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ANALYSIS OF HEALTH FINANCING PRINCIPLES IN SUPPORTING UNIVERSAL HEALTH COVERAGE IN INDONESIA: LITERATURE REVIEW

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ABSTRACT

Background: Health financing is one of the focuses in the National Health System Reform major project in the 2022 Government Work Plan. However, obstacles have been found in health financing in Indonesia, including a lack of promote and preventive financing; less non-governmental involvement; and weak development of national health insurance (JKN) services. **Purpose:** To understand the principles of health financing for the realization of universal health coverage. This principle uses the concept of Kutzin et al (2017) and Atim et al (2021), namely revenue raising; pooling revenues; purchasing services; benefit design and rationing mechanism; and governance and institutional arrangements, including decentralization. **Method:** Focuses on the principles of health financing by utilizing secondary data sources through qualitative methods. The data sources were obtained from scientific journals, official government reports, related web pages, and others. **Results:** The effectiveness of increasing income for health financing cannot yet be measured. Revenue collection was found to overlap with health financing sources. There was a deficit for the JKN budget, and the community was not disciplined in paying contributions in purchasing services and distribution mechanisms. For the principle of decentralization, regional governments still depend on the central government in planning and budgeting health financing. **Conclusion:** The principles of health financing in Indonesia are not yet optimal in practice. This article contributes to looking at the gaps in information regarding the government's commitment to universal health coverage.

Keywords: universal health coverage, health financing, health system

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INTRODUCTION

The government should provide due consideration to national health as it is a crucial pillar that impacts various sectors, including social, economic, and community welfare (Setiawan *et al*., 2022). One of the Indonesian government's priority programs, "Increasing Access and Quality of Health Services," is focused on the health sector in the 2020 Government Work Plan (RKP). The Covid-19 epidemic, which has been going on since the start of the first quarter of 2020, is the reason for the changes made to health-related programs in the 2021 RKP. These modifications are part of the proposed Major Project Strengthening the National Health System, which is included in Presidential Regulation Number 122 of 2020 about Updating the 2021 RKP. Furthermore, for the 2022 RKP as stated in Presidential Regulation Number 85 of 2021 concerning the Government Work Plan for 2022, there is a major project related to the health sector, namely National Health System Reform. This concept was born as a lesson from controlling the Covid-19 pandemic; and responding to conditions and health systems that are not yet good (Direktorat Kesehatan dan Gizi Masyarakat, 2022).

The Covid-19 pandemic portrayed the continued weakness of Indonesia's National Health System (SKN), as evidenced by the subpar execution of testing, tracing, and tracking; as well as the low mobilization of health resources, including medical facilities, necessary medications, healthcare personnel, labs, and most importantly, health financing (Direktorat Kesehatan dan Gizi Masyarakat, 2022). Points related to health financing are vital in achieving health goals from the regional level (district/city and provincial) to the national level (Setiawan *et al.*, 2022). A new pandemic needs to be prepared for, but it also needs to be implemented in the health system to ensure that everyone has easy access to healthcare, regardless of their financial situation (Haldane *et al*., 2021)

Health financing plays a role in the realization of UHC. According to Setiawan *et al.* (2022), this is consistent with the government's objective of achieving universal health coverage (UHC) through health finance, which has been in place for the past 20 years (Setiawan *et al.*, 2022).. The National Health Insurance program was created in 2014 as a means of achieving this objective. JKN is a gauge of Indonesia's progress in improving health, especially in terms of health funding. The existence of JKN may reduce people's independence in terms of how much they spend on access to healthcare. Moreover, funding for the health sector comes from a variety of sources. There exist four primary funding sources for the health industry: government money, private sector funding, health insurance funding, and external funding (Kutzin, 2008; Mills & Gibson, 1988).

Kwon and Kim (2022) stated that the Covid-19 pandemic has exposed the structural weaknesses and gaps in health systems in all countries. The impact of Covid-19 on access to health services is experienced significantly for vulnerable groups such as women, children, people with disabilities, the elderly and other minority groups. Besides that, health workers on the front line face physical and mental fatigue, because they are at greater risk of being infected with the virus. The Covid-19 pandemic requires sustainable financing for health system resilience.

Anjomshoa *et al.* (2021) argued that the health financing system has a key role in achieving Universal Health Coverage (UHC) throughout the world. However, few countries know about the best way to monitor the progress of health financing systems towards UHC, especially for low- and middle-income countries. It is essential to evaluate the present situation in order to pinpoint opportunities, threats, and strengths and weaknesses in order to improve the development and application of health finance policies.

Cali *et al.* (2018) claimed that the development of treatments as well as the prevalence of communicable and non-communicable diseases have driven up health care expenses worldwide. Governments are therefore under pressure to provide more funding for healthcare in order to safeguard their populace. All WHO member nations, including those with low and intermediate incomes, view achieving universal health services as the primary objective, and as such, they are investigating methods for financing healthcare (Boubacar, 2021).

Health financing is a core function of the health system in achieving universal health

coverage (UHC) by providing effective financial services (WHO, 2022). The existence of UHC provides the same quality of service to everyone as needed, without experiencing financial difficulties. The services provided include promote, preventive, curative and rehabilitative (WHO, 2022).

However, practically, health financing in Indonesia still finds various obstacles in its management, including a lack of promote and preventive health financing (Direktorat Kesehatan dan Gizi Masyarakat, 2022); lack of non-governmental involvement in health financing mechanisms; National Health Insurance (JKN) is lacking in service development, this is an obstacle to curative and rehabilitative efforts (Setiawan et al, 2022); and the mechanism system for measuring the effectiveness of health financing in Indonesia is not yet optimal (Direktorat Kesehatan dan Gizi Masyarakat, 2022).

A crucial first step toward achieving universal health coverage (UHC) is to promote and preventative initiatives without discounting therapeutic and rehabilitative measures; nevertheless, the lack of actual health financing impedes these efforts. The APBN provides the lion's share of the preventive-motive budget, with a nominal sum of 12.3% in 2018 (Soewondo, 2020). More money is spent by the government on medical treatments than on preventative measures. The non-government (private) sector's lack of participation in the mobilization of health funds is the cause of the lack of money for preventive and promotional healthcare (Direktorat Kesehatan dan Gizi Masyarakat, 2022). The private sector plays an important role in the framework of the national health system (SKN) (Setiawan *et al.*, 2022). The private sector is one of the subjects that should play a role in health development in Indonesia.

Apart from that, the services offered by Indonesia's National Health Insurance (JKN), which places a high priority on curative and rehabilitative care, are still lacking. Even with JKN's adherence to UHC standards, there is a disparity in access to healthcare among Indonesians (Direktorat Kesehatan dan Gizi Masyarakat, 2022). Within the JKN scheme, hospitals are billed based on case-based groupings; first level health facilities (FKTP) are paid by capitation. Hospitals have little motivation to contain expenses, but these processes give primary healthcare facilities a reason to refer patients to them. This has the impact of high health costs for simple cases in hospitals, and low utilization of basic health services (Direktorat Kesehatan dan Gizi Masyarakat, 2022). The absence of ideal mechanism mechanisms for gauging the efficacy of Indonesia's health financing is a further issue. In addition, there are several sources of funding and it is impossible to determine how much of them overlap with one another (Direktorat Kesehatan dan Gizi Masyarakat, 2022).

An examination of the fundamentals of health funding is required in light of the issues with health financing in Indonesia that impede the achievement of universal health care. The concepts from Kutzin *et al.* (2017) and Atim *et al.* (2021) will be used by the authors to analyze these financing principles. These concepts include: 1) raising revenue; 2) pooling revenues; 3) buying services; 4) benefit design and rationing mechanism; and 5) governance and institutional arrangements, including decentralization.

As an update to previous study, the concepts from Kutzin *et a.l* (2017) and the combination of concepts from Atim *et al.* (2021) are used. Specifically, for the Indonesian state, which promotes the concept of decentralization in the government process, the principles of governance and institutional structures, including decentralization, highlight the importance of regional governments in financing health care.

This research aims to understand the principles of health financing in Indonesia for the realization of universal health coverage. The authors will analyze these financing principles using concepts from Kutzin *et al.* (2017) and Atim *et al.* (2021) regarding the principles of health financing in supporting universal health coverage. This reserach contributes to looking at the gaps in information regarding the government's commitment to universal health coverage, but the development process faces challenges.

METHOD

Literature Search Strategy

According to Neuman (2018), methodology can be defined as understanding

the entire research process, including data collection, data analysis, and reporting results. Qualitative research methods were used to find out the principles of health financing to realize universal health coverage. The data collection method was carried out using a literature review, namely by collecting secondary data obtained from books, scientific journals, statutory regulations, government reports, reportage and online news. A review of the literature with an emphasis on points of study was pertaining to fundamentals of health funding policy. Specifically, the idea from Kutzin *et al.* (2017) and Atim *et al.* (2021) which was comprising of revenue raising, revenue pooling, purchasing services, benefit design and rationing mechanism, governance and institutional arrangements, including decentralization, was used by the author for data collection and analysis within the WHO framework on health financing.

Analysis

The data was analyzed qualitatively using the interactive model of Miles, Huberman & Saldana (2018) including data condensation, data presentation, drawing conclusions and verification. Sorting, abstracting, and concentrating the collected data was the process of data condensation, which produced outcomes that were understandable and unambiguous. The data was presented in a way that facilitates interpretation; in this research, the data was presented both narratively and visually. In order to proceed with the process of drawing findings, the last step involved making conclusions and confirming that the facts and information gathered are enough (Miles *et al*., 2018).

RESULT

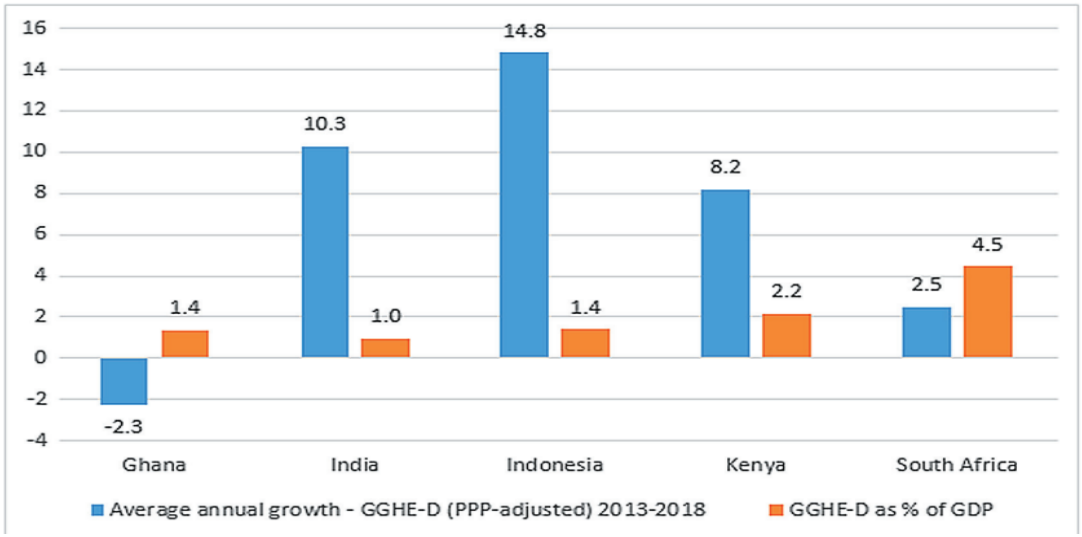
Health financing is one of the main components in the health system. Health financing is vital in achieving health goals from the regional level (district/city and provincial) to the national level (Setiawan *et al*., 2022). In order for Indonesia to achieve a national health system and achieve Universal Health Coverage (UHC) in line with the government's agenda through the RPJMN (2020–2024), health financing is a crucial component. Thus, in order to achieve universal health coverage (UHC) in Indonesia, health funding concepts are required. The principles of Kutzin *et al*. (2017) and Atim *et al*. (2021) can be used to examine the fundamentals of health financing for universal health coverage. These principles include: 1) revenue raising; 2) revenue pooling; 3) service purchasing; 4) benefit design and rationing mechanism; and 5) governance and institutional arrangements, including decentralization.

Revenue Raising

The first principle of revenue raising or increasing income depends on the funding source (Kutzin *et al*., 2017). Revenue collection, or the process of gathering money from the government (federal or local), taxes (general or specific), loans, and/or other sources with provisions, is the first step in increasing the national health system's revenue based on the relevant law. Inflation, demand, scientific and technological advancements, shifts in disease patterns, modifications to health services, abuse of health insurance, and other factors have an impact on the growth in health revenue (Setyawan, 2015).

The increase in revenue for health is contained in the Health Law, which states that the budget allocation must be 5% of the APBN and a minimum of 10% of the APBD for health. According to the Direktorat Kesehatan dan Gizi Masyarakat (2022), there has not been an assessment conducted on the effectiveness and relevance of the health budget's use in practice yet. The data from Atim *et al. (*2021) showed that Indonesia's health spending grew between 2013 and 2018, a trend that can be attributed to the country's strong economic expans.

Based on the graph below, it can be seen that Indonesia has increased health spending by 14.8% per year over a period of five years (2013-2018). Rapid growth in health spending came from a low base (Atim *et al.*, 2021). The government was committed to increasing health revenues, especially during the Covid-19 pandemic. The government allocated more than 5% of the APBN budget for handling Covid-19 such as vaccination programs, strengthening 3T (testing, tracing and treatment), providing medicines and incentives for health workers (Sekretariat Kabinet Republik Indonesia, 2021). This data indicates that since the Covid-19 pandemic, the government has raised health revenues with a preventive focus, especially through the 3T and vaccine programs as well as rising earnings as a result of economic expansion.



Source: Atim *et al* (2021)

Figure 1. Growth in health spending and domestic general government health spending 2013-2018

Pooling Revenues

The second principle is pooling revenues or collecting income for health in Indonesia. Revenue collection refers to how the state collects and mobilizes funds (Sparkes *et al.*, 2019). This principle is realized by increasing the redistribution capacity of available funds; reduce fragmentation, duplication, and overlap; and simplify financial flows.

Indonesia is making headway in regard to revenue pooling for universal health coverage (UHC). The National Health Insurance (JKN) program is one of the social health insurance schemes with the highest single payment amount (Atim *et al.*, 2021). Three programs are available in JKN: 1) Access, which is for civil officials; 2) Jamsostek, which is for the business sector; 3) Jamkesmas, which is for poor communities formed by the central government; and 4) Jamkesdas, which is for poor communities established by the regional government. JKN served 215.7 million people as of January 2019, or around 81% of the entire population. Since JKN aims to generate revenue, it represents a type of health financing reform in Indonesia (Atim *et al.*, 2021).

It still appears to be challenging to reduce Indonesia's health financing's fragmentation, duplication, and overlap. For instance, health finance for treating stunted children comes from multiple sources, including Ministry/Agency spending, special allocation funds, and the APBD, because there is still duplication in health financing from 2015–2022. Furthermore, overlaps have not been anticipated by the health financing system since the beginning of planning (Direktorat Kesehatan dan Gizi Masyarakat, 2022).

This data indicates that the primary focus of health revenue collection in Indonesia is finance for curative services, with associated challenges. In addition, different institutions still incur financial duplication when treating the same illness.

Purchasing Services

According to (Sparkes *et al.*, 2019)., the third principle of service purchasing evaluates how much provider resource allocation goes toward addressing health service demands. This idea pertains to the goals that will be attained, the populations who will gain, and the method of payment that will be used to finance health care. Purchasing health services can follow both passive and strategic principles (Atim *et al.*, 2021).

Indonesia offers a JKN package for health services that can be used to purchase strategic health services. JKN provides a comprehensive benefits package with a few exceptions; yet, the program lacks adequate funding (Atim *et al.*, 2021). There were 83% of Indonesians will be covered by the JKN program in 2021 (Setiawan *et al.*, 2022). The expenditures of the community's requirement for national health services increased in tandem with the increase of participation.

The JKN program is experiencing obstacles, such as financial deficits, making universal health services difficult to achieve (Djamhari *et al*, 2020). Based on data from BPJS Health, there was a difference between income and expenditure from the JKN program from 2014 - 2019, thus showing a deficit due to this gap. Therefore, the National Social Security Council (DJSN) estimated an increase in the deficit of 86 trillion in 2024 (Djamhari *et al.*, 2020).

The BPJS Health report provided a noteworthy contrast between the amount of money contributed and the amount of health insurance burden incurred in 2017 and 2018. While health insurance costs totaled 84.4 trillion in 2017, contribution income was only 74.2 trillion. In contrast, health insurance costs in 2018 totaled 94.3 trillion, while contribution income was 81.9 trillion (Djamhari *et al.*, 2020). There was also low participant contribution compliance and a very simple and quick activation process for new or returning members of the JKN program. This indicated that a large number of individuals only sign up when they became ill and cease making payments once they got better (Atim *et al.*, 2021).

Based on the explanation above, the principle of purchasing services is more centred on curative and rehabilitative. This can be seen in the beneficiaries and payments in health services that seem to focus on the JKN packages that are already available. JKN is one of the steps in maximising universal health coverage, but is seen to experience budget deficits and is very lax in terms of activation for the community.

Benefit Design and Rationing Mechanism

The fourth principle of benefit design and rationing mechanism, in this principle is related to public awareness in the rights and obligations of the services they receive and what they have to pay (Kutzin *et al.*, 2017).

Benefit design principles relate to policy decisions on entitlements, covering both service and group aspects. Benefit design considers public revenues for individual health services and policy-related use of private revenues for public (WHO, 2022).

In line with principle number three, the health services provided by the JKN programme (a generous package) are disadvantageous to providers. This is because the JKN programme creates a budget deficit due to beneficiary indiscipline in paying contributions, as well as inappropriate incentive mechanisms for primary healthcare facilities (FKTP) and hospitals.

First-level health facilities (FKTP) are paid by capitation, while hospitals are based on case-based groups. Capitation-based financing is a payment that is paid at the beginning of each month by the JKN institution to the FKTP based on the number of registered participants regardless of the type and amount of health services provided. Case-based groups payment, on the other hand, is the payment of claims by JKN institutions to primary healthcare providers for advanced service packages based on disease diagnosis (Setiawan *et al.*, 2022).

The mechanism incentivises primary healthcare facilities to refer to hospitals, while hospitals have limited incentives to control costs. This results in high hospital admissions for simple cases, and low utilisation of primary healthcare services. This creates inequity between primary health care facilities and hospitals (Direktorat Kesehatan dan Gizi Masyarakat, 2022).

This principle focuses on curative and rehabilitative services for beneficiaries. The promotive and preventive aspects are still not maximised.

Governance and Institutional Arrangements, including Decentralization

The fifth principle is governance and institutional arrangements, including decentralisation. In this last principle, decentralisation has put pressure on the limited capacity of local governments to undertake integrated health planning and budgeting. In addition, there is diversified financing and poor data utilisation (Atim *et al*., 2021).

Most health expenditure occurs at the district level, but the central government remains the dominant source of revenue. Local governments are still dependent on the central government for health financing, some instruments such as the balancing funds from the central government have not been optimal in meeting local health needs (Setiawan *et al*., 2022).

Based on Law No. 17/2003, Law No. 1/2004, Law No. 15/2004, and Law No. 25/2004 on the planning and budgeting process, these laws explain the roles of local governments and the central government in the planning and budgeting process. With a decentralised system, local governments cannot ignore their responsibilities by relying on the central government for the planning and budgeting process. Local governments must have their own data and not rely on the central government's data. In addition, the central level has the institutional challenge of strengthening governance and accountability mechanisms for the entire sector and the allocation of functions between the Ministry of Health and agencies for the National Health Insurance.

Based on this, the last principle focuses on the minimal role of local governments in health financing, because they depend on the central government. In this case, local governments should be able to maximise their role to optimise health services at all levels, both for promotive and preventive without neglecting curative and rehabilitative measures. This study is limited to publications that can be accessed, thus there may be publication bias.

DISCUSSION

Health financing is an important element in the achievement of the national health system in Indonesia, with a focus on achieving universal health coverage (UHC) in accordance with the government's agenda through the National Medium-Term Development Plan (RPJMN) (2020-2024). Health financing refers to the management of financial resources to ensure that the health system is able to meet overall health needs. The importance of health financing makes it one of the major projects of the RKP every year, so it is hoped that health financing will be better and can be achieved in realising universal health coverage (UHC). For this reason, it is necessary to look at the principles of health financing in realising UHC.

Revenue raising, in principle, is in accordance with the mandate of the law, health financing of 5% of the state budget (APBN) and a minimum of 10% of the local budget (APBD). However, its effectiveness cannot be measured so that it cannot be ascertained whether it is in accordance with the objectives set. In addition, in terms of increasing revenue, the movement is very visible from the Covid-19 pandemic. In 2020-2021 the government paid special attention to health funds for handling Covid-19. For the principle of pooling revenues, the principle focuses on the National Health Insurance (JKN) as one of the programmes that serves to collect health revenues. In addition, the collection of revenue for health financing is still constrained by overlapping, which can be seen from the existence of health financing from ministries or institutions; non-ministries or institutions; physical Special Allocation Fund (DAK) in the health and family planning sectors; non-physical Special Allocation Fund (DAK); and estimates of other transfer funds, including special autonomy. Therefore, health financing cannot be simplified in terms of its sources.

The principle of purchasing services is related to health services, especially the health services of the JKN generous programme. The programme is an easy programme for the community, but since the beginning of its launch it has experienced a budget deficit due to higher service costs that are not proportional to contribution revenues. In addition, there is indiscipline from JKN participants regarding the payment of JKN contributions. Furthermore, the principle of benefit design and rationing mechanism related to this principle explains that one of the health financing through JKN. This principle is in line with the principle of purchasing services, namely JKN membership experiencing obstacles in its budget, one of which is due to the lack of commitment of participants in paying contributions, so that it has an impact on the implementation of JKN, especially on health facility services and incentives. Finally, for the principle of governance and institutional arrangements, including decentralisation, this principle shows that local governments are still very dependent on the central government in terms of health planning and budgeting, and local governments have poor data systems.

CONCLUSION

Health financing principles for the realisation of universal health coverage in Indonesia according to concepts from Kutzin *et al*, (2017) and Atim *et al.* (2021). The principle of health financing in Indonesia has shown good progress due to the generous programme of the National Health Insurance (JKN) for the community. However, there are still obstacles

related to health financing, especially the overlapping sources of income, the discipline of JKN participants, local governments that are too dependent on the central government, and the lack of involvement of various parties related to this matter.

SUGGESTION

Recommendations related to the principles of health financing in realising universal health coverage include, among others, 1) the development of performance-based incentive schemes for puskesmas / FKTP, especially for promotive and preventive functions; 2) the government must implement the Health Law related to mandatory expenditures that must be allocated by the Central Government and Regional Governments; 3) the contribution of various parties, consisting of the contribution of BPJS Health in the strategic improvement of JKN, and the co-sharing of JKN institutions, performance-based capitation (including the development of SME financing), the contribution of local governments in fulfilling health financing at least 10% of the APBD (outside of salaries) and fulfilling JKN membership coverage, the contribution of non-government parties in health sector financing, and the development of incentives in providing basic health services; and 4) the application of direct taxes to fund health promotion activities (Example of Thailand, in 2001 a 2% tax on tobacco and alcohol consumption for Thailand's health promotion foundation) (ThaiHealth).

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CONFLICT OF INTEREST

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Author Frita Ayu Pribadi was in charge of data collection, data analysis, script writing, and literature review.

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