

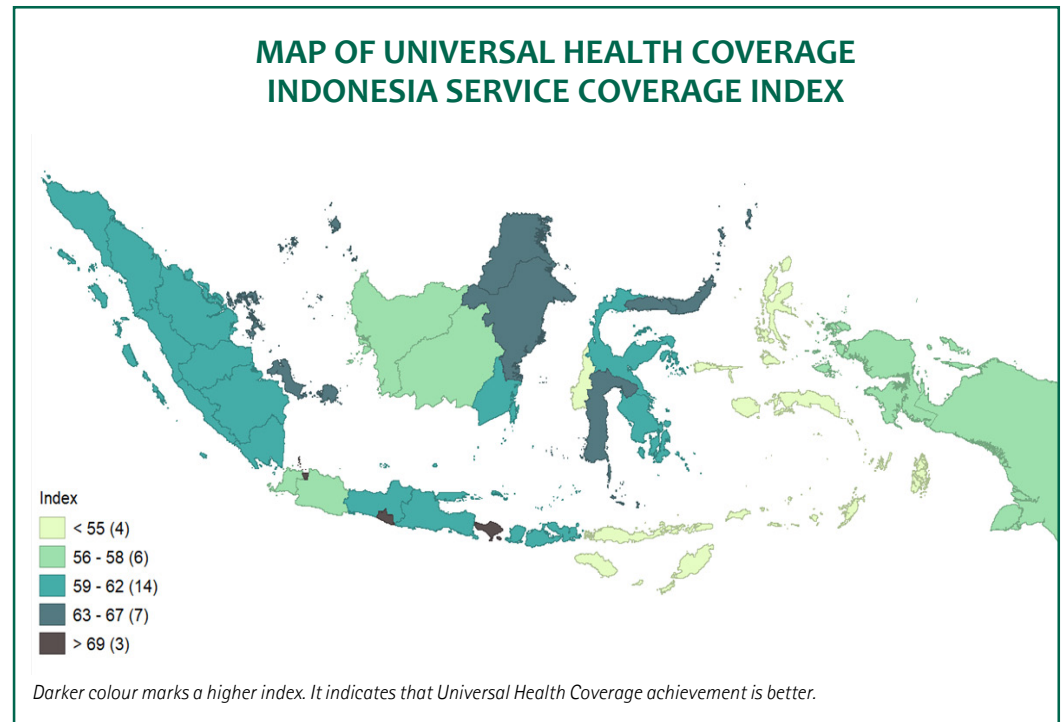
P R A K A R S A *Policy Brief*

January 2020

Key Points:

- UHC service coverage index in Indonesia is not optimal with an index of 60. DKI Jakarta is the highest with an index of 70 and West Sulawesi ranks the lowest with an index of 52, showing inequality between provinces.
- Screening for cervical cancer overall scored an extremely low index of only nine, showing that only 9 out of 100 women aged 30 - 49 in Indonesia obtain early detection for cervical cancer.
- Health workers density index is low at 38 and poorly distributed. The highest index is Jakarta at 62, with low indexes of only 17 for West Java and Banten. Other low scores included East Nusa Tenggara with an index of 29 and West Sulawesi with an index of 28
- Out-of-Pocket spending for health care is still high with almost 13 million people spend more than 10 per cent of their total consumption on health services.

Universal Health Coverage: Current Achievements and Steps for Improvement



Indonesia Toward UHC

The Indonesian health service system is transitioning to Universal Health Coverage (UHC) with the target of providing health insurance for the entire community. The National Health Insurance (*Jaminan Kesehatan Nasional*-JKN), is the national health program dedicated to achieving UHC as mandated under Law No. 40/2004 SJSN. Up to this time, UHC has only been seen from JKN membership, even though UHC has broader dimensions, namely service coverage, service quality, and financial protection for healthcare. Therefore, an analysis is needed to see the more comprehensive development and achievements of UHC in Indonesia.

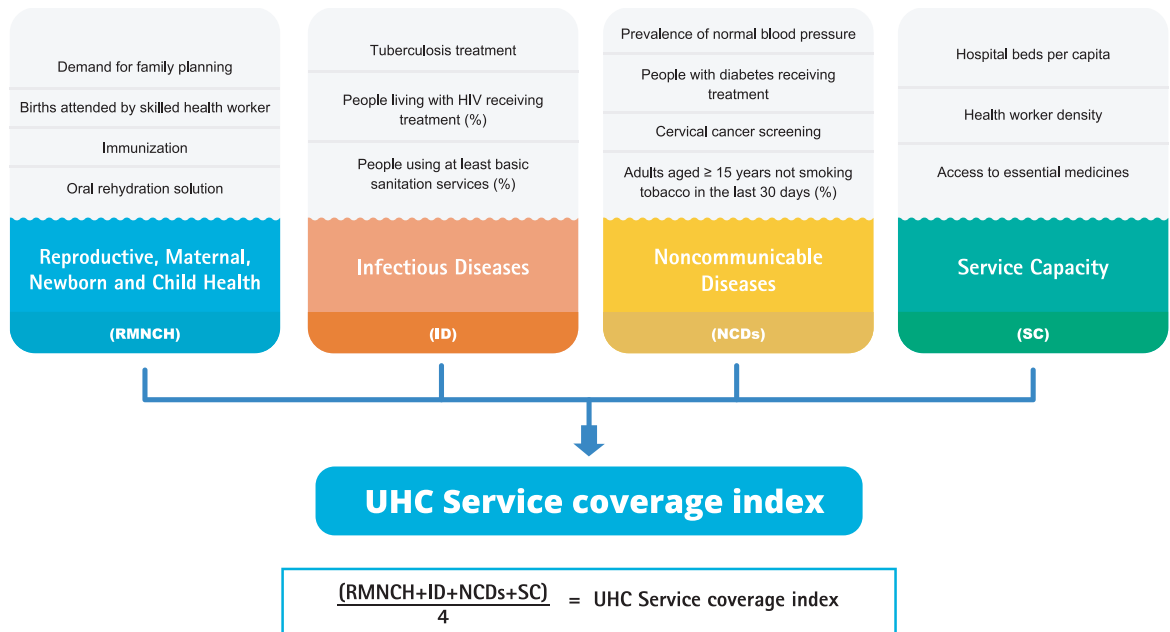
The World Health Organization (WHO) in 2017 published a global progress report of UHC titled 'Universal Health Coverage Tracking: 2017 Global Monitoring Report'. The framework adopted in that report to measure UHC progress is based on Sustainable Development Goal (SDG) 3, target 3.8 and indicators 3.8.1 (service coverage) and 3.8.2

(financial protection). Applying this framework, PRAKARSA conducted a study on UHC progress in Indonesia based on 2018 data. This study aims to measure progress made toward service coverage and measure the financial difficulties experienced by the community due to Out-of-Pocket spending on health expenditure.

Framework to Track UHC

There are four dimensions and 14 indicators used to track UHC service coverage in Indonesia (see figure 1). The index is obtained from the average value of the index of the four dimensions where the index value of each dimension is obtained from the average index value of a set of indicators. Service coverage index presents a numerical value based on a scale of one to one hundred, with the higher the index the better the service coverage.

Figure 1: Universal Health Coverage (UHC) Service Coverage Formula

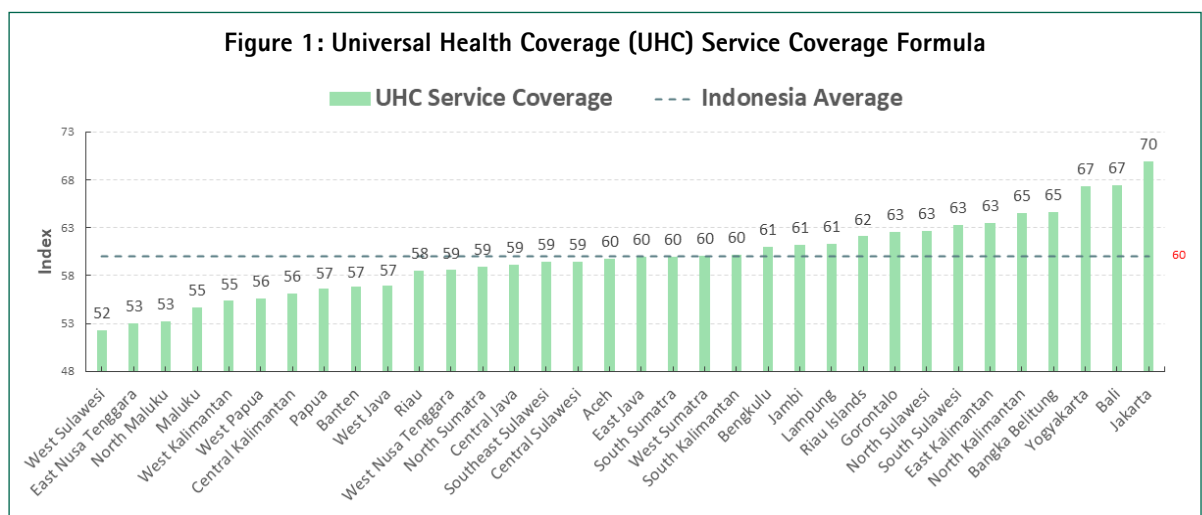


Source: World Health Organization, compiled by Authors

Meanwhile, financial protection is measured through catastrophic spending add on health spending that can impoverish people as seen from Out-of-Pocket spending. Out-of-Pocket expenses referred to in the form of: 1) medical/curative service costs (including delivery costs and drugs that cannot be specified), 2) drug costs (only medicines purchased at pharmacies, drug stores, etc.), 3) service fees prevention and 4) transportation costs for health care.

Data for this research was collected from Basic Health Research (*Riset Kesehatan Dasar - RISKESDAS*) 2018 from Ministry of Health's, National Socio-Economic Survey (*Survei Sosial Ekonomi Nasional - SUSENAS*) 2018 from the Central Bureau of Statistics (*Badan Pusat Statistik-BPS*) and other sources as complementary data.

UHC in Indonesia Service Coverage Index

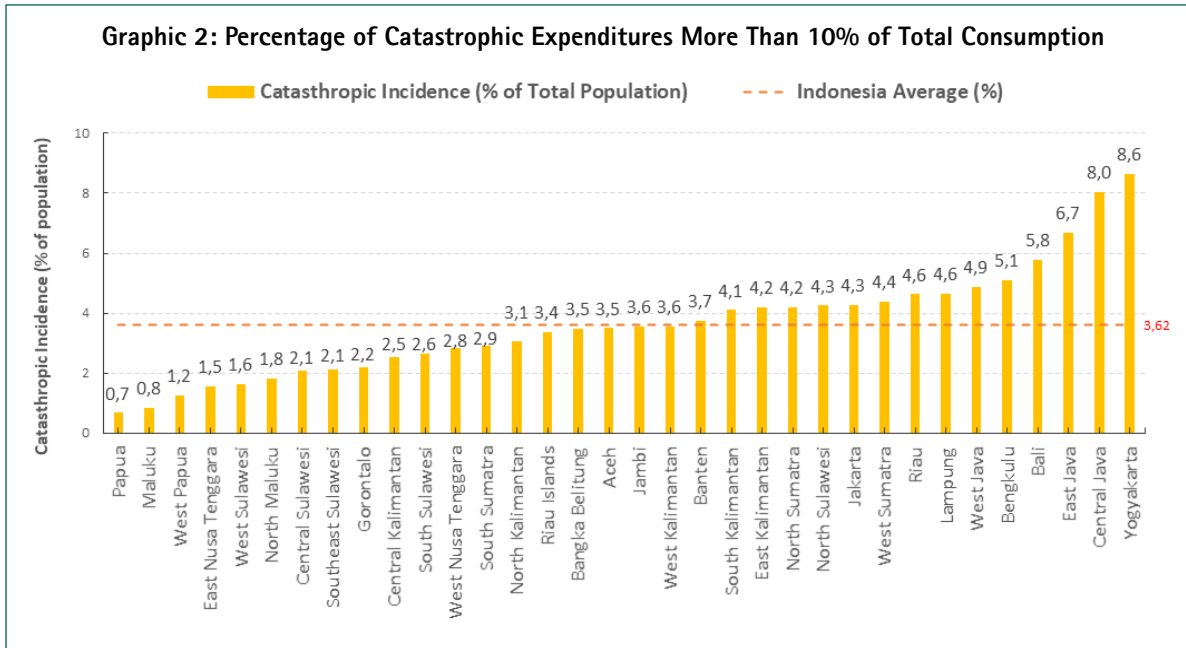


Source: Writer's Calculation

Indonesia's service coverage index is 60 in 2018 (see graphic 1). This result showing a slight increase from 49 in 2015, according to the WHO. This shows an improvement since JKN began to be implemented in Indonesia in 2014. However, there are gaps in service coverage between regions, such as Java and areas outside of Java. DKI Jakarta and DI Yogyakarta are provinces demonstrating

the highest indexes, while West Sulawesi, East Nusa Tenggara and North Maluku are the provinces with the lowest indexes. Noncommunicable diseases have the lowest index with only 49, while the dimension of service capacity and access have the highest index at 67. Meanwhile, the index for infectious diseases is 59 and 65 for reproductive, mother, newborn, and child health.

Financial Protection



Source: Writer's Calculation

Regarding financial protection, Out-of-Pocket spending on health care in Indonesia is still relatively high. Thirteen million people spend more than ten per cent and 2.5 million people spend more than 25 per cent of their total consumption for health care. In addition, there are 0.22 per cent, around 600 thousand people, of the population impoverished due to Out-of-Pocket spending on health care, based on the USD 1.90 per capita per day poverty line. Furthermore, 0.74 per cent, approximately two million, of the population are impoverished due to Out-of-Pocket health expenditure, based on the poverty line of USD 3.10 per capita per day. As for the national poverty line per capita per month, there are 0.41 per cent, approximately one million people, of the population who are impoverished due to Out-of-Pocket spending on health care.

Challenges to Achieve UHC

Achieving UHC remains a challenge for Indonesia. Based on the analysis, there are five findings that need to be addressed. First, public awareness of health facilities provided by the government are still lacking. This can be seen from the the screening for cervical cancer indicator, with a national index of only nine. Second, the high prevalence of smoking and unhealthy lifestyles contributes significantly to the low index for noncommunicable diseases. Third, Out-of-Pocket spending on health care in Indonesia is still high, hindering efforts in providing financial protection, with almost 13 million people spending more than 10 per cent of their total consumption on health services. Fourth, there is a gap between provinces in Java and the western parts of Indonesia with other regions. This disparity results from the uneven distribution of health workers and inadequate infrastructure in poorer areas. Fifth, provinces with a low service coverage index tend to have low catastrophic spending on health, and vice versa.

For example, Papua and East Nusa Tenggara are provinces with high poverty rates and have low service coverage indexes with low catastrophic spending. Low catastrophic incidence could indicate access to health services is inadequate due to geographical condition, poor health infrastructure, and health inequality in their ability to seek healthcare is limited due to their low financial situation.

Policy Recommendations

As an effort to accelerate the achievement of UHC, there are four recommendations for the government:

- Lowering inequality between provinces by providing adequate health infrastructure and facilities, including better distribution of health workers, especially in poor provinces that have low service coverage index.
- Strengthen health promotion and preventive efforts through cross-sectoral coordination. National and local governments can work together with communities and religious leaders in developing communication strategies to deliver health information to the public.
- The government needs to conduct further research into potential excise taxes that could curb the growing burden of noncommunicable diseases attributed to healthy lifestyle in Indonesia.
- The government needs to conduct more comprehensive surveys to identify what components of Out-of-Pocket health spending are contributing to such high rates of catastrophic incidence. This data is crucial to formulate policies that target specific components to reduce Out-of-Pocket spending on health in Indonesia.

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PRAKARSA Policy Brief is an independent policy analysis and recommendation about various critical issues related to development and welfare.



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