

Recommendation for Policy Changes

- ♦ To make more effective quality control and financial control systems for BPJS Health. BPJS Health should be supported to activate the Quality Control and Financial Control Team based on the mandate of the Regulation of the Minister of Health No.71/2013 Chapter VI, in order to avoid the overlap of expenses or charge them on patients. This system must cover the following duties and functions:
 1. Build a JKN customer service mechanism which can respond quickly the complaints from JKN participants and health workers in every healthcare facility. This system is also expected to present the representatives of BPJS Health in all Advanced-level Health Facilities (FKTL) to function as a line for the access of information while simultaneously managing complaints from BPJS patients regarding JKN services;
 2. Provide a dissemination of information regarding the list of fees which are not included in the healthcare services (medicines, medical consumables, health equipment insured by JKN);
 3. Sanction hospitals that breach the agreement with BPJS Health, for instance, by implementing an additional fee for patients.
- ♦ BPJS Health to soon publish a Development Action Plan for JKN Healthcare Facilities, similar to that in the 2012-2019 National Health Insurance Roadmap. Until 2015, the Action Plan has yet to be publicized to the public; as a result, this becomes an obstacle in an effective supervision of healthcare quality and fee control.
- ♦ The Indonesian Ministry of Health is to immediately carry out an effort to improve the preparation of health facilities to balance the surge of patients by:
 1. Adhering to the ratio standard of PONEK hospitals as regulated by the World Health Organization, which is one per 500,000 persons to fulfill the national priority program which aims to realize the targets of Millennium Development Goals (MDGs);
 2. Fulfilling a more equal distribution of PONEK hospitals;
 3. Allocating a financial incentive for hospitals that have yet to meet the class-A and B standards in order to realize the demands of midwifery emergency healthcare facilities.

End notes

- ¹ Kosen, S., Tarigan, I., & Tandon, A. (2014). Maternal Health in Indonesia. In *Universal Maternal Health Coverage? Assessing the Readiness of Public Health Facilities to Provide Maternal Health Care in Indonesia* (p. 22). Jakarta: The World Bank Office Jakarta.
- ² 126 Juta Jiwa, BPJS Lampau Target Peserta Setahun, <http://lifestyle.okezone.com/read/2014/08/15/482/1024946/126-juta-jiwa-bpjs-lampau-target-peserta-setahun>, accessed 20 February 2015.
- ³ Research on "The Implementation of National Health Insurance (JKN) in East Jakarta and Bandung: Challenges for Midwives and Women," November 2014. This research is supported by ProRep-USAID.
- ⁴ Carine Ronsmans, Wendy J Graham, "Maternal mortality: who, when, where, and why", *Maternal Survival Series 1*, Vol 368 September 30, 2006 taken from *Profil Kesehatan Indonesia 2013*, released by the Ministry of Health Page 39.
- ⁵ Data used is from the Hospital Information System, *Directorate General of Health Promotion Development*. <http://sirs.buk.depkes.go.id/rsonline/report/index.php> and from the Hospital Accreditation, http://web.kars.or.id/rekap_akreditasi/, accessed in 10 February 2015.

⁶ Data is counted based on the total Hospitals that have cooperated with BPJS Health (<http://bpjskesehatan.go.id/bpjs/index.php/pages/detail/2015/14>), supplemented with a data compilation from the Hospital Accreditation Committee (http://web.kars.or.id/rekap_akreditasi/).

⁷ *Ibid.*

⁸ National Socioeconomic Survey 2012 taken from the West Java RPJMD 2013-2018 Chapter II page 4 http://www.jabarprov.go.id/assets/data/menu/2BAB_II_RPJMD_20_September_2013.pdf.

⁹ Alterations of the West Java RPJMD 2008-2013 chapter II page. 10 http://www.bapeda-jabar.go.id/assets/databerita/Bab_2e.pdf.

¹⁰ Ministry of Health online site (*Directorate General of Health Promotion Development*), "Recapitulation of Class-Based Hospitals", accessed at http://sirs.buk.depkes.go.id/rsonline/report/data_2014.php.

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The Implementation of Maternal Health Facilities In the National Health Insurance (JKN) Era

Approaching the end of the 2015 Millennium Development Goals (MDGs), Indonesia still records a poor mark for the fifth target of the MDGs, which is reducing the Maternal Mortality Rate (MMR). The Government of Indonesia, however, is still working to lower the MMR through its National Health Insurance (JKN) program. With the ratification of Law No. 24/2011 on the National Social Security Agency (BPJS), all forms of social security are gradually converted to the National Health Insurance (JKN), including Maternity Insurance (Jampersal). Previously focusing on midwifery services, it is now integrated within the National Health Insurance system and is part of the maternal and child healthcare. People's enthusiasm to use JKN healthcare under the BPJS Health scheme is mirrored in the number of participants that exceeded the target.

The data of BPJS Health per 30 June 2014 shows that the total number of registered BPJS Health participants has reached 124,553,040 lives. This sum total has met the target of annual participants, which is a minimum of 121 million lives.

However, in the field, there are several issues experienced by JKN participants, particularly women intending to use the midwifery service. Women Research Institute (WRI) has identified a number of obstacles faced by JKN participants in the implementation of midwifery services.

Research Findings

According to the data from Ronsmans and Graham, the highest number of maternal mortality occurs in the hospital, at approximately 40-70%. Meanwhile, 20-35% maternal mortality happens at the home (during home births), and 10-18% maternal mortality takes place during travels (refer to Table 1). Referring to the data which states that the highest rate of maternal mortality occurs in hospitals, it is imperative to try reducing maternal mortality by giving a greater focus on hospitals.

In using the JKN midwifery service in hospitals, JKN participants would have to undergo a referencing mechanism which affects the cost that the participants must pay for the healthcare benefits. It is expected that through improvements in the financial control, the implementation of JKN can fulfill the principles of universal coverage, which is capable of accommodating all BPJS patients.

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WRI is a research institute that employs feminist methodology and analysis by placing women and men in a fair and equal position

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Table 1.
Maternal Mortality Locations in Countries around the World

Country	Year	Maternal Mortality Cases	Hospital Death Rate	Death rate in other healthcare facilities	Home Death Rate	Death rate in other places
Egypt	2000	580	360 (62%)	-	168 (29%)	52 (9%) during travels
South Africa	1998	676	621 (92%)	13 (1,9%)	16 (2%)	10 (2%) in private hospitals, 15 (2%) unknown
Suriname	1991 – 1993	64	53 (83%)	2 (3,1%)	9 (14%)	-
Vietnam	2000 – 2001	80	32 (40%)	-	35 (44%)	1 (1%) private clinics, 6 (8%) during travels, 1 (1%) others

Source: Indonesia Health Profile 2013

• Health Facilities Unprepared for the Increase of JKN Participants

Inadequate healthcare equipment. The quality of midwifery services must be supported by adequate healthcare equipment. WRI’s research, however, finds that a Comprehensive Emergency Obstetric and Neonatal Care (PONEK) hospital in East Jakarta is inadequately equipped with healthcare utilities, such as laparotomy surgery equipment, ventilator, and ultrasonography (USG).

The case of limited healthcare equipment occurs not only in East Jakarta, but also in City of Bandung. A number of patients who need to undergo surgery had to wait for months to get their surgeries scheduled.

“The equipment is still limited, for instance for laparotomy (abdominal surgery) kits, the hospital only has four sets, while a surgery would need up to eight kits daily. That’s why we have to postpone or reschedule surgeries, sometimes even cancelling them.” (Hospital midwife, East Jakarta)

Only a small number of accredited hospitals are in cooperation with BPJS Health. A number of 19 from the total 157 hospitals in DKI Jakarta are accredited by the Indonesian Committee of Hospital Accreditation. From those 19, only 9 are accredited

from the total of 74 (12.16%) hospitals working together with BPJS Health. Meanwhile, in West Java, only 19 hospitals are accredited from the total 293 hospitals (3.41%). The 10 hospitals comprise 4.58% of the total 218 hospitals cooperating with BPJS Health.

The lack of accredited hospitals that are JKN providers thus affect the healthcare quality received by patients. It is important to note, however, that in the Minister of Health Regulation Number 71 of 2013, BPJS Health requires accreditation as part of the decisive factors in the healthcare cooperation process with BPJS Health (credentialing).

The quality fulfillment of the midwifery service as regulated by the Ministry of Health in 2011 refers to the standards of PONEK. There are only 18 PONEK hospital units in West Java for a population of 44,548,431 people. This is under the rate standard of the World Health Organization, which is 1 PONEK hospital for 500,000 people. Ideally, the West Java province should have 89 units of PONEK hospitals.

The limited number of Class A and B reference hospitals. A higher class or type of hospitals (i.e. class A and B hospitals) is needed to increase the quality of hospital midwifery services and facilities. Class A and B hospitals are particularly essential for midwifery emergency treatments, which need intensive care unit (ICU) and neonatal intensive care unit (NICU) facilities.

In 2014, there are only 7 units of Class-A hospitals and 47 units of Class-B hospitals in the entire West Java, serving a population of approximately 44,548,431 people. The limited number of Class-A and B reference hospitals in West Java illustrates the unequal distribution of demands for emergency midwifery references.

This is caused by the appointment criteria of hospitals which is only based on the total of beds instead of more substantial considerations, such as ICU and NICU facilities, ventilators, or other health equipment. A number of hospitals, for instance, have fulfilled the requirements of necessary and cutting-edge health equipment, but are still classified as the lower Class-C hospitals as they do not fulfill the minimum requirements of beds. As a result, these hospitals are not permitted to provide service for the more difficult complications of birth.

• JKN Participants Still Required to Pay for BPJS-Insured Healthcare

According to the Regulation of the Minister of Health No. 28/2014, JKN participants have the rights for a free healthcare service, as long as they follow the procedures. In fact, emergency care in health facilities outside the BPJS Health’s partnering institutions would still be reimbursed by BPJS. Participants are guaranteed that they do not need to pay a single cent, although fees might be extended on them if the participants use a higher class inpatient facility beyond their allocated rights.

However, class-2 independent JKN participants in City of Bandung who give birth in a certain private hospital are still charged for their birth process. The bill includes medicine fees of IDR 1,600,000 (excluding the Indonesian Case Base Groups/INA CBGs), Caesar surgeries (one-sixth from the sum total of Caesar surgery fees), health equipment and doctor visits. However, these bills are supposedly borne by BPJS Health, and should not be subjected to the patients.

Such cases can happen due to the lack of a financial control mechanism by BPJS towards the hospital. In addition, there is no access to information about the list of fees that are not covered by the healthcare services provided by BPJS Health, such as medicine and medical consumables. These factors cause the poor to be under a great risk of being victims of being charged with unnecessary expenses.

“The BPJS service is not exactly free. For my newborn baby, I was charged IDR 700,000. When my baby was just born, the Puskesmas midwife said that there is a potential that my baby’s throat is blocked with phlegm. In order to fully understand the condition of my baby, I would have to be referenced to the hospital. I wasn’t informed that I had to pay that much, when in fact I’ve already registered as a BPJS participant.” (Class-3 JKN participant, City of Bandung).

