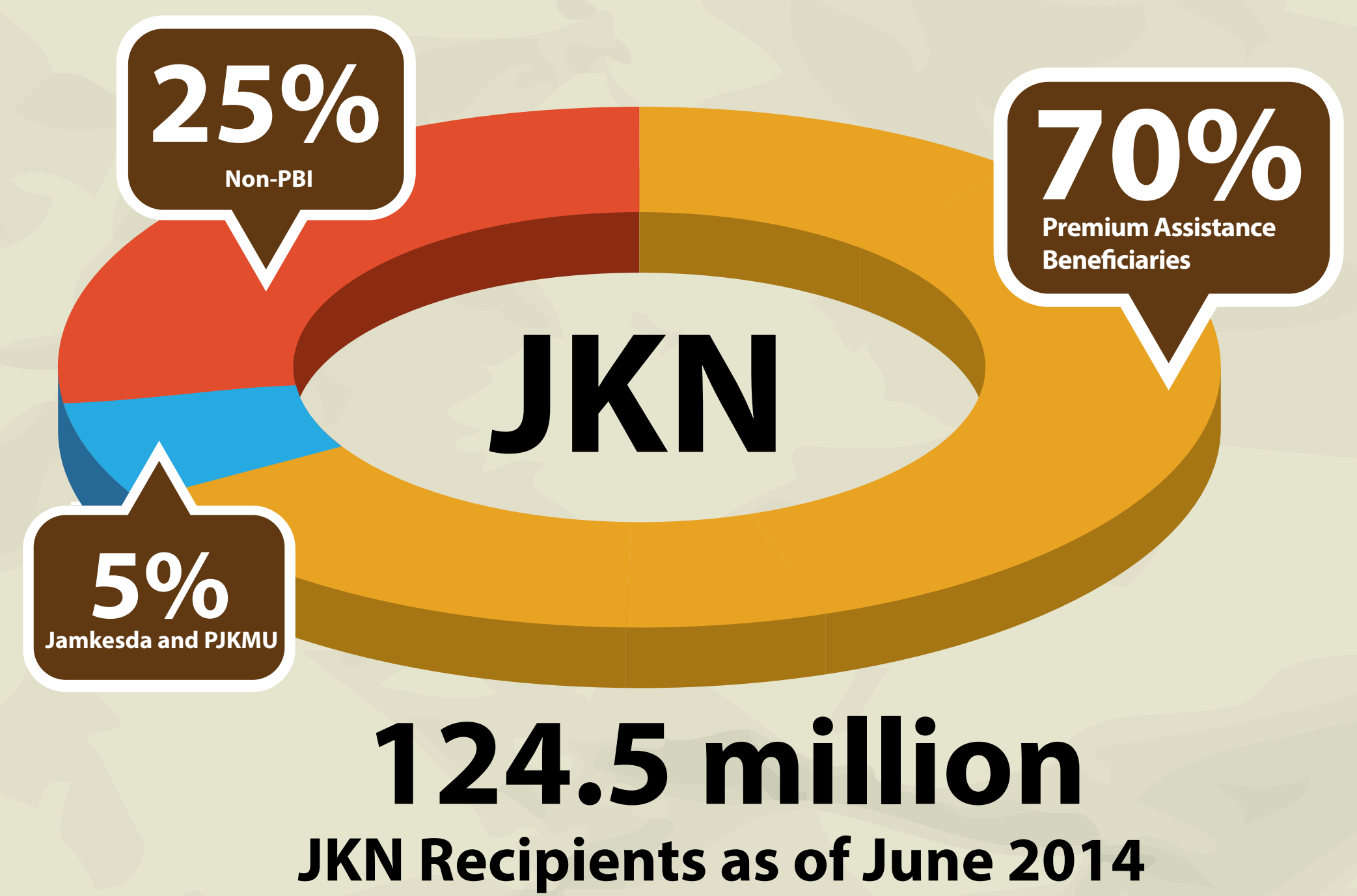


STRENGTHENING NATIONAL HEALTH INSURANCE

In 2005, the government launched its programmes of National Health Insurance (Jamkesmas), which aims to improve access to healthcare and health-related services by the poor and vulnerable. However, a lack of public awareness of Jamkesmas benefits and unequal access to healthcare services means that participants did not use healthcare facilities optimally.

JKN is the forerunner in the development of social assistance for health, in line with Law Number 40 of 2004 on National Health Insurance. This law helped kickstart general reforms to national health insurance in Indonesia. Such reforms have had a huge impact, as previous programmes were limited and overlapping in nature, benefits were not optimal and coverage was partial by only reaching a small portion of the population.

Targeting did not use standardised methods, leading to complaints about significant mistargeting. Data from Susenas in 2009 shows that only around 33% of targeting was accurate.



ROLES OF TNP2K

1 ENCOURAGE POLICY AND LEGAL REFORMS



Provided input and technical assistance in drafting of Law Number 24 of 2011 on BPJS, under the **mandate, among other things, to establish two administrative bodies on social assistance**. BPJS Health began operating on 1 January 2014, while the social assistance managing agency for manpower will begin on 1 July 2015.

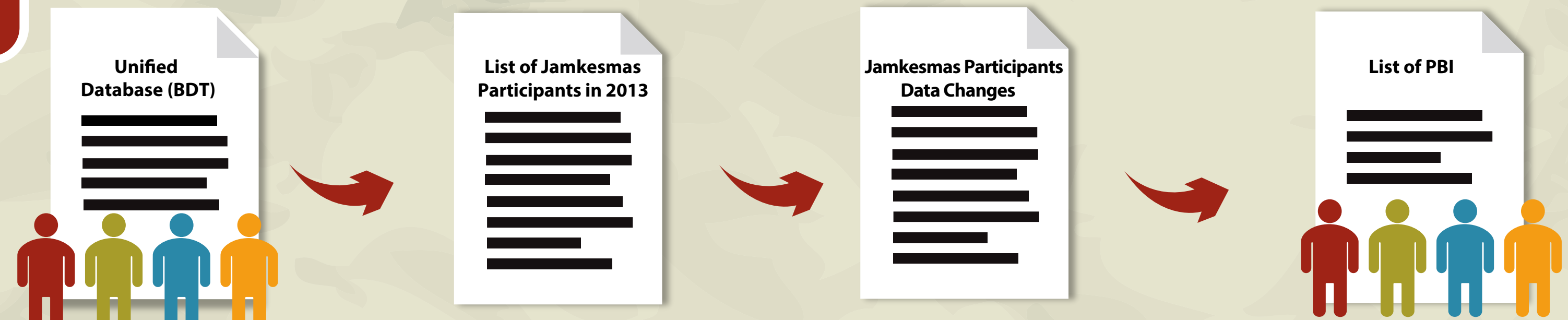
3 SUPPORTED ESTIMATIONS OF INSTALMENTS TO BE PAID BY PBI

Rp 6,000 /person/month → **Rp 19,225** /person/month

Developed a model for calculating instalments in 2011 that served as the basis of **agreed amounts for National Health Insurance PBI, ranging between Rp 6,000/person/month to Rp 19,225/person/month**.

Developed a simple Microsoft® Excel-based tool to assist programmes implementors in conducting trials on PBI instalments calculations and studies. The instrument was given to all stakeholders. In addition, TNP2K created technical guidelines on the estimated calculations of PBI instalments for JKN as well as guidelines on the use of instruments for calculating estimated PBI instalments for JKN.

2 ENCOURAGE IMPROVEMENTS TO TARGETING

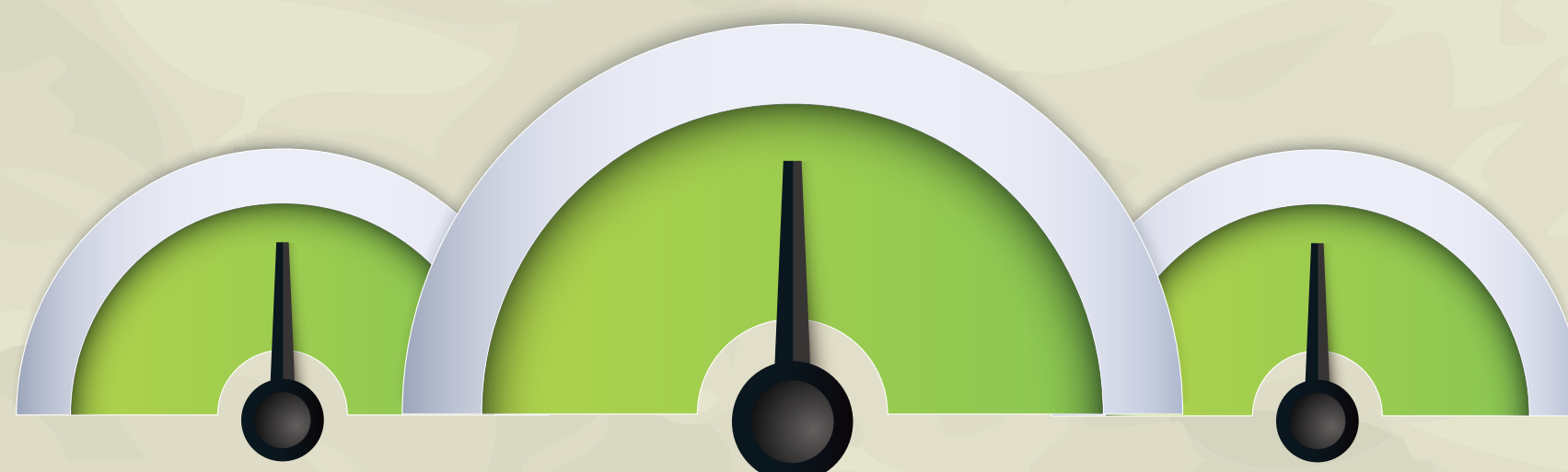


Played an important role in drafting government regulations on Premium Assistance Beneficiaries (PBI) to accommodate improvements in PBI targeting/data for National Health Insurance.

Encouraged the use of information contained in the Unified Database to target Jamkesmas beneficiaries in 2013, which equaled 86.4 million people. Jamkesmas beneficiaries can access other social assistance programmes, such as BSM, Raskin and BLSM.

Provided technical assistance on the implementation of Circular Letter Number 149 of 2013 from the Ministry of Health on the Amendment of Data for Jamkesmas Participants. Updated data will be used to create the PBI list.

4 DEVELOP TOOLS TO ILLUSTRATE THE USE OF HEALTH SERVICES AT HOSPITALS



Developed **Management Information Systems (SIM)** that **display multiple indicators related to the use of health services** in hospitals, using data from Jamkesmas claims. SIMs may be used either at the central level or in hospitals in remote areas to show the spread of diseases.

5 CALCULATE THE PREPAREDNESS OF NATIONAL HEALTH PERSONNEL



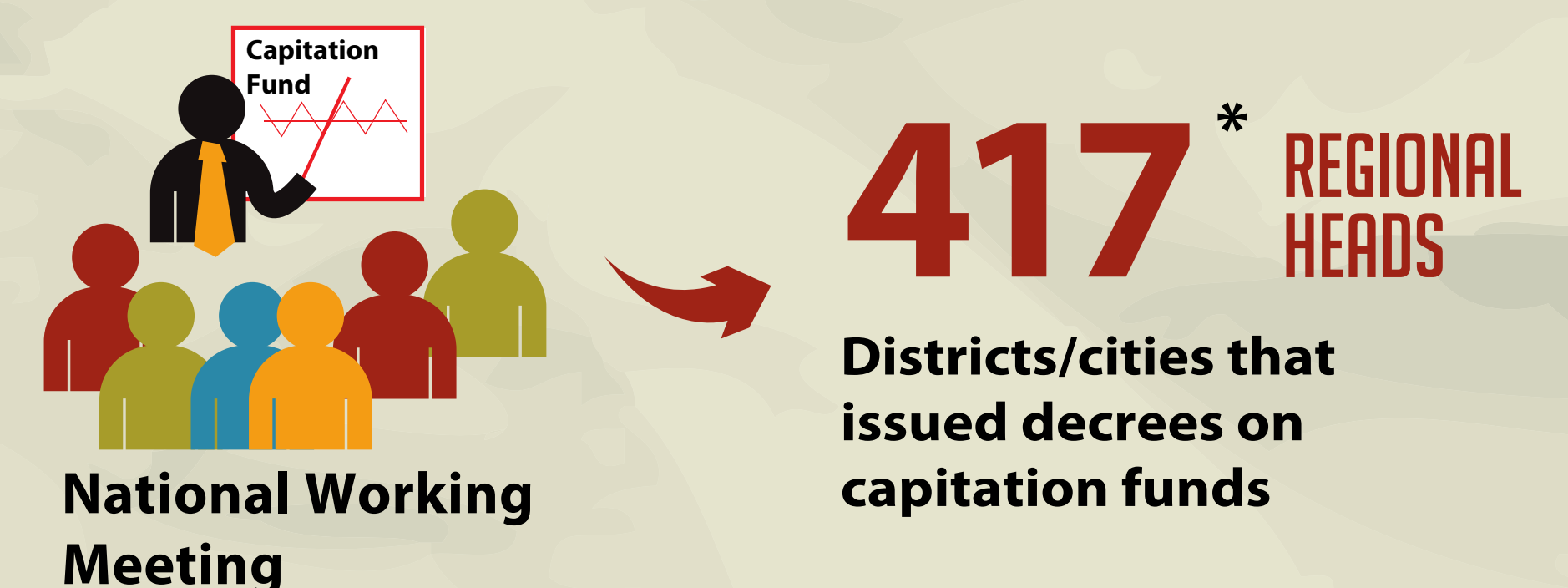
Developed a model to calculate the preparedness of health personnel using **System Dynamic Modelling** so as to reveal gaps in the national number of health personnel.

6 PROVIDE SUPPORT IN DRAFTING AND DISSEMINATING PRESIDENTIAL REGULATION ON CAPITATION FUNDS



Encouraged the issuance of **Presidential Regulation Number 32 of 2014** on the Management and Use of Capitation Grants for Quality Improvement in Front Line Services, together with the Ministry of Health, Ministry of Finance, BPJS Health, Finance and Development Supervisory Agency, State Audit Agency and other ministries/agencies under the coordination of the Vice President. The regulation provides rules to improve the management and use of capitation grants at non-BLUD community health centres to support implementation.

Encouraged the issuance of technical regulations on capitation grant management through **Minister of Health Regulation Number 19/2014** and **Minister of Home Affairs Circulation Letter Number 990/2280/SJ**. Both enable BPJS Health to pay capitation grants directly to the treasurers at community health centres through capitation grant accounts at community health centre, as per the number of registered participants. It is hoped that the capitation grants can be used directly to improve quality of health services at non-BLUD community health centres.



* as per August 2014

Encouraged and gave technical assistance to BPJS Kesehatan to perform a national working meeting with all local governments to disseminate and strengthen local government commitments in implementing JKN. In the working meeting, the Ministry of Home Affairs and BPJS Kesehatan signed a Memorandum of Understanding on the optimised roles of local governments in JKN programmes implementation. **125 district heads/mayors are ready to implement this policy.**



National Health Insurance (JKN) demonstrates the government's commitment in providing health insurance to all Indonesians. It is hoped that JKN can improve the health levels of its citizens, including the poor and vulnerable, so that the productivity of family economies can increase and intergeneration cycles of poverty can be broken.