

Implementation of the National Health Insurance Programme in Achieving Universal Health Coverage in Indonesia

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Abstract: Many countries have agreed to and enforced the implementation of Universal Health Coverage (UHC), yet achieving it is only occasionally seen in certain countries. The National Health Insurance (JKN) Programme is an Indonesian government initiative aimed at providing health protection to all residents of Indonesia through the JKN Programme. The oversight of the Programme and its pivotal role in Indonesia's pursuit of Universal Health Coverage (UHC) is managed by the Social Health Insurance Administration Body (BPJS Kesehatan). The objective of the JKN Programme is to furnish the populace with healthcare services and monetary safety. In Indonesia, the JKN Programme represents a concrete endeavour towards realising universal health coverage through the facilitation of health accessibility, financial safeguards, and the enhancement of healthcare service quality for all individuals. Based on this paper's foundation, this study aims to assess how the JKN Programme in Indonesia has been utilised to achieve UHC and identify the factors contributing to its success through a Systematic Literature Review (SLR). The methodology utilised in this research is the literature review approach. This investigation analysed research results linked to the subject matter being studied. Recent journals published between 2019 and 2023 were identified as the data sources for the literature review.

Keywords: National Health Insurance, Universal Health Coverage, literature review

INTRODUCTION

Implementing the National Health Insurance requires both demand and supply preparation. Implementing health insurance does not only include rearranging the subsystems of health financing, health services, human resources, pharmaceuticals and medical devices, and regulations. The aim is to create harmony among all these subsystems to support the smooth implementation of health insurance. With the implementation of a single health insurance system for the entire population in 2014, various forms of health insurance will be combined into the National Health Insurance. To achieve this goal, all parties need to prepare involving: 1) improvement of health facilities, referral systems, and infrastructure, 2) restructuring of financing and Programmes with institutional transformation, 3) improvement of regulations, 4) human resource development and capacity

building, 5) optimisation of pharmaceutical and medical device procurement, and 6) socialisation and advocacy (Aristanto et al., 2016).

To enhance the government's resolve and dedication to delivering healthcare services to the populace through The National Social Security System (SJSN) Law, PT Askes (Persero) underwent a metamorphosis from the Badan Penyelenggara Jaminan Sosial (BPJS) and commenced its operations on 1 January 2014. By the SJSN Law mandate, BPJS was established through Law Number 24 of 2011 concerning the Social Security Organising Agency and is divided into two entities, namely BPJS Kesehatan and BPJS Employment. The social security system implemented in Indonesia is based on funded social security, which participants use to finance their social security. It is still limited to the working community in the formal sector. BPJS Kesehatan has several goals, including achieving Universal Health Coverage (UHC) in 2019, providing optimal and sustainable health insurance, and building a reliable, superior, and trustworthy BPJS Kesehatan institution according to the General Guidelines for BPJS Good Governance (Noves, 2021).

Based on Universal Health Coverage (UHC), BPJS has a strategic and vital position in providing health services. BPJS provides space for the community to access health services and overcome limitations and difficulties in finding health facilities. Health facilities that were previously difficult to reach are now more affordable thanks to the presence of BPJS, which provides health services for all levels of society. Healthcare operations through BPJS are supported by funds from the State Budget (APBN), which are provided as subsidies for people experiencing poverty. In addition, other sources of funding come from contributions paid by BPJS participants, the amount of which is determined based on the class and type of service by regulations set by the Government (Adiyanta, 2020).

According to the World Health Organization (WHO), Universal Health Coverage (UHC) has reached 98%. Based on data from the Central Bureau of Statistics of the Ministry of Health of the Republic of Indonesia, Indonesia has achieved a UHC rate of 90%. On 14 March 2023, the Vice President presented UHC awards to 22 provinces and 334 districts/cities across Indonesia. The award was given in recognition of successful efforts to support the Jaminan Kesehatan Nasional-Kartu Indonesia Sehat (JKN-KIS) as a national strategic Programme. This aligns with encouraging universal health coverage (UHC) in Indonesia. However, some areas have not been covered by JKN and have not yet achieved UHC indicators, including around 16 provinces, including North Sumatra. The Indonesian Ministry of Health encourages all Local Governments (LGs) to immediately increase membership coverage in their respective regions and integrate them with the JKN Programme. This is done because the JKN Programme has an advantage, namely the principle of portability, which allows the benefits to be enjoyed even in a state of health. The Vice President also appreciated the commitment of local governments, especially in implementing Presidential

Instruction Number 1 of 2022 on Optimising the National Health Insurance Programme (Sipahutar et al., 2023).

According to information from the Social Health Insurance Administration Body (BPJS), the number of participants in the National Health Insurance (JKN) reached 249.67 million people on 31 January 2023. Most JKN participants, approximately 111.14 million people or 44.51% of the total number, are members of the state-owned health insurance scheme (PBI APBN). According to the National Health Insurance journey plan, by 2024, 98% of Indonesia's population is expected to be covered by the National Health Insurance (JKN) or Universal Health Coverage (UHC). (Tawai et al., 2023).

Several nations have committed to implementing Universal Health Coverage (UHC); moreover, the realisation of UHC is only sometimes swiftly achieved in specific regions. Therefore, time and support from the international community is required. Some aspects of UHC that need attention involve universal enrolment of all citizens, progressive and sustainable financing, comprehensive benefit packages, and gradual expansion of coverage for diseases that can cause catastrophic expenditure. In addition, capacity building and mobilisation of supported resources are also a focus (Misnaniarti & Ayuningtyas, 2015). Common obstacles to UHC advancement include inadequate infrastructure, restricted access to essential services, deficiencies in premium financing policy development, scarcities and ineffective dispersion of skilled health professionals, medications, and high-priced medical supplies, and insufficient access to digital and innovative healthcare technologies. (Pradana et al., 2023).

Implementing the JKN Programme in its early stages faced several obstacles, such as not involving the entire population as participants, unequal distribution of health services, variations in the quality of health services, and unoptimised referral and payment systems. The uneven availability of health facilities and human resources in the health sector and variations in geographical conditions create the potential for increased health inequities among community groups. (Saputra et al., 2015).

The goal of the JKN Programme is to provide individuals with both healthcare services and financial security. The JKN Programme in Indonesia is a tangible effort to help achieve Universal Health Coverage by granting health access and financial protection and enhancing healthcare quality for all citizens. Using the context provided in this paper, this study examines how the JKN Programme is utilised to achieve UHC in Indonesia and identifies the factors contributing to its success in achieving UHC through a Systematic Literature Review (SLR).

METHOD

The research utilises the literature review approach, which includes examining research results about the studied subject. The sources for the literature review were chosen from publications issued from 2019 to 2023. The researcher utilised the Google Scholar database through a search engine to find seven appropriate national research journals as references for the study.

After finding relevant journals, the researchers grouped and analysed the selected journals. Information such as the researcher's name, year of publication, title, and research results was compiled in a table. With this basis, the researcher will review the latest findings, compare the sources, and conclude. Through this process, the researcher can analyse and obtain in-depth information about the research topic. The following is a flowchart of the exclusion and inclusion process at the Systematic Review stage (n: number of articles).

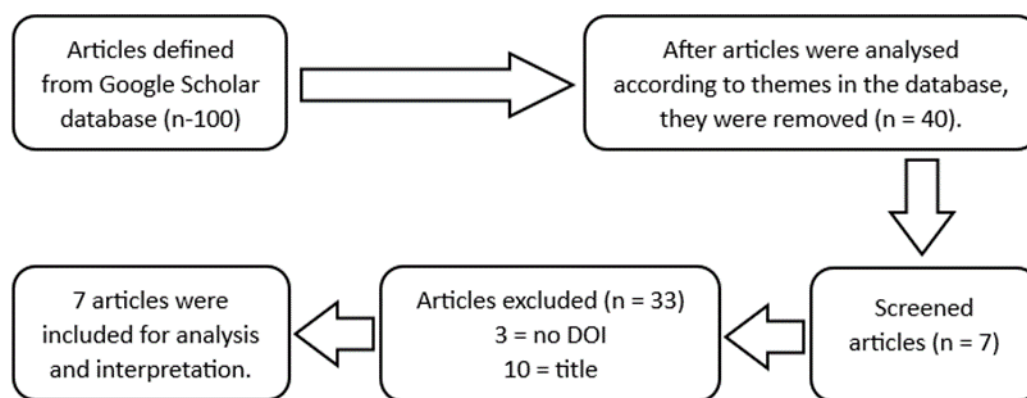


Figure 1: Flowchart related to systematic literature review steps.
Source: author's illustration

RESULT

The study's results are listed in Table 1, based on the analysis of seven journal articles that met the inclusion criteria.

Table 1. Literature review of the seven journals related to the JKN Programme for UHC Achievement

No.	Researcher and Year of Research	Journal and Article Title	Research Results
1.	F. S. Adiyanta. (2020)	The Urgency of Universal Health Coverage Policy for the Implementation of Public Health Services during the Covid-19 Pandemic	The research findings elucidate that governmental modifications have been made to the Universal Health Coverage (UHC) System Plan to align with National Health's requirements and goals, emphasising professionalism, efficiency, effectiveness, and long-term viability. The Universal Health

			Insurance Plan brings together the <i>Sistem Jaminan Sosial Nasional</i> (SJSN) and the <i>Sistem Kesehatan Nasional</i> (SKN), making it highly relevant to public health management that is built on cooperation, solidarity, and care for all levels of society.
2.	Erlintina, Yesica Devis, Shintia Riza (2022)	In Proceedings of the <i>Forum Ilmiah Tahunan</i> (FIT) IAKMI: Analysis of the Implementation of the National Health Insurance (JKN) and its Impact on the Achievement of the Health Index.	Based on the field research findings previously described, it can be concluded that implementing health insurance affects the achievement of the health index at the Dumai City Health Office. Dumai City is facing a problem with the increase in JKN premium expenditure. As an alternative solution to the increase in health insurance premium expenditure, it can be overcome by promoting JKN to encourage population independence in health financing. In addition, the fusion of Jamkesko to JKN, with JKN (KIS) as the only health insurance managed by the Dumai City government, can be another step to overcoming the problem.
3.	Cipto Rizqi Agung Saputro, Fenny Fathiyah (2022)	<i>Jurnal Jaminan Kesehatan Nasional</i> (JJKN): Universal Health Coverage: Internalising the Norm in Indonesia	The results explained that in Indonesia, the final stage of the norm diffusion process has been achieved through the issuance of various legal products by the Government of Indonesia to implement the Universal Health Coverage (UHC) norm. The Government of Indonesia has also implemented the internalisation of UHC norms by appointing BPJS <i>Kesehatan</i> as the local actor so that the localisation process of norms can run effectively. Concerning recommendations for further research, it is hoped that this study can serve as a foundation for the development of future research.
4.	Santi Liana, Hastuti Marlina, Mardalena (2022)	Proceedings of the IAKMI Annual Scientific Forum (FIT): Service Policy and Strategy Pelalawan Health Successfully Achieves Universal Health	The results explained that using the USG method, the main problems related to the low achievement of the Universal Health Coverage (UHC) Programme at the Pelalawan District Health Office were identified. From prioritising these

	<p>Coverage (UHC) In JKN Programme</p>	<p>problems, a fishbone diagram revealed several causes, including aspects of man, money, methods, materials, and the environment. The scheduled intervention encompasses monitoring and evaluation endeavours at Puskesmas to enhance the staff's capacity to disseminate the Universal Health Coverage (UHC) initiative. Furthermore, strategies are in place to engage with the health promotion domain to facilitate community counselling coordination. Additional actions involve recommending training sessions about the UHC Programme, advocating for augmented funding for the UHC Programme, establishing partnerships with pertinent sectors, and requisitioning health promotion resources and instruments pertinent to the UHC Programme.</p>
<p>5. Oldistra, F., & Machdum, S. V. (2020).</p>	<p>Analysis of National Health Insurance Policy Planning from the Aspect of Participation in the Ministry of Planning and Development</p>	<p>This study concludes that the desire to achieve Universal Health Coverage in the JKN Programme is an optimistic target. The target of 95% of the population being able to enjoy JKN within 5 years between 2014 and 2019 seems to need recalibration. Efforts to achieve this target also have a domino effect. One of the obvious impacts is the gap between benefits and contributions, which results in a JKN deficit.</p>
<p>6. Raden Roro Isti Ajeng Nurshiva, Cecep Hermana (2023)</p>	<p>Journal of Social Science Research: Analysis of the Progress of JKN Participants to Achieve Universal Health Cover in Karawang Regency for the Period of January-June 2023</p>	<p>Karawang Regency, registered by the Health Office in January-June 2023, reached 2,462,492 people. Meanwhile, the National Health Insurance (JKN) membership target is 95.00% of the population, which is 2,339,368 people, to achieve Universal Health Coverage (UHC). Karawang District achieved a participation rate of 93.71%, involving 2,307,677 people, but there is still a gap of 1.29% (31,691 people) to achieve UHC. This gap is caused by the characteristics of people in rural areas who are less</p>

	<p>participatory in the JKN Programme, low public interest in registering independently as JKN-KIS participants, and invalid population data. The Karawang District Government has carried out strategies related to efforts to achieve Universal Health Coverage (UHC), including through the Karawang Regent's Circular Letter Number 440/3141/Dinkes regarding the optimisation of the implementation of the national health insurance Programme in Karawang District, registering participants who fall into the poor group in the PBPU segment of the Local Government PD, and conducting regular evaluations with cross-sectors in accelerating the achievement of UHC in Karawang District.</p>
<p>7. Lubis, A. S., Yani, F. A., Firzah, N., & Gurning, F. P. (2023). Tambusai Health Journal: The Effect of Health Service Infrastructure on the Participation of JKN Participants in Indonesia</p>	<p>Knowledge, income, community perspectives, educational background, and access to healthcare services can impact individuals' engagement in the National Health Insurance (JKN) Programme. Inequities in healthcare infrastructure may impact JKN enrolment. Disparities in healthcare infrastructure can make it difficult for individuals to reach the necessary healthcare facilities. If quality and affordable health facilities are unavailable or too far away, JKN participants may face accessibility barriers that reduce their motivation to participate in the Programme. Health infrastructure gaps can also affect JKN enrollees' perceptions of the quality of care they receive.</p>

DISCUSSION

Research results from 7 journals show that the JKN Programme highly supports achieving UHC in Indonesia. The Jaminan Kesehatan Nasional (JKN) Programme supports the achievement of Universal Health Coverage (UHC) for several vital reasons that reflect its commitment to comprehensive and inclusive health. UHC aims to protect people from financial risks arising from

high health costs. With UHC, people are expected not to have to face excessive financial burdens to obtain health services.

According to the World Health Organisation (WHO), Universal Health Coverage (UHC) is an effort to ensure that all individuals have access to health services, including health promotion, prevention, treatment, and rehabilitation as needed, with sufficient quality to be effective. In addition, UHC also aims to ensure that recipients of health services do not experience financial hardship. Universal Health Coverage guarantees individuals access to essential health services without undue financial burdens. This encompasses elements like the availability of fundamental health services, cost-effective medications, immunisations, maternal and pediatric care, and various other healthcare services. Efforts to achieve universal health coverage can involve reforms in health systems, improvements in health infrastructure, inclusive health insurance policies, and public education on the importance of health. The concept is supported by international organisations, including the World Health Organisation (WHO), as part of a global effort to improve the health and well-being of the entire population.

Achieving Universal Health Coverage (UHC) involves comprehensive efforts and policies to ensure all people have access to quality healthcare without experiencing excessive financial hardship. The JKN Programme is vital in achieving UHC in Indonesia, providing universal health access and financial protection and improving the community's overall well-being. The National Health Insurance Programme is a government initiative to provide comprehensive health insurance to the entire population of Indonesia, aiming to enable people to lead healthy, productive, and prosperous lives. As such, the JKN Programme in Indonesia has a significant positive impact in supporting the implementation of the principles of Universal Health Coverage, creating more equitable health access and financial protection for the entire population.

From the literature review that has been found in journals related to the JKN Programme in achieving UHC, researchers found several things that support the success of the JKN Programme in achieving UHC:

Government Leadership

In the research (Adiyanta, 2020), the government has modified the Universal Health Coverage (UHC) scheme to align with the prerequisites and goals of the National Health System, which is characterised by professionalism, efficiency, efficacy, and viability. The convergence of the National Social Security System (SJSN) and the National Health System (SKN) within the Universal Health Insurance scheme is highly pertinent to public health administration, emphasising collaboration, unity, and consideration for all societal strata. The research (Saputro & Fathiyah, 2022) explained that in Indonesia, the final stage of the norm diffusion process has been achieved through the issuance of various legal products by the Government of Indonesia to implement the

Universal Health Coverage (UHC) norm. The government of Indonesia has also made efforts to internalise the UHC norm by appointing BPJS Kesehatan as the local actor so that the norm localisation process can run effectively. Concerning recommendations for further research, it is hoped that this study can serve as a foundation for future research development. Government commitment and leadership are critical in ensuring the sustainability and success of the JKN Programme. The active involvement of the government helps ensure sufficient resource allocation and necessary policy support.

Promotion of Jaminan Kesehatan Nasional (JKN)

According to the research of (Erlintina et al., 2022), as an alternative solution to the increase in health insurance premium spending, it can be overcome by promoting JKN as an effort to encourage population independence in health financing. In addition, merging Jamkesko into JKN, with JKN (KIS) as the only health insurance managed by the Dumai City government, can be another step to overcoming the problem. Integration of health services and a holistic approach that includes promotive, preventive, curative, and rehabilitative aspects can improve the community's overall health.

Financial Certainty

According to a study (Oldistra & Machdum, 2020), achieving Universal Health Coverage in the JKN Programme is an optimistic target. The target of 95% of the population being able to enjoy JKN within 5 years between 2014 and 2019 seems to need recalibration. Efforts to achieve this target also have a domino effect; one of the apparent impacts is the gap between benefits and contributions, which results in a JKN deficit—having sufficient and secure funding to support the operation of the JKN Programme. This includes financing from participant contributions, government subsidies, and other funding sources that can support the smooth running of the Programme.

Community Participation

In the (Nurshiva & Hermana 2023) research, there is less participation in the JKN Programme, low public interest in registering independently as JKN-KIS participants, and invalid population data. The Karawang Regency Government has carried out strategies related to efforts to achieve Universal Health Coverage (UHC), including through the circular letter of the Regent of Karawang Number 440/3141/Dinkes concerning optimising the implementation of the national health insurance Programme in Karawang Regency, registering participants who are included in the indigent group into the PBPU PD Local Government segment, and conducting periodic cross-sector evaluations in accelerating UHC achievement in Karawang Regency. The community's involvement and engagement in the JKN Programme may enhance people's comprehension of the advantages of health insurance and their entitlement to health services.

Health Infrastructure Development

In the research of (Lubis et al., 2023), Factors such as knowledge, income, community perspectives, education, and quality of health services can impact the level of interest among National Health Insurance (JKN) participants. An imbalanced health service infrastructure can affect the participation of JKN participants. Health infrastructure gaps can challenge individuals trying to access necessary health services. If quality and affordable health facilities are unavailable or too far away, JKN participants may face accessibility barriers that reduce their motivation to participate in the Programme. Health infrastructure gaps can also affect JKN participants' perceptions of the quality of services they receive. Adequate health infrastructure, including adequate health facilities and health workers, supports effective and equitable health service delivery. Continuous and sustainable health infrastructure development is significant in supporting the success of the JKN Programme in achieving the goal of Universal Health Coverage.

CONCLUSION

From research conducted using research literature related to the implementation of the JKN Programme in achieving UHC, seven journals from 40 journals collected with support from the research conducted can be concluded from 7 journals showing that the JKN Programme is very supportive of UHC achievement in Indonesia. From the research, several things support the JKN Programme in achieving UHC in Indonesia, such as government leadership, National Health Insurance (JKN) promotion, financial certainty, community participation, and health infrastructure development. The JKN Programme supports the achievement of UHC so that everyone has access to comprehensive and quality health services without financial barriers.

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