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The Impact of Universal Health Coverage on Health Development in Banten Province Indonesia

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Abstract

The National Health Insurance (JKN) is a strategic program in achieving Universal Health Coverage (UHC) in Indonesia, including in Banten Province. This study explores the impact of JKN on health development, identifies challenges faced, and strategic steps taken to ensure equitable access to health services. The research method used is descriptive qualitative, with reference to data obtained from the results of literature and field studies. The theoretical framework used as an analysis in this research is the concept of collaborative governance according to Schottle, Haghsheno and Gehbauer. The result of the analysis in this study is to see the urgency of exploring the impact of health insurance on health development in Banten Province. In addition, this study concludes that the sustainability of JKN requires a strong commitment from all parties to overcome the existing challenges.

Keywords: *Collaboration, BAPPEDA, National Health Insurance.*

Introduction

The right to health as part of human rights has a juridical basis that everyone is entitled to a level of living adequate for the health and welfare of himself and his family, including the right to food, clothing, housing and health care and necessary social services, and is entitled to security when unemployed, suffering from illness, disability, becoming a widow / widower, reaching old age or other circumstances that result in a lack of income, which is beyond his control. This is contained in the Universal Declaration of Human Rights adopted and promulgated by the UN General Assembly on December 10, 1948, resolution 217 A (III) in article 25 paragraph (1).

Historically, JKN began with the commitment of all countries incorporated in the World Health Organization (WHO), including Indonesia, which subsequently developed JKN as a Health Insurance System which was then included in the Ministry of Health's Strategic Plan 2014-2019. Based on the 1945 Constitution in article 28H paragraph (1), it states that everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and the right to obtain health services. For the rights that arise as the legislation, the state has the obligation as well as the responsibility to fulfill health services to all citizens of the Republic of Indonesia.

However, prior to the JKN program, there were several government programs that covered health insurance in Indonesia such as: Health Insurance (AsKes), Health Maintenance Insurance for Workers (JPK Jamsostek), Regional Health Insurance (Jamkesda), and Community Health

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Insurance (Jamkesmas). All of these programs have limitations in implementation, such as the Community Health Insurance Program (Jamkesmas). Launched in 2008, Jamkesmas is a continuation of the previous program called Health Insurance for the Poor (Askeskin) which started in 2005. Jamkesmas became the health insurance program for the poor until it was replaced by JKN in 2014.

The Community Health Insurance Program (Jamkesmas) in Indonesia is specifically designed to provide health protection for the poor. However, this program has several limitations. First, the coverage of JAMKESMAS is limited to the poor, so that the middle class who cannot afford private insurance premiums, but are also not classified as poor, remain unprotected. Second, the financing of JAMKESMAS relies entirely on the State Budget (APBN), which makes the program vulnerable to state budget constraints and potentially inconsistent or unsustainable. In addition, JAMKESMAS participants often only have access to certain health facilities, and some of those health facilities may have limitations in terms of the quality or number of services available. These shortcomings suggest that although JAMKESMAS aims to help the poor, its limited coverage and financing sources hamper its effectiveness and sustainability as a national health insurance program.

The urgency of this research lies in exploring the impact of Universal Health Coverage (UHC) on health development in Indonesia. UHC, as a comprehensive health insurance policy, aims to ensure that all levels of society have access to quality health services without facing financial constraints. This research is important because successful UHC has the potential to improve national health indicators, such as life expectancy, reduction in maternal and child mortality, and reduction in communicable and non-communicable diseases. In addition, a deeper understanding of the impact of UHC will shed light on the effectiveness of this policy in reducing health inequalities in different parts of Indonesia and ensuring equitable access for all. By exploring these impacts, this research can provide strategic input for the formulation of more responsive and sustainable health policies in achieving equitable and inclusive national health development.

The existing conditions that make JKN Coverage in Banten Province to be studied in this research proposal, among others: The right to health, recognized in national and international law, should guarantee universal health access. However, the implementation of the National Health Insurance (JKN) in Banten Province still shows inequalities. Although coverage has reached 96.54%, some segments of the population remain unprotected. In Serang District, for example, the JKN participation rate is only 84.65%, the lowest in the province. This indicates the need for more in-depth analysis of factors such as access to health services, JKN socialization, economic barriers, and coordination between local governments, service providers, and JKN implementing agencies.

Another existing condition found is that Law No. 36/2009 requires local governments to allocate a minimum of 10% of the APBD to the health sector to support the achievement of Universal Health Coverage (UHC). However, this target has not been fully achieved. In Serang District, Banten Province, the health budget in 2023 only reached 9.8% of the APBD, below the minimum threshold. The complexity of budgeting approaches involving technocratic, political, participatory, bottom-up and top-down aspects often leads to uncertainty in budget priorities and inconsistency in the allocation of health funds.

There are several studies that discuss the Health Insurance policy, but this study will focus on analyzing the exploration of the impact for Indonesia's development. This article is organized by discussing several sections. In the first section there is an introduction that contains the

background of the research. Then the second part is a literature review that contains an explanation of theoretical concepts. Then the third part is the research method. Then the fourth part is the results and discussion. And the last part is closed with a conclusion.

Literature Review

Collaborative governance is defined as a governance arrangement in which one or more public institutions directly engage non-state stakeholders in a formal, consensus-oriented, deliberative collective decision-making process aimed at making or implementing public policies or managing public programs or assets (Ansell & Gash, 2008). This collaborative concept is also the involvement of institutions that are starting a cooperative effort and provide the initiative of each institution (stakeholders) to determine and define a goal, assess results, make changes and so on. Another definition related to collaborative governance was also presented by Stoker in (Ansell & Gash, 2008). Stoker argues that collaborative governance is governance that refers to the rules and forms of collective decision making. In the definition of Collaborative Governance according to Ansell & Gash, it is emphasized that there are six important criteria in collaborative governance, namely:

a. Forum initiated by a public agency or institution

b. Forum participants must include non-public actors

c. Participants are directly involved in the decision-making process

d. The forum is formalized and held collectively

e. The forum aims to determine a common decision or consensus

f. The focus of collaboration is on public policy and public management

Schottle, Haghsheno and Gehbauer compared the factors that influence autonomy, cooperation and collaboration. The final conclusion explained that the strongest factors affecting collaboration consisted of willingness to compromise, communication, commitment, trust, information exchange, knowledge sharing, and mutual willingness to take risks, while the weakest factors were the emergence of potential conflicts, coordination, control, partnering, and independence. (Schöttle et al., 2014).

There are seven main variables in collaborative governance according to Schottle and friends, namely willingness to compromise, communication, commitment, mutual trust, information exchange, knowledge sharing, and joint willingness to take risks. Through these seven variables, it is expected to be able to determine the extent of collaborative governance in increasing health insurance coverage in Serang Regency, Banten Province. The following is a further explanation of these variables, (Schottle, Haghsheno and Gehbauer, 2014).

a. Willingness to Compromise

b. Communication

c. Commitment

d. Mutual Trust

e. Transparency/Exchange of Information

f. Variety of Knowledge

g. Willingness to Take Risks

Methods

In this study, researchers used a qualitative approach which according to Creswell qualitative research is a method for exploring and understanding the meaning that a number of individuals or groups of people ascribe to social or humanitarian problems (Creswell J. W., 2014). Furthermore, the qualitative approach used in this research is based on phenomenology which is defined as a study that seeks to analyze descriptively and introspectively about all forms of human consciousness and experiences in sensory, conceptual, moral, aesthetic, and religious aspects that seek to capture the various impacts of health insurance management issues in Banten Province.

The qualitative research analysis model used in this study consists of a series of procedures as described by (Miles, 2014). The first step is data collection. The data used is secondary data, which covers the topic of BAPPEDA's Strategic Role in Improving Health Insurance Coverage in Banten with indirect sources collected through government publication reports, scientific articles, and newspaper articles. The data collection intends to facilitate research and analyze properly and correctly so as to obtain conclusions and final answers that are able to answer research questions. Data condensation is a process that involves selecting, focusing, simplifying, abstracting, and/or transforming data from various sources. Then data display is an activity of presenting information from data obtained and organized, then given content. And finally, conclusion drawing or verification is the closing stage carried out by drawing conclusions and verifying them so that they can be credibly accounted for and scientifically recognized.

Research and Discussion

Research Result

The implementation of the National Health Insurance (JKN) in Indonesia began with the highest legal framework in the form of Law No. 40/2004 on the National Social Security System (SJSN). This law became the initial foundation for a social security system that covers various aspects of protection, including health insurance, for all Indonesians. Through Law No. 24/2011, the government established the Social Security Administration Agency (BPJS) to administer the health insurance program, where BPJS Kesehatan is responsible for running the JKN program throughout Indonesia. This regulation was later strengthened by Presidential Regulation No. 82/2018 on Health Insurance, which regulates in more detail the implementation of JKN, including membership mechanisms, financing, and sanctions for those who are not registered. This regulation also provides guidelines for local governments to support the implementation of JKN in their respective regions.

JKN membership in Banten Province in 2024 was 12,434,303 people from the total population of Banten Province of 12,469,997 people or has reached 99.71%. There are 3 (three) districts and 1 (one) city where JKN participation is not yet 100%, the distribution by district / city is presented in the following table:

No	***Kab/Kota***	***Population Number SMTH/2023***	***Participant Coverage***			***% Coverage***	***% Active***
			Active	**Deactivated**	**Total**		

1	Kab. Lebak	1.494.976	1.117.518	337.905	1.445.423	97,35%	74,75 %
2	Kab. Pandeglang	1.401.797	970.234	364.743	1.334.977	95,23%	69,21 %
3	Kab. Serang	1.730.532	1.116.035	443.167	1559.202	90,10%	64,49 %
4	Kab. Tangerang	3.309.365	2.563.806	825.121	3.388.927	102,40 %	77,47 %
5	Kota Cilegon	470.378	370.435	99.060	469.495	99,81%	78,75 %
6	Kota Serang	735.651	515.539	211.822	727.361	98,87%	70,08 %
7	Kota Tangerang	1.912.679	1.650.404	276.603	1.927.007	100,75 %	86,29 %
8	Kota Tangerang Selatan	1.414.619	1.096.588	329.275	1.425.863	100,79 %	77,52 %
GRAND TOTAL		**12.469.997**	**9.400.559**	**2.887.696**	**12.288.255**	**98,54%**	**75,39 %**

Table 1. JKN distribution in Banten Province as of July 2024

Source: Proceed by author, 2024

Discussion

There are seven main variables in collaborative governance according to Schottle and friends, namely willingness to compromise, communication, commitment, mutual trust, information exchange, knowledge sharing, and joint willingness to take risks. Through these seven variables, it is expected to be able to determine the extent of collaborative governance in increasing health insurance coverage in Serang Regency, Banten Province. The following is a further explanation of these variables, (Schottle, Haghsheno and Gehbauer, 2014).

1. Willingness to Compromise

Willingness to compromise is done with two or more parties with the aim of minimizing conflict misperceptions from either party. At the heart of collaboration is conflict management, which focuses on finding a compromise that will make all parties feel as though they are getting their way. The nature of compromise is that the parties involved have a willingness to feel and understand each other's circumstances, (Widyastuti, 2017). Collaboration and agreement in national health insurance in Banten province must collaborate with regional areas in Banten province. Collaborative efforts involve local governments, BPJS Kesehatan, and service providers to ensure equitable access to quality health services. Lebak district, for example, adopted good governance principles in the management of JKN, which is relevant for improving synergy between related parties.

2. Communication

Communication in collaboration is important as it can identify issues such as misperceptions or miscommunication as quickly as possible. Effective communication can also be done online through certain platforms. In the context of JKN in Banten, communication is often a major challenge due to different perceptions between the local government and BPJS regarding financing management and budget allocation. For example, miscommunication can occur in coordination between local health facilities and BPJS regarding claim payments and administrative procedures. To address communication challenges, Banten Province has started using online platforms to facilitate discussions and information sharing between stakeholders. One example is BPJS Kesehatan's implementation of the Mobile JKN application that allows the public to access health information, register for services, and report complaints directly. This use of technology helps to increase transparency and speed up the resolution of administrative issues.

3. Commitment

A key element of collaborative success is commitment. It takes a lot of commitment to collaborate, but if done right, collaboration can also result in shared commitment. This means that the success of a collaboration will rise and fall with the level of commitment brought by the stakeholders involved. Successful collaboration requires commitment in the form of active contribution, resource allocation, and ongoing support from all parties. In the JKN program, commitment is seen through the involvement of local governments in funding health services, providers who strive to meet patient needs, and BPJS Kesehatan, which is responsible for financing and membership management.

4. Mutual Trust

Mutual trust must be evident in the relationship in how work is done, how words are spoken, and how results are accounted for. Without trust, collaboration falls apart quickly and, at times, irreparably. To ensure the sustainability of JKN in Banten Province, concrete steps are needed to build and maintain trust, such as: (1) Increased Transparency, (2) Effective communication, (3) Monitoring and evaluation, (4) Maintaining Accountability, (5) Allocating additional budget to improve the quality of the health insurance program.

5. Transparency/Information Exchange

Transparency/information exchange is a principle that guarantees access or freedom for everyone to obtain information. Transparency will have a positive impact on collaboration, increasing the accountability of stakeholders so that control of the authorities will be effective. In Banten Province, with a population of more than 12 million, the implementation of JKN faces major challenges, including the issue of transparency, in the context of JKN transparency can include, (1) Submission of Information, (2) Claims and Payment Process, (3) Evaluation and Accountability. Efforts to improve the transparency of the Banten Provincial Government include, (1) Development of Digital Information Systems, (2) Socialization and Education, (3) Transparency of the Claims Process, (4) Evaluation and Open Reporting.

6. Knowledge Sharing

Sharing knowledge in a collaboration can help increase the value offered to stakeholders. Collaboration will be able to provide answers faster or shorten the time needed to fix the problems faced. Knowledge sharing can be in the form of socialization and education. Ways that

can be done in socialization and education include holding information campaigns through local media, such as radio, television, and social media, to explain the rights and obligations of JKN participants. In addition, conduct training for health workers to provide accurate information to participants.

7. Willingness to Take Risks

In collaboration, facing risks is challenging because taking risks is associated with creativity and innovation and is an important part of turning ideas into reality. Risk-Facing Principles in JKN Risk-facing is a process that involves analyzing, managing, and making decisions amid uncertainty. In the context of JKN, this principle includes: (1) Risk Identification, (2) Risk Management, (3) Innovation and Creativity.

The implementation of JKN in Banten Province faces several challenges, including inequality in membership coverage, where although JKN coverage has reached 96.54% provincially, there are still inequalities in some areas such as Serang District which has a lower participation rate than other areas. In addition, there are budget constraints, where APBD allocations for the health sector in some districts/cities, such as Serang District, are still below the minimum 10% limit set by Law No. 36/2009. Another challenge is the inadequate capacity of health facilities in remote areas both in terms of quality and number to meet the health service needs of the community. The low level of public awareness about JKN benefits and mechanisms is also a significant obstacle in increasing participation and service utilization.

In an effort to overcome these challenges, the government and policy makers in Banten have taken several strategic steps. This includes increasing the capacity of health facilities, both in terms of infrastructure and health workers. In addition to this, some of these efforts can be described as follows,

a. Dynamic Centralization Policy Formulation

This approach allows regions to tailor policies to local needs, for example in islands or underdeveloped regions. This approach provides flexibility for regions to participate in the decision-making process related to JKN implementation, while remaining integrated nationally.

b. Centralized but Participatory Financing Management

The central government manages financing centrally with indicators that have been agreed upon with the regions. This is done to reduce overlapping authority between the central government, regions, and BPJS. In addition, financing management can be allocated using APBD funds to support health services through strict supervision of claims and use of funds.

c. Improvement of Data System and Recipient Target

Improvements to the data system and target recipients are intended to address portability issues for residents who move. There must be data integration between regions to ensure accuracy, validity, and updating of target recipient data.

d. Standardization of Management and Service Delivery

Uniformity of service mechanisms to prevent differences in quality between regions. In addition, bridging the gap between regions in the pattern of benefit packages offered.

Conclusion

The implementation of the National Health Insurance (JKN) in Banten Province has had a positive impact on public health development, including in improving access to health services, reducing the burden of health costs, and improving health quality. Data shows that JKN membership coverage in Banten has reached 98.54% as of 2024, but there are still inequalities in participation in some areas such as Serang Regency, which has a participation rate of only 90.10%. This indicates the need for special attention to achieve equitable access to health across all districts and cities in Banten.

Strategic efforts such as increasing transparency through information digitization, strengthening collaboration between stakeholders, and implementing collaborative governance are showing promising results. The use of the Mobile JKN application, health facility development, and data integration between regions have helped overcome some of the barriers to JKN implementation. However, to ensure the sustainability of the program, innovative approaches such as dynamic centralization of policies, centralized yet participatory financing management, and standardization of health service delivery are needed.

By addressing these challenges, JKN in Banten Province has great potential to further support the achievement of equitable and inclusive Universal Health Coverage (UHC). A strong commitment from all parties, including the local government, BPJS Kesehatan, health service providers, and the community, is the key to success in creating a sustainable and equitable health system.

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