MOVING TOWARDS UNIVERSAL HEALTH COVERAGE IN INDONESIA

11th ASEAN and Japan HLOM on Caring Societies
Panel Discussion:
Universal Health Coverage as a basis for ‘Active Aging’ and Medical and Welfare Services, Health Promotion, and Disease Prevention
Number of Island: 17,504
Population (2012) ± 246.9 million
Decentralized Government:
34 provinces; 508 districts
GDP per Capita (2012, in USD): 3,592
Health expenditure (2011): 2.9% of GDP
Life Expectancy (2010): 70.9 yrs
Population 60+ yrs will increase from 18.1 million in 2010 to 29.1 million in 2020 or approximately 11.4% of the total population and 36 million in 2025. Now number of the elderly has reached about 23 million.
POLICY FRAMEWORK AND EXPERIENCE ON INCREASING ACCESS TO HEALTH SERVICES FOR INDONESIAN

**Existing Situation:**
1. Disintegrated implementation and coverage
2. Fragmented fund pooling & management
3. Limited & variations of benefit among schemes
4. Variations of carriers management
5. Lack of monitoring, evaluation and coordination among schemes

**Strategy:**
1. Synchronisation & integration of schemes
2. Improve fund pooling
3. Optimising benefit package among schemes
4. Development of single carriers
5. Strengthen coordination, monitoring & evaluation

**Efforts:**
6 task forces:
1. Regulation
2. Financing and Program transformation
3. Health Facilities, Referral System & Infrastructure
4. HR of health
5. Pharmaceutical and medical devices
6. Socialization

Existing Health Insurance Coverage

Universal Health Coverage
ROADMAP TO UHC

Coverage of various existing schemes 148.2 mio

Uninsured people 90.4 mio

60.07 mio covered by other schemes

73.8 mio uninsured people

Transformation from 4 existing schemes to BPJS Kesehatan (employee scheme JPK Jamsostek, Jamkesmas, civil servants scheme, army/police scheme)

Presidential decree on operational support for Army/Police

Company mapping and socialization

Membership expansion transfer of army/police scheme to BPJS Kesehatan

Synchronization membership data: JPK Jamsostek, Jamkesmas dan Askes PNS/Sosial – single identity number

Activities: Transformation, Integration, Expansion

Membership expansion to big, middle, small and micro enterprises

Level of satisfaction 85%

Benefit package and services review annually

Consumer satisfaction measurement every 6 months

Integration of Jamkesda into BPJS Kesehatan and regulation of commercial insurance industry

Coverage of various existing schemes: 111.6 mio covered by BPJS Kesehatan

Uninsured people: 90.4 mio

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Big 20% 50% 75% 100%

Middle 20% 50% 75% 100%

Small 10% 30% 50% 70% 100%

Micro 10% 25% 40% 60% 80% 100%

86.4 mio PBI

257.5 mio (all Indonesian people) covered by BPJS Kesehatan

Activities:


148.2 mio covered by BPJS Kesehatan

20% 50% 75% 100%

60.07 mio covered by other schemes

20% 50% 75% 100%

73.8 mio uninsured people

10% 30% 50% 70% 100%

10% 25% 40% 60% 80% 100%

2012

2013

2014

2015

2016

2017

2018

2019

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73.8 mio uninsured people

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Measures to increase social welfare for the elderly as follows:

- mental and spiritual services
- health services
- employment services (potential elderly)
- education and training services (potential elderly)
- facilities, & infrastructure friendly with the elderly
- administration & legal assistance & social assistance
Healthy Aging Policy

- Decree number 36 year 2009 on Health. It mandates that efforts of health care for the elderly should be aimed to maintain a healthy life and socially and economically productive in accordance with human dignity.

- The Government shall ensure the availability of facilities health services and facilitate further group age to be able to live independently and productively socially and economically.
JAMKESMAS EXPERIENCE FOR ELDERLY MEMBERSHIP

- **2009**
  - > 76: 3.21%
  - 71-75: 2.75%
  - 66-70: 2.77%
  - 61-65: 1.98%

- **2010**
  - > 76: 3.38%
  - 71-75: 2.97%
  - 66-70: 2.21%
  - 61-65: 2.64%

- **2011**
  - > 76: 3.52%
  - 71-75: 2.43%
  - 66-70: 2.9%
  - 61-65: 2.97%

- **2012**
  - > 76: 3.81%
  - 71-75: 2.57%
  - 66-70: 2.97%
  - 61-65: 3.64%
Activities to achieve objectives are as follows:

- Increase access to primary health care for the elderly through development of age-friendly primary health care
- Healthy life style program (healthy diet, physical activity)
- Early detection of risk factors and counseling: control BP, Cholesterol, Blood Glucose
- Distribute media promotion on Healthy Life Style
- Increase community empowerment through development of elderly supporting groups
- Increase referral services in integrated geriatric clinics hospitals
Elderly Social Welfare Policy

Activities to achieve objectives are as follows:

- Elderly Social Service Program
- Empowerment to improve welfare of elderly
- Improved Participation Families and Communities Program
- Security and Social Protection Program for Elderly
FUTURE VISION

- Develop Age-friendly city
- Empower professional elderly
- Health for Wellness (health promoting life cycle)
- Creating a friendly environment that promotes healthy senior citizens & active participation of elderly
- Promote participation of the elderly in public policy formulation
- Realize the value of elderly wisdom & encourage elderly to fully participate in family & community
Develop Age-friendly city
Empower professional elderly
Health for Wellness (health promoting life cycle)
Creating a friendly environment that promotes healthy senior citizens & active participation of elderly

FUTURE VISION
TERIMA KASIH
THANK YOU
ARIGATO GOSAIMASTA
GRIYA SEHAT LANSIA
PUSAT PELAYANAN Kesehatan Lanjut Usia