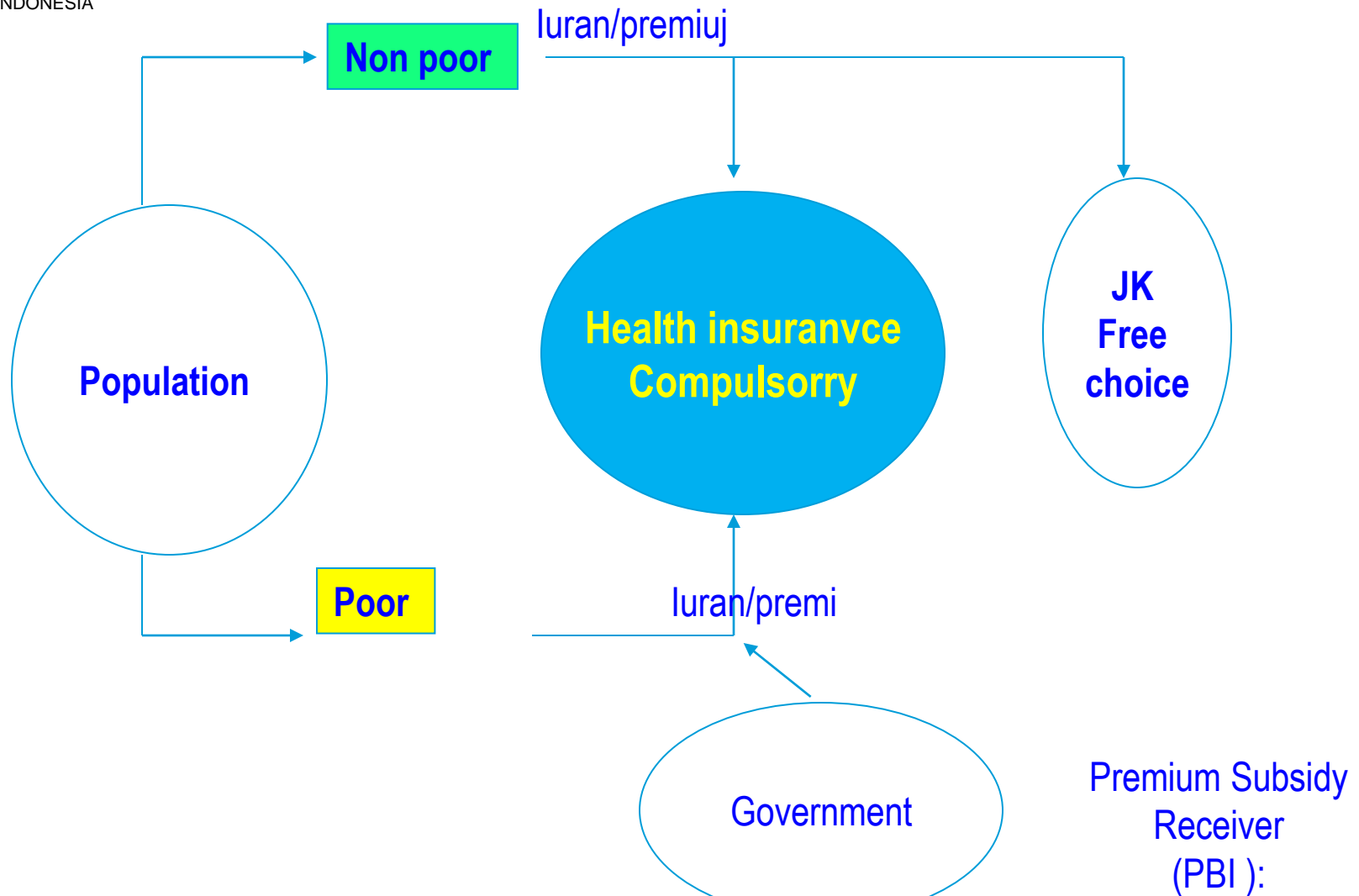
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2A. MEMBERSHIP ROADMAP AND PREMIUM ESTIMATION



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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, PT
Askes to BPJS Kesehatan

Integation 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

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

Membership Extention of big company, midle, smal and micro

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

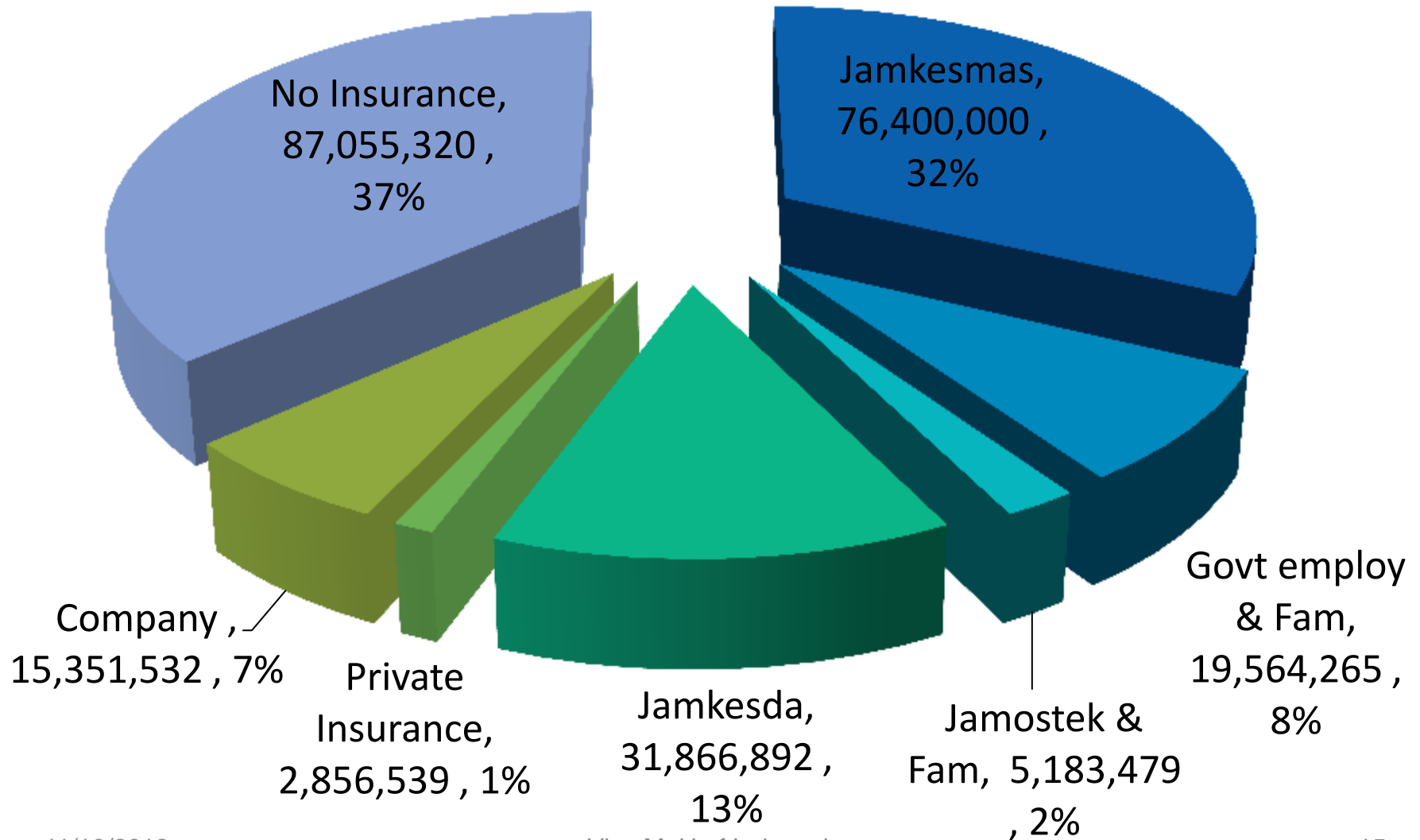
Membership satisfaction measurement periodically, twice a year

Review of Benefit Package and Health Services Refinement



Health Insurance Coverage, Year 2011 (63%)

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Key Indicators of HF

	External (% of THE)	SHI (% THE)	Out-of-pocket (% THE)	THE (per capita US\$)	THE (per capita PPP int\$)
Malaysia	0.0	0.4	40.7	307.2	604.4
Thailand	0.3	7.1	19.2	136.5	285.7
Philippines	1.3	7.7	54.7	62.6	130.2
Indonesia	1.7	8.7	30.1	41.8	81.0
Vietnam	1.6	12.7	54.8	58.3	182.7
Laos	14.5	2.3	61.7	26.9	83.9
Cambodia	16.4	0.0	60.1	36.8	108.1
Low income	17.5	4.6	48.3	26.8	67.0
Lower middle income	1.0	15.8	52.1	80.2	181.0
Upper middle income	0.2	21.0	30.9	487.9	757.0
High income	0.0	25.6	14.0	4405.2	4145.0
Global	0.2	24.6	17.7	802.3	862.5



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 **paid premium** or paid by Government
- Family member (5) have right to receive benefit package of health services
- Every member may register additional family member with additional premium

Premium

Will be differentiated b/w subsidy receiver and non subsidy



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 subsidy : for poor people is Rp. 22.200,- per person per month
- Premium non subsidy, still on going discussion with proposal share and amount as follow:
 - Worker salary receiver: 5% of salary (3% employer, 2% employee)
 - Worker non salary receiver:
 - Rp. 40.000 pmpp (inpatient in 2nd class ward)
 - Rp. 50.000 pmpp (inpatient in 1st class ward)



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



Benefit Package

NON Medical Benefit Package

- **It was agreed:
At least similar
to existing
benefit**

Medical Benefit Package

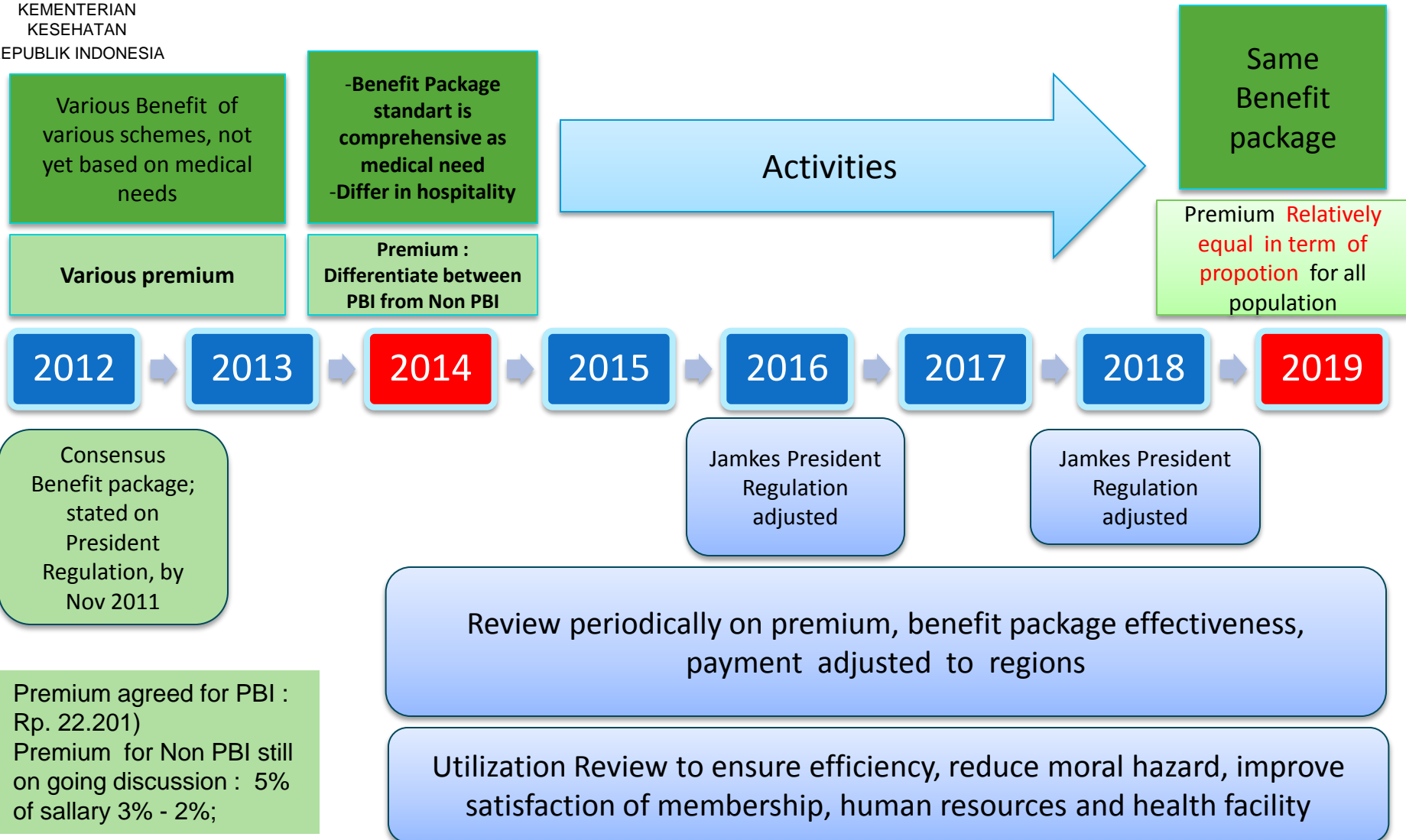
Based on Medical Need :

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



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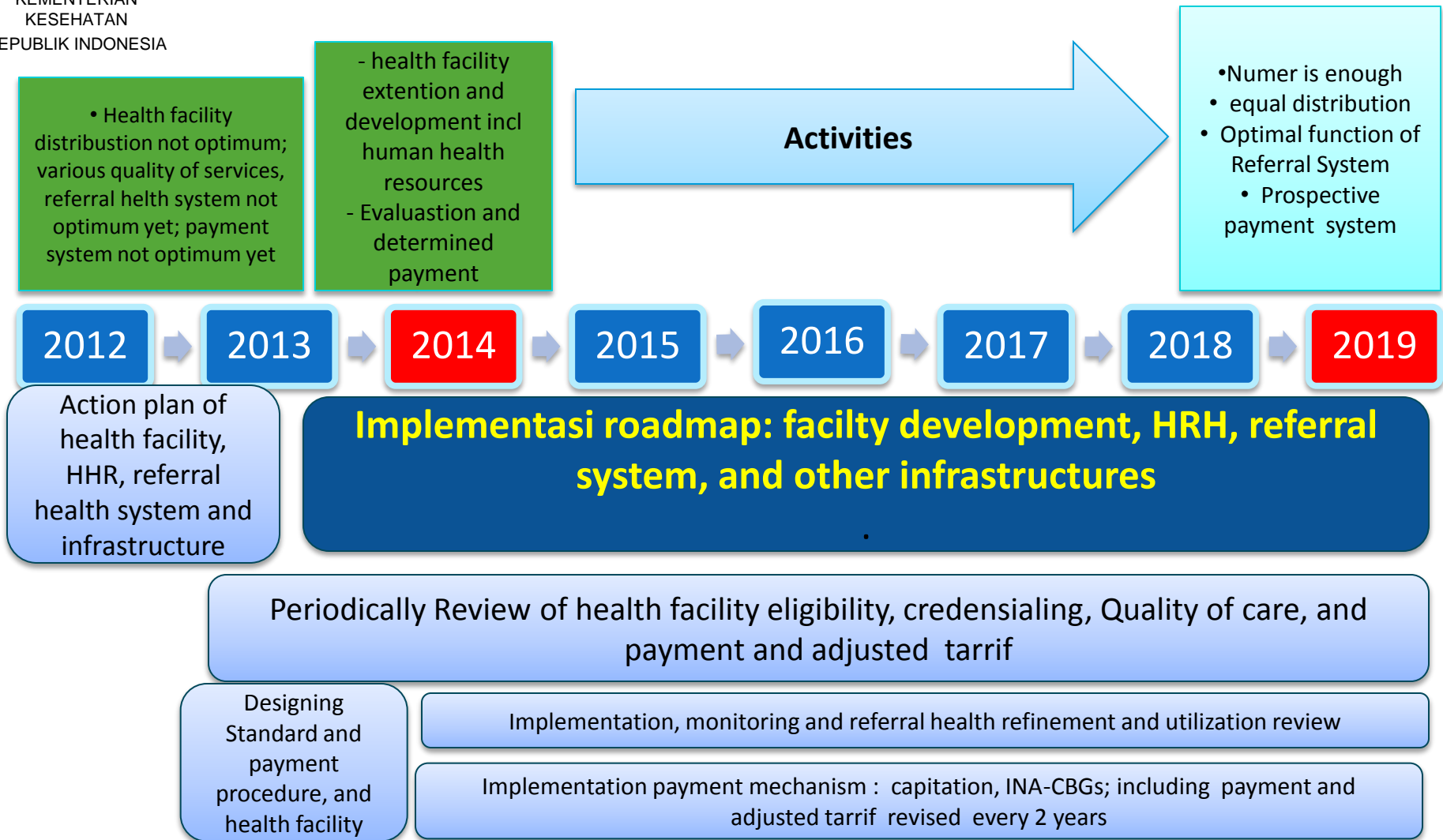
Benefit Package and Premium





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Health Infra-structures

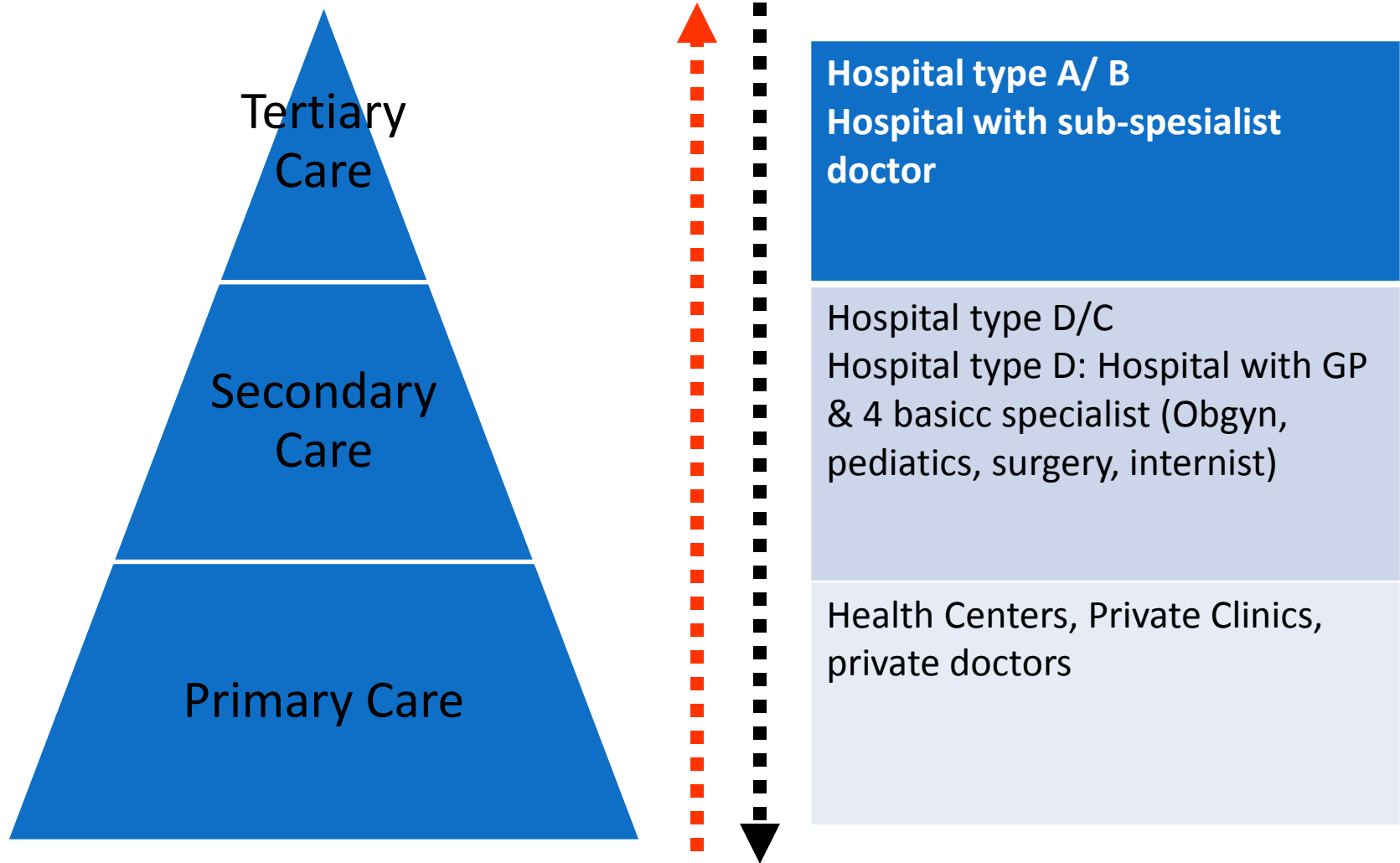




Referral Health System

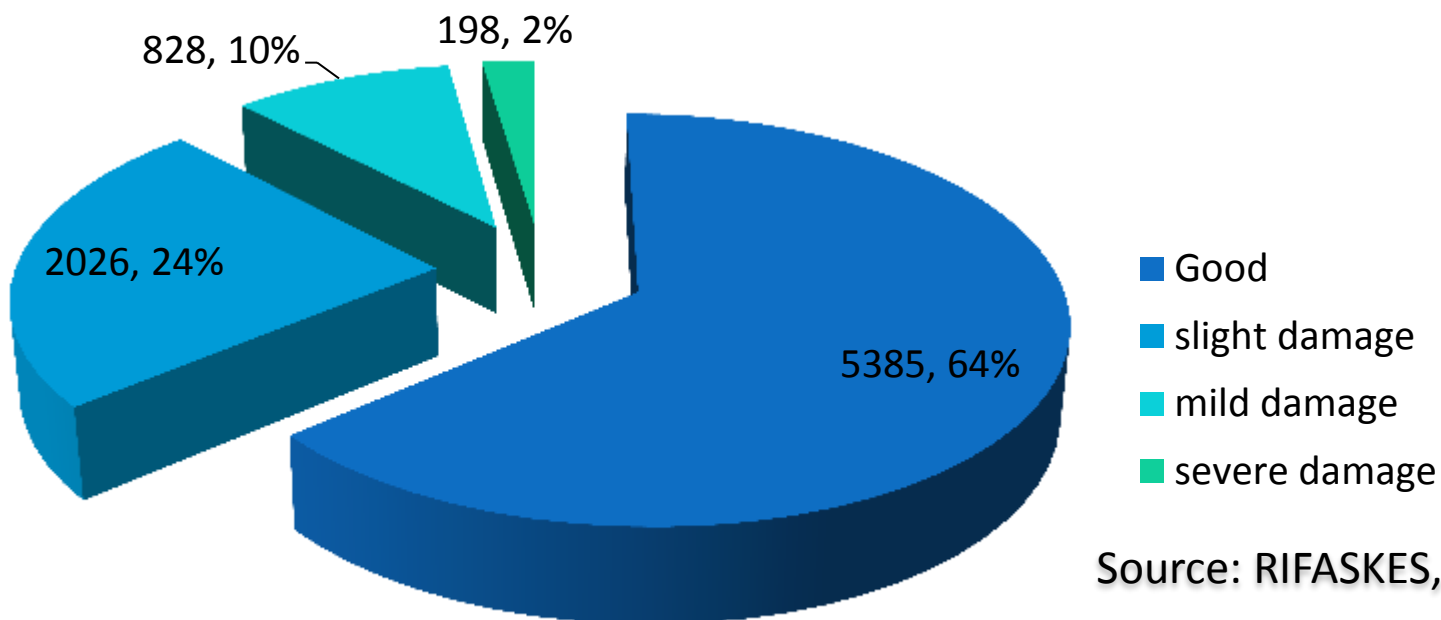
- The referral health system has been renewed → Ministry of Health Regulation No 1 year 2012
- The social health insurance will use the referral health system based on the severity of cases
- There is should be a feedback of Referral system and this can be done reversely
- Strengthen primary care services

Referral Health System





Health Center condition



Water & Electricity

Health Center without Water

852

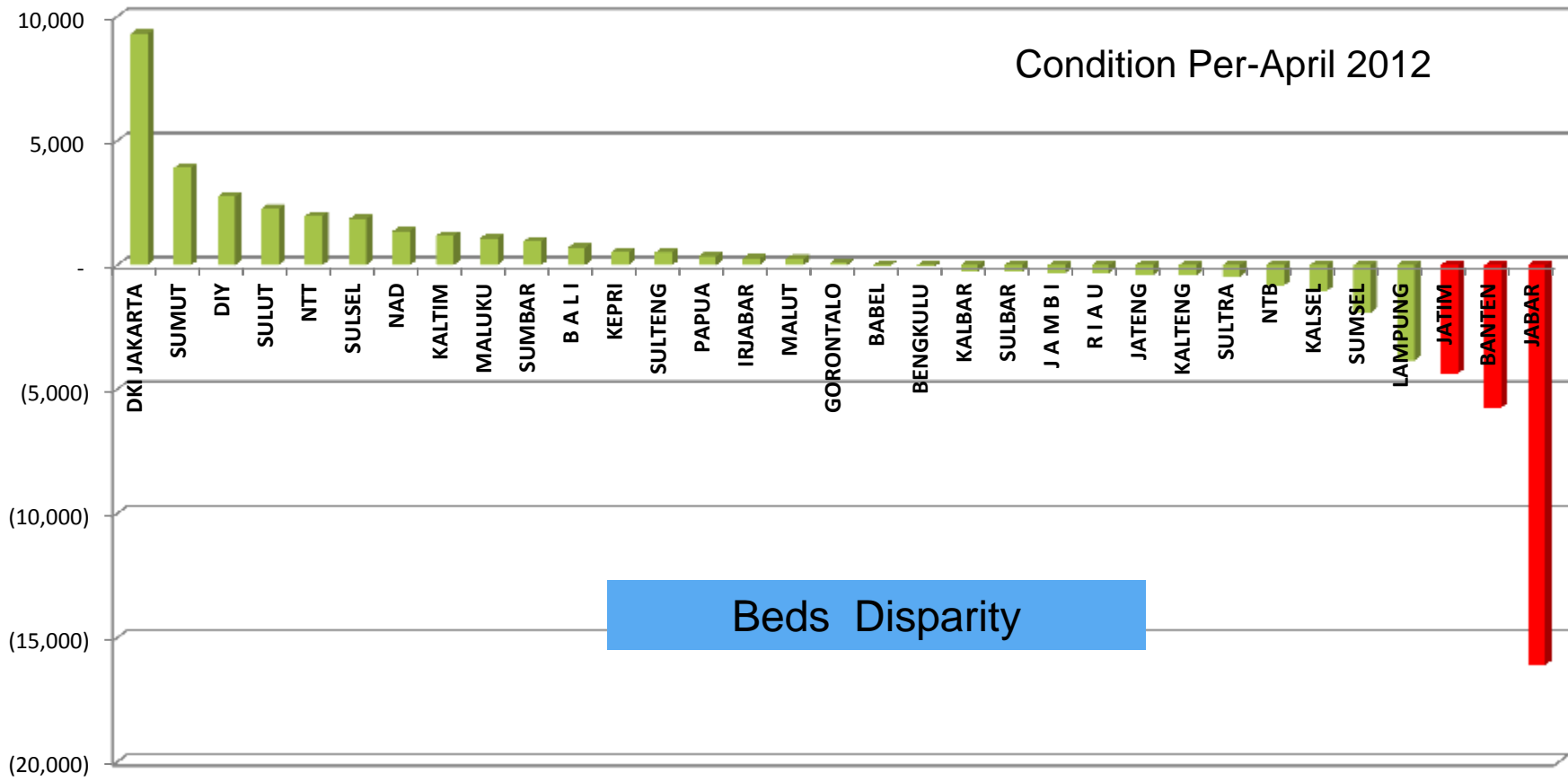
Health Center with no 24 hours electricity

4.160

Source: PODES, 2010



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



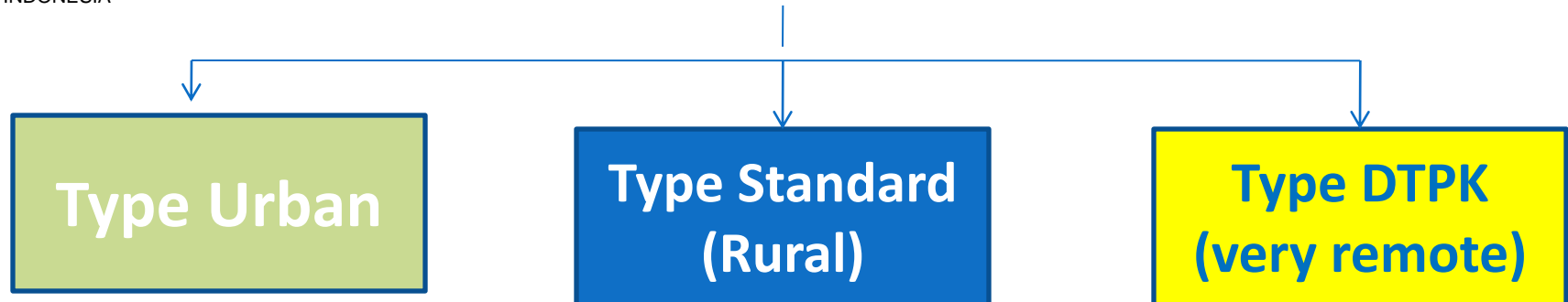


Providing the Health Facility Strategy

1. Setting up fulfilling beds Roadmap; 1 beds for 1000 population
 - At national level lack of 7020 beds,
 - At district level lack of 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-Standard /DTPK

HR Standard adjustment:

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

Adjustment of Input – Proses – Output of Primary Care :

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

Information Technology :

How is the services system, referral among Primary Care, Standard tariff, etc



Secondary – Tertiery Care Policy

Hospital
Type A,B

Hospital
Type C,D

Private
hospital type

RS Pratama?

Clinic Spesialistic?

GP / Spesialist
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:

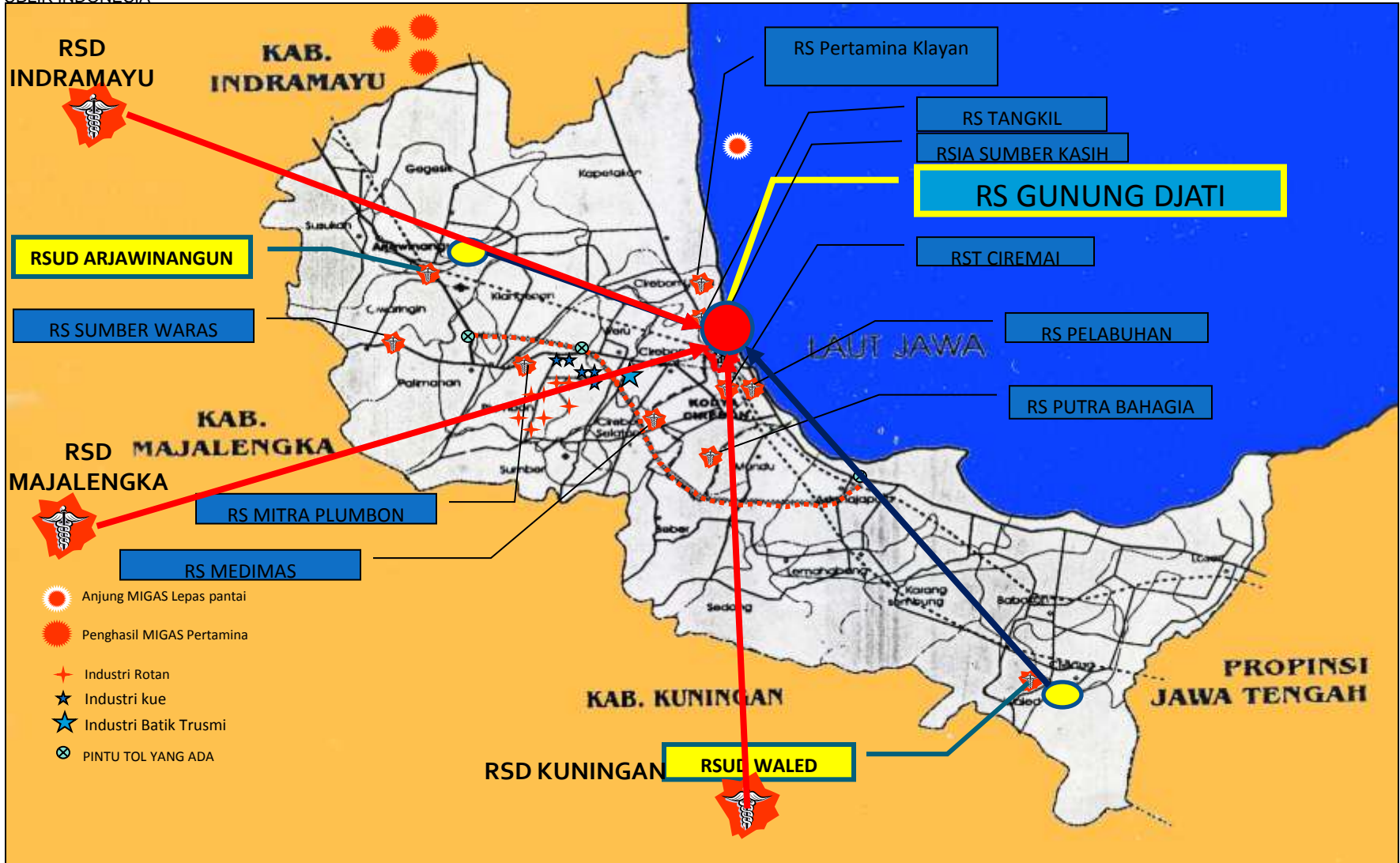
How is Input – Proses - Output Secondary/Tertiery Care?

How is Information system ?:



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

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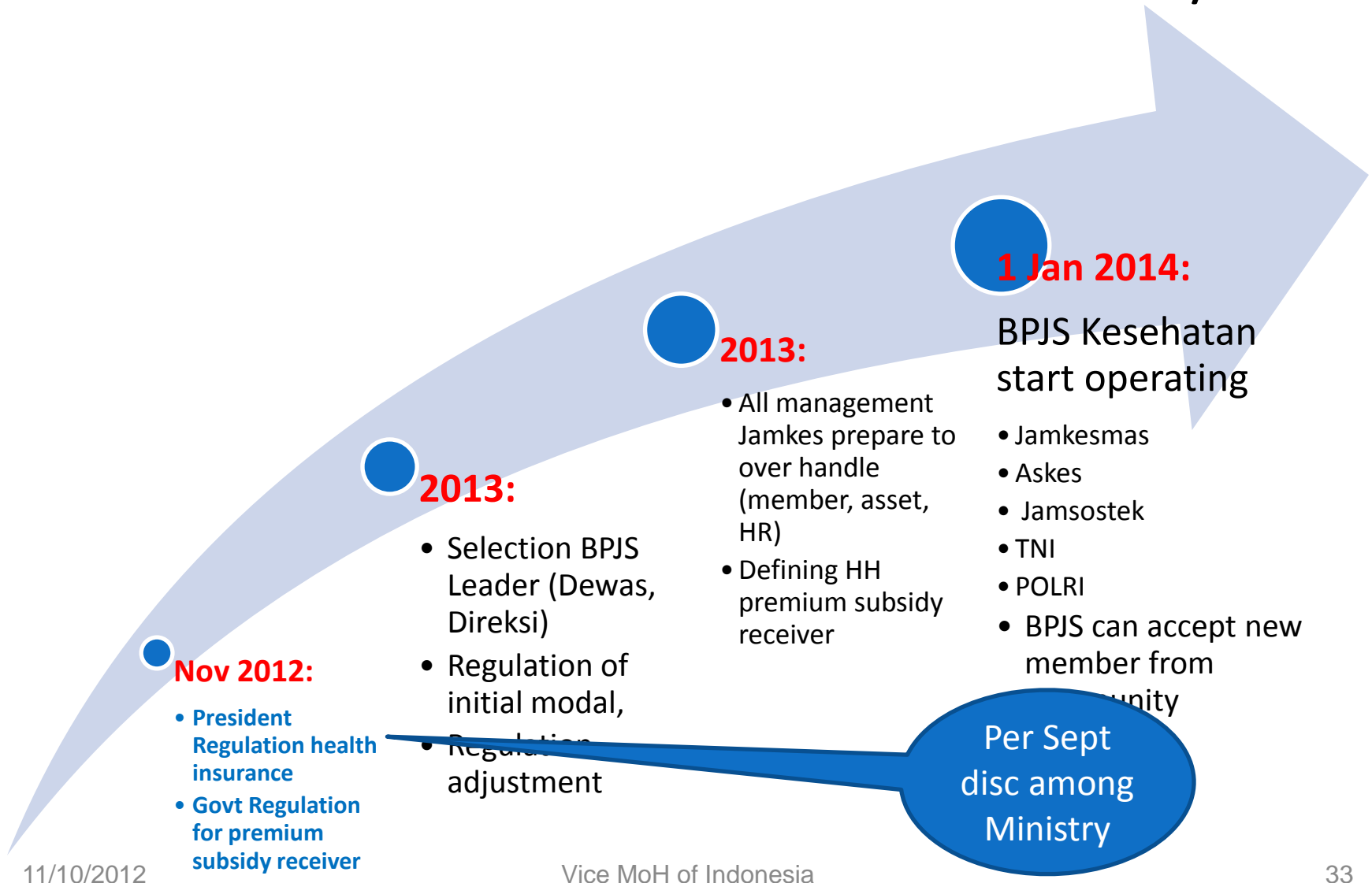




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2C. ROADMAP REGULATION TRANSFORMATION OF PROGRAM & INSTITUTION

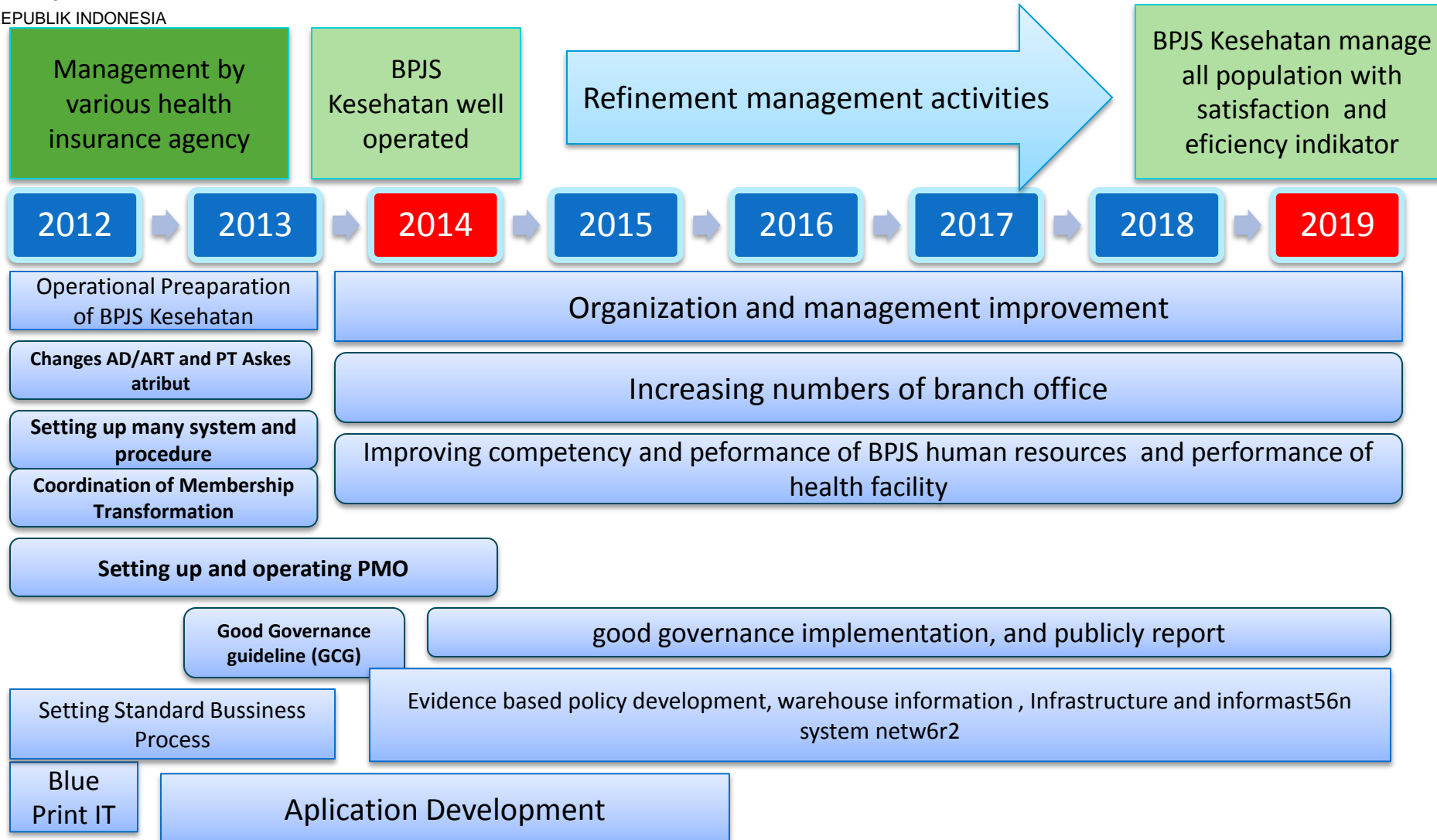
Steps BPJS Kesehatan Implementation based on UU No 24/2011





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Institution and Organization Aspect





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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 midterm plan 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



Conclusion (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

- The Roadmap of Health Infra-structures is ready and we are optimistic this will be accomplished.



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 :
 - 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:
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Indonesia Vice Ministry of Health

**THANK YOU
TERIMA KASIH
MATUR NUWUN**