

The Local Health Financing Scheme (Jamkesda) in the Transition Time to the Universal Health Coverage: A Story from the Field



Forum Kajian Pembangunan, 20 October 2015



What is UHC?

all people receive essential health services they need at good quality without suffering financial hardship from out-of-pocket expenses.





- Universal Health Coverage/Jaminan Kesehatan Nasional (JKN) started on 1 January 2014 and aims to achieve universal coverage by 2019. The UHC is also a growing movement worldwide.
- At the same time, the local governments are still operating local health financing initiatives
 - Coverage gap in the national scheme
 - Local political economy in the decentralization era

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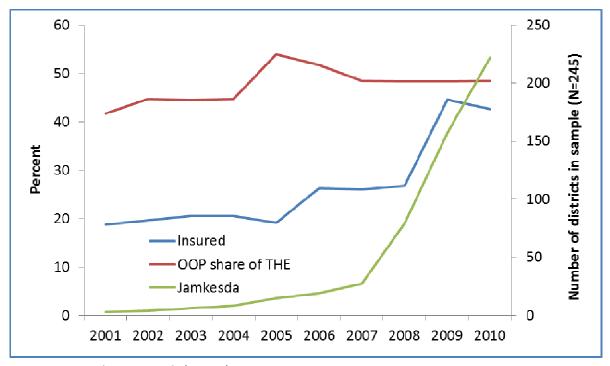


Acknowledgement



 This presentation is a subset finding of a larger study on 'baseline assessment of UHC scheme for maternal neonatal and child health services" funded by UNICEF.





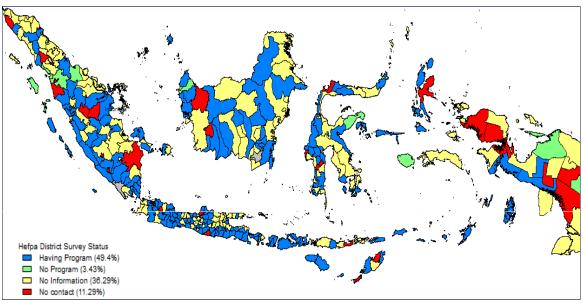
Source: Budiyati et al. (2013)

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Jamkesda Map (N=262 districts)





Source: Budiyati et al. (2013)

UHC ROADMAP: Jamkesda integrate to the UHC by 2016





Keesehatan Penduduk yang dijamin di berbagai skema 148,2 jt

90,4juta belum jadi peserta

jiwa

111,6 juta peserta dikelola BPJS

60,07 Juta pst dikelola o/ Badan Lain

73,8 juta belum jadi peserta

KEGIATAN: Pengalihan, Integrasi, Perluasan

`Perusahaan	2014	2015	2016	2017	2018	2019
USAHA BESAR	20%	50%	75%	100%		
USAHA SEDANG	20%	50%	75%	100%		
USAHA KECIL	10%	30%	50%	70%	100%	
USAHA MIKRO	10%	25%	40%	60%	80%	100%

257,5 juta peserta (semua penduduk) dikelola BPJS Keesehatan

Tingkat Kepuasan Peserta 85%

2012



2013

2014

Pengalihan Peserta JPK Jamsostek, Jamkesmas, Askes PNS, TNI Polri ke BPJS Kesehatan

> Perpres Dukungan Operasional Kesehatan bagi TNI Polri

Pengalihan Kepesertaan TNI/POLRI ke BPJS Kesehatan

Integrasi Kepesertaan Jamkesda

Integrasi Kepesertaan askes komersial ke BPJS Kesehatan

Penyusunan Sisdur Kepesertaan & Pengumpulan **luran**

Pemetaan Perusahaan & sosialisasi Perluasan Peserta di Usaha Besar, Sedang, Kecil & Mikro

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

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

Updating data PBI, tiap 6 bulan

Kajian perbaikan manfaat dan pelayanan peserta tiap tahun





Qualitative approach supported by quantitative data

Qualitative in-depth interviews and focus group discussions

Quantitative: data from existing sources(Ministry of Health and District

> Health Offices database, as well as health facility Data at district level) to support the qualitative

information

Purposive Sampling of 7 districts

- 2 districts (Kota Bogor and Kab. Sleman) are selected as an illustrative of urban and rural settings in Java.
- 5 districts are selected based on sampling of three group indicators e.g. supply sides, MNCH services, and health outcome indicators, and are illustratives of remaining big islands (Sumatra, Kalimantan, Bali-Nusa Tenggara, Sulawesi, Maluku-Papua)

Kota Bogor

Kab. Sleman

Kota Padang Panjang

Kab. Hulu Sungai Utara

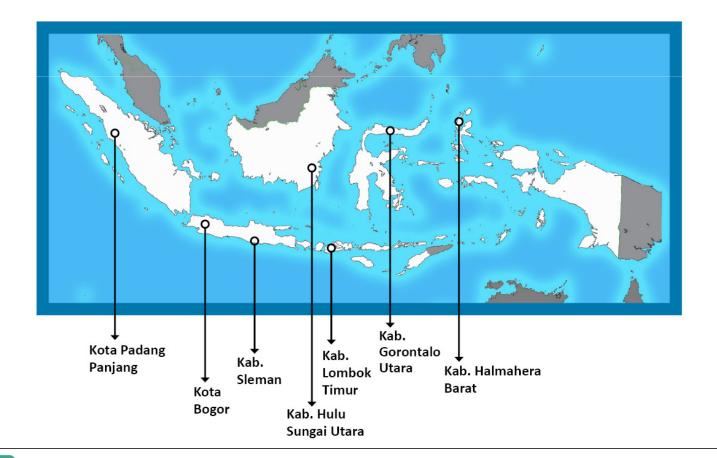
Kab, Lombok Timur

Kab. Gorontalo Utara

Kab. Halmahera Barat









Key Finding:

The UHC has consequences on local health financing schemes and, in turn, on insurance coverage. However, the impact varies considerably across district.



2005 SHI for the poor (Askeskin)

2006 Jamkesda 2008 Jamkesmas 2014
Universal
Health
Coverage

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District/municipality	Scheme before 2014	Alternative scheme after 2014		
Kota Bogor	Jamkesda (managed by the DHO) Subsidized premium for uninsured poor – opened quota	Local PBI* covered 32,431 people in 2014		
		Jamkesda – opened quota		
Sleman	units under the DHO)	Jamkesda (managed by technical units under the DHO) → same scope and design -the district government covered about 33,000 poor and 68,000 near poor in 2014		
Kota Padang Panjang	Jaminan Kesehatan Masyarakat Padang Panjang (JKMPP) since 2006 -universal coverage for uninsured population, cover 31,142 population	Local PBI (district and provincial governments' sharing=60:40) -covered 3,000 people in 2014 and 4,500 in 2015		
Hulu Sungai Utara	Kartu Sehat Amuntai (KSA) since 2006	Local PBI -cover 9,535 people Kartu Sehat Amuntai -opened quota for 9,071 people Jaminal Persalinan Daerah (Jampersalda)		
		-Jampersal-look like, a universal delivery scheme for uninsured pregnant mothers		



District	Scheme before 2014	Alternative scheme after 2014		
Lombok Timur	Jamkesda (sharing district and provincial governments)	Local PBI (sharing district and provincial governments) -covered 10,081 people in 2014. 80% of it by name by address, 20% opened quota (peserta tumbuh)		
Gorontalo Utara	Jamkesda (district scheme)	Local PBI (sharing district and provincial governments) -Opened quota and covered 42,016 people		
	Jamkesta (province scheme)			
Halmahera Barat	Jamkesda (managed by the DHO)	Jamkesda (managed by the DHO) -covered 27,000 people		

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Integration to the UHC

- Main motivations of Jamkesda:
 - > Filling the gap of the UHC national coverage
 - Local leader's commitment
 - Flexibility in managing the fund
- Jamkesda integration to the UHC influenced by, among others, district fiscal capacity and data integration readiness.



Health Equity in the UHC



- Progressive universalism: ensure the poor gain at least as much as those who are better off at every step of the way toward universal coverage
- In the absence of determination to include people who are poor from the beginning, drives for universal coverage are very likely, perhaps almost certain, to leave them behind (Gwatkin & Ergo, 2010)
- Current experience of Indonesia?

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Conclusions



- It is such ambitious target to integrate all Jamkesda by 2016, let alone to achieve universal coverage by 2019.
- We cannot ignore the sub-national governments' roles in the process toward achieving UHC.
- We need to make sure that health equity is along the line of three coverage dimensions of UHC (population, health services, and financial protection)

Further researchs

- In the light of achieving universal coverage as well as health equity across region and across income level, we need to do further research on:
 - Possibility of multilevel financing (national and subnational governments) in the UHC

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Sampling Indicators



Supply-side Indicators	MNCH Services Indicators	Health Outcome Indicators
 Puskesmas Ratio per 30,000 population in 2013 General Practitioner Ratio per 100,000 population in 2013 Nurse Ratio per 100,000 population in 2013 Midwive Ratio per 100,000 population in 2013 Ratio of GPs at the Puskesmas per total Puskesmas in 2013 Number of hospitals at province/district in 2013 	 Skilled birth attendants First antenatal care coverage (K1) Complete antenatal care coverage (K4) First post-natal care coverage (KN1) Complete post-natal care coverage (KN3) Complete basic immunization coverage Fe (iron) coverage Vitamin A coverage Infant care services 	 Infant mortality rate per 1,000 live births Low birth weight Malnutrition in children under 5

Sources: Health Profile at National and Province levels (2013) and District Health Profile (2012), MoH's Bank of Data (2013), MoH's RS Online Data (2014).

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