

STRATEGY AND ROAD MAP
TO ACHIEVE UNIVERSAL COVERAGE
IN INDONESIA

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Challenges

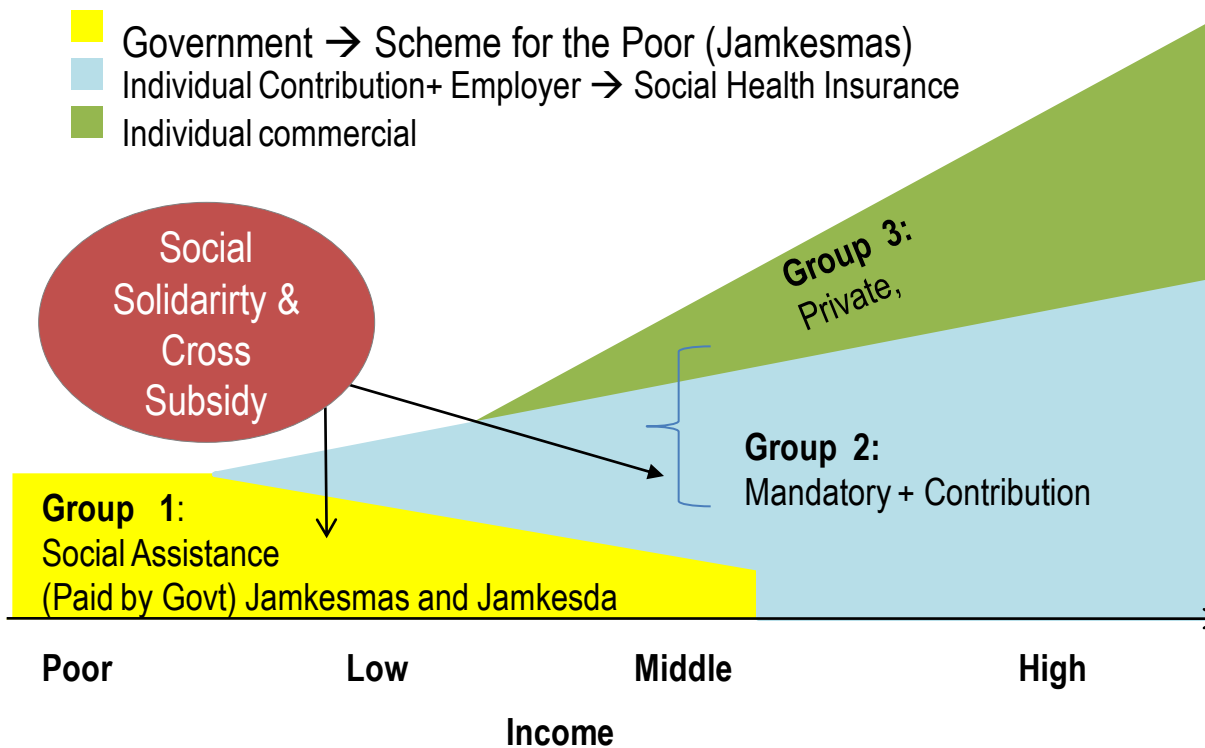
Indonesia Archipelago:

- Number of Island :17,508
- East to West Distance 5,120 Km
(London – Moscow)
- North to South Distance 1,760 Km
- Population 237 Million



Current Social Security in Indonesia

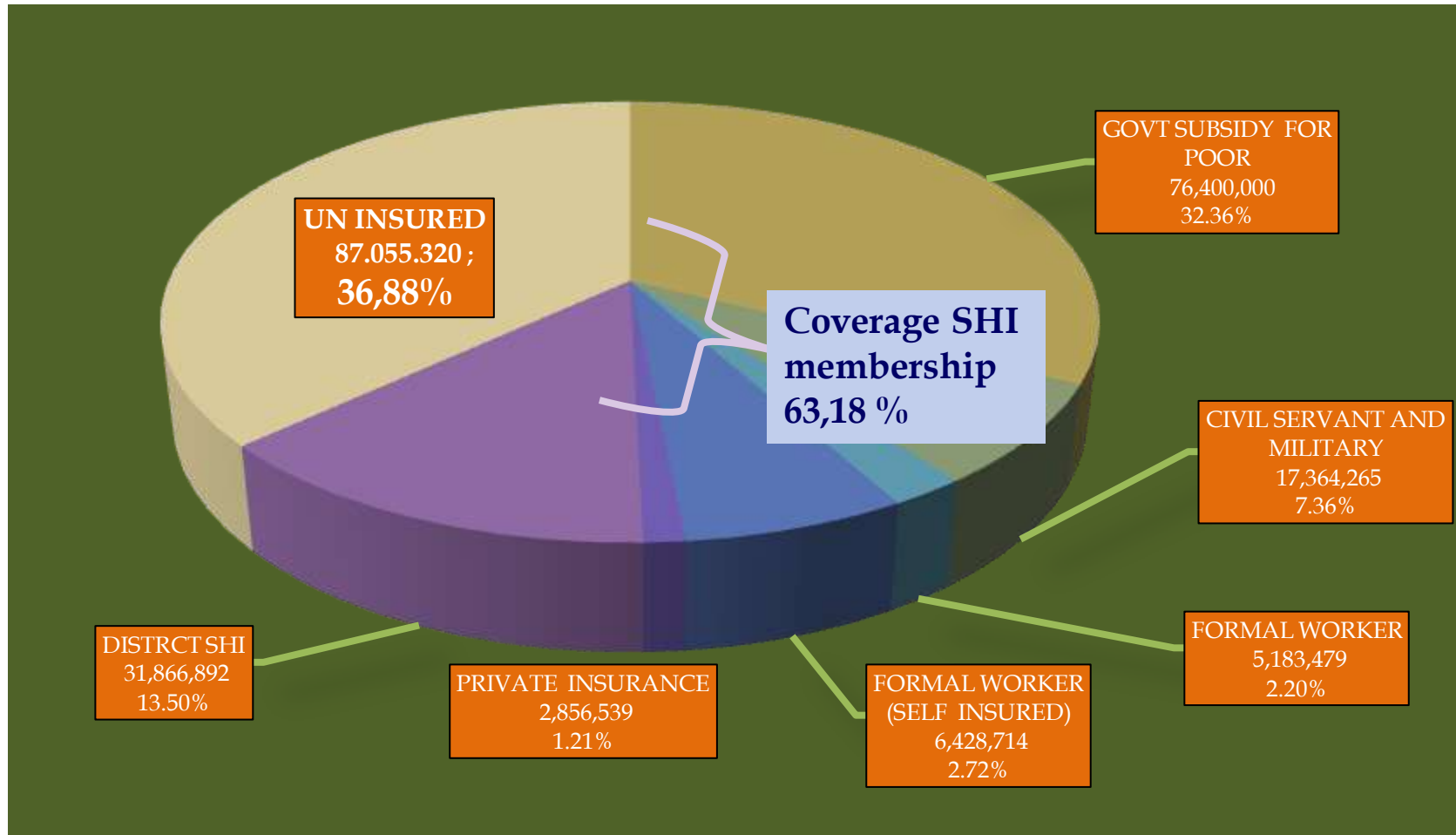
Social Protection Financing



Principles:

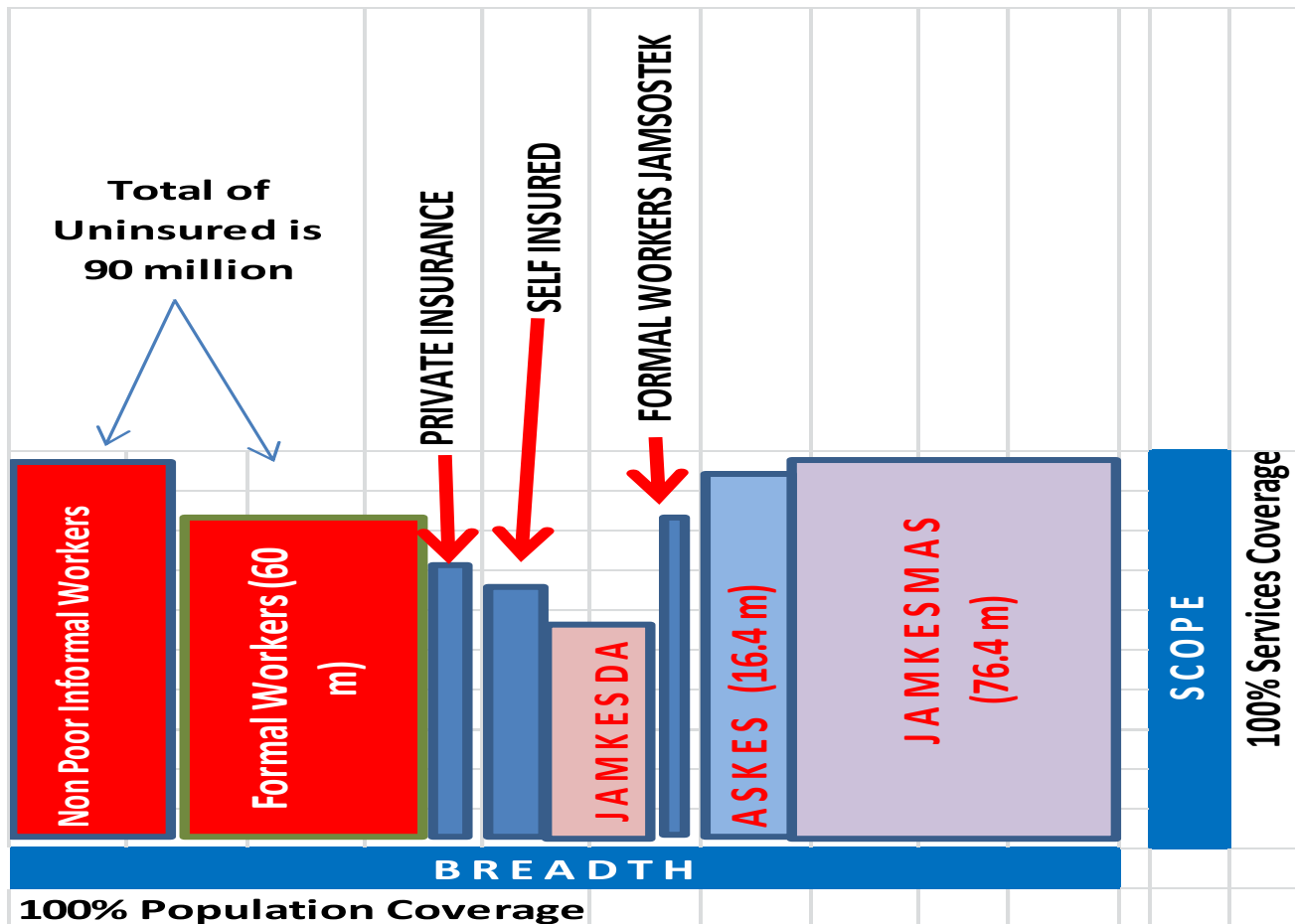
- Social solidarity
- Non profit
- Openness
- Accountability
- Secure management
- Portability
- Mandatory
- Trust Fund
- Fund managed for the sake of beneficiaries

Multi Scheme Coverage, by 2011



NOT COVER BY SHI : 2010 : 40,93 % → 2011 : 36,88%

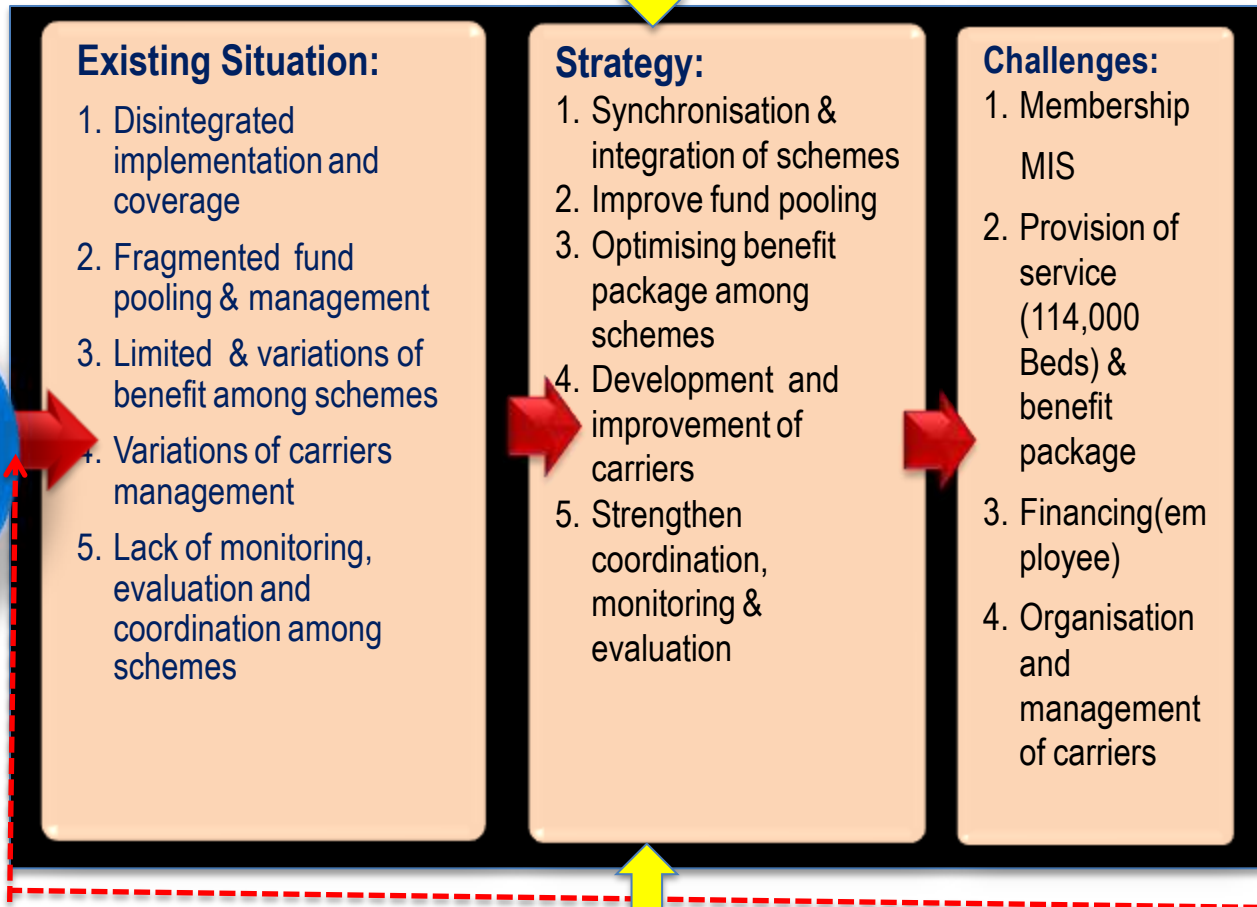
Government Priority to Scale-Up Health Coverage from 63% to 100% by 2014



Government priority and commitments as stated in the “**Government Strategic Plan**” is to expand “health coverage” (the breadth) by year of 2014, based on **Egalitarian principle**.

Conceptual Framework

- Constitution
- Social Security Law No 40/2004
- Health Carrier Law
- National Midterm Planning 2009-2014
- Other Laws & Regulations



- External factors
- Internal factors



NSSC running well

Timeline to Spread the Breadth to Reach Universal Coverage

| | Total - currently uncovered | Potential Funding Sources | 2012 | 2013 | 2014 | 2015 |
|---|-----------------------------|----------------------------|------|------|------|------|
| Poor Informal Workers + Families | 30 million | Central Government Subsidy | *) | 20 m | 10 m | |
| Formal Workers + Families | 60 million | Contribution | **) | 15 m | 25 m | 15 m |

Note: *) in 2012, focus is in preparing government regulation

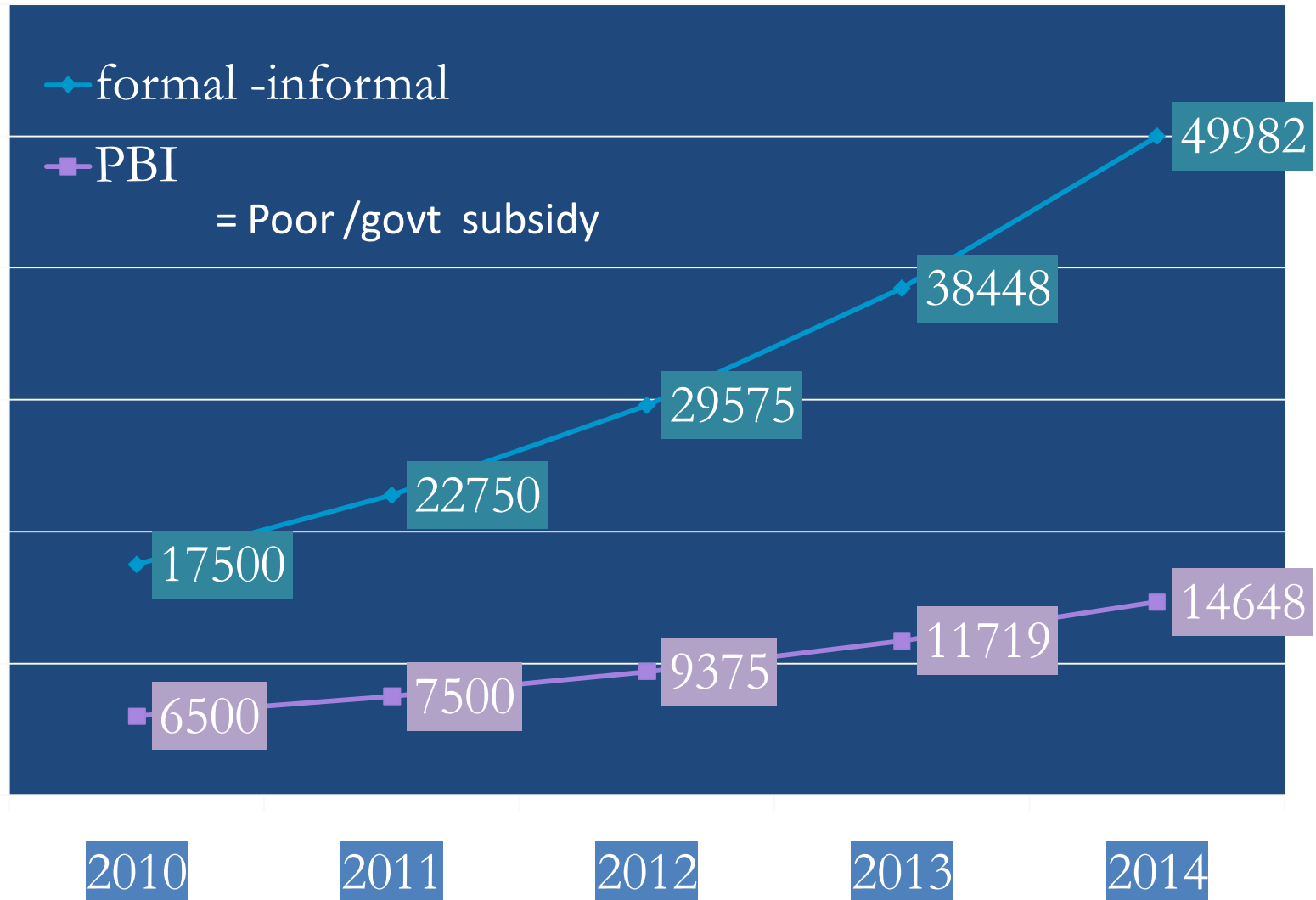
***) in addition to existing law, prepare implementation of Presidential Degree on Health Coverage (PerPres Jaminan Kesehatan)

Final Decision :

- Poor Informal → Government (esp. MOF) & Parliament,
- Formal Workers → Employers' Association, Labor Union, Parliament,

SHI PREMIUM (rupiah)

1 USD = 10.000 rupiah



Role of MoH

1. Regulation support
2. Benefit Package,
3. Setting Premium
4. Man and Health Facilities 's Distribution
5. Transformation system
6. Support : Pharmacy and medical equipment
7. Institutional (Governance body)

CAPACITY BUILDING PROVIDER TO SUPPORT *Universal Coverage*

Strategy :

1. Strengthening the primary care (Puskesmas),
2. Availability of care at hospitals (District/Municipality),
3. Referral system (primary, secondary and tertiary).

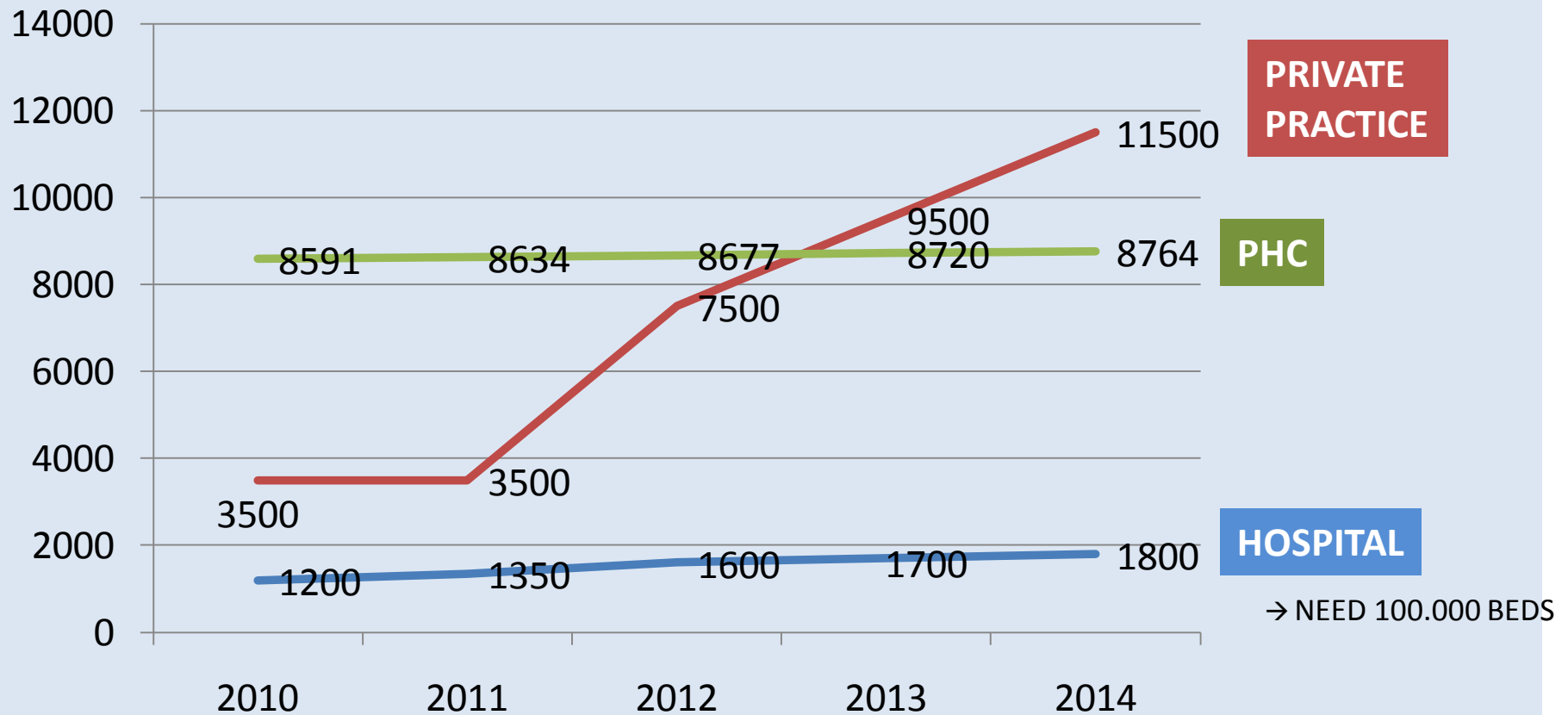
AIM :

- EQUITY
- QUALITY
- EFFICIENCY
- SOCIAL ACCOUNTABILITY

MOBILE PHC



Roadmap of Provider facilities



• THANK YOU