

**Gadjah Mada University
Center for Health Service Management and
Faculty of Economics and Business**

In collaboration with

Bappenas, and

**Asia Network for Capacity Building
in Health Systems Strengthening**

Organizing a seminar and workshop

**The equity of health service in
Indonesia between 2000 – 2007:
Better or worse?**

Socio-economic **Equity.**
Is it Enough?

Background

- Since the late 1990s, Indonesia has undergone a series of political and macroeconomic changes including the economic crisis and rapid decentralization,
- All of which have had profound implications for equity and financial protection in health care.

Historical perspective

The policy to increase financial protection and to increase access to health care for the poor has been rolled out.

- **Early 1970s: Health Card**
- **Early 1990s, the *Jaminan Pemeliharaan Kesehatan Masyarakat (JPKM)*.**
- **After the economic crisis in 1998, a social safety net program based on JPKM was implemented**
- **On October 19, 2004, Indonesia enacted the National Social Security System Law**
- **The *Askeskin* Program was introduced in 2005 to replace *JPKM*.**
- **In 2008, *Askeskin* was changed into *Jamkesmas***

Financial Protection Policy in Health Care

- Reducing Out of Pocket
- Increasing central government finance for health protection to the poor.
- Immediate after the crisis, using Social Safety Net
- Have steady growth of central government budget.

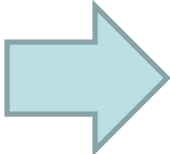
The impact of changing financial protection policy

- The incidence of catastrophic OOP health expenditures is relatively low and has declined over time.
- Equity in utilization of health services has improved over time, with significant improvements in access to public hospital services.
- The incidence of public subsidies for health care has also become more pro-poor over time.
- The financial protection program reduced financial barriers to access for poor households for both hospital and non-hospital services.

But,

- Regional inequalities in access to services have not improved over time.
- Comparison of trends in inequalities with the distribution of health service infrastructure across Indonesia, suggests that physical barriers to access may underlie the regional inequalities.
- Shortages in inputs such as medical specialist and trained nurses.

Current Situation (Jamkesmas)

- Financial health
Protection policy allows private hospitals to treat poor and near poor patients.
 - The Benefit Package is broad, including high technology and costly medical treatment
- 
- Increase the access of poor and near poor in urban and Java for private hospital and high cost medical care.

The Geographic Inequity

- Medical Specialist Distribution
- Hospital Distribution



- Influence Utilization



- Geographic Inequity

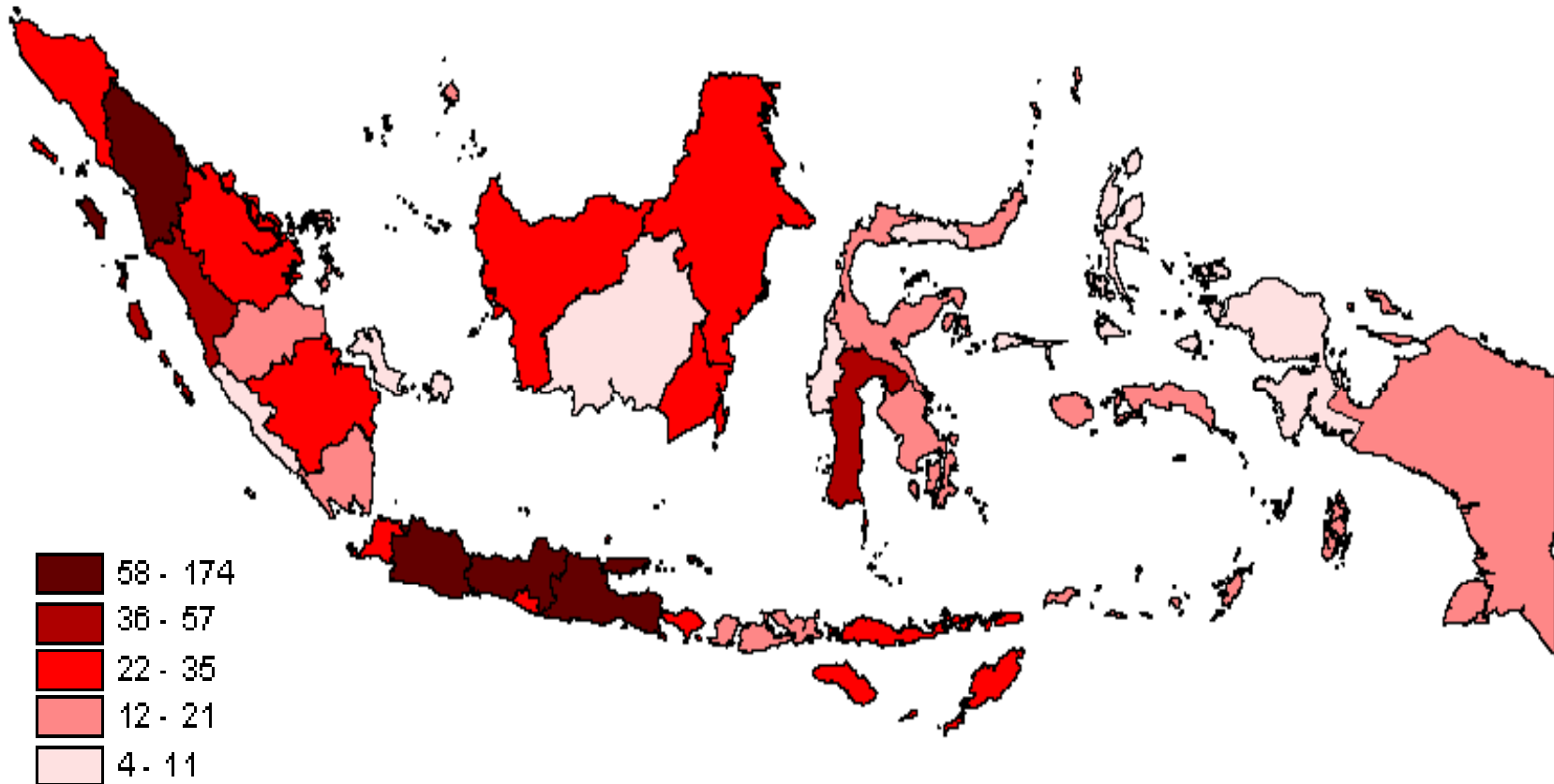
Medical Specialist Distribution (2008)

Province	Number of Specialist	%	Cumulative	Population	Ratio
DKI Jakarta	2.890	23,92%	23,92%	8.814.000,00	1 : 3049
East Java	1.980	16,39%	40,30%	35.843.200,00	1 : 18102
West Java	1.881	15,57%	55,87%	40.445.400,00	1 : 21502
Central Java	1.231	10,19%	66,06%	32.119.400,00	1 : 26092
North Sumatera	617	5,11%	71,17%	12.760.700,00	1 : 20681
D.I.Jogjakarta	485	4,01%	75,18%	3.343.000,00	1 : 6892
South Sulawesi	434	3,59%	78,77%	8.698.800,00	1 : 20043
Banten (Java)	352	2,91%	81,69%	9.836.100,00	1 : 27943
Bali	350	2,90%	84,58%	3.466.800,00	1 : 9905
South Sumatera	216	1,79%	86,37%	6.976.100,00	1 : 32296
East Kalimantan	203	1,68%	88,05%	2.960.800,00	1 : 14585
North Sulawesi	173	1,43%	89,48%	2.196.700,00	1 : 12697
West Sumatera	167	1,38%	90,86%	4.453.700,00	1 : 26668
Other Provinces	1.104	9,14%	100,00%	52.990.200,00	1 : 47998
Data: Indonesian Medical Council, 2008	12083	100,00%		224.904.900,00	1 : 18613

Hospital Distribution

- Private Hospital: More concentrated and recently developed in high fiscal capacity districts and Low Poverty Index
- Public Hospital: more developed in high fiscal capacity district

The number of Hospitals across province



Most teaching hospitals
are in Java and
Sumatera

Mean number of private hospitals in various economic environments

	Poor community economy district	Good community economy district
High Fiscal capacity in District Government	1.05	2.11
Low Fiscal Capacity in District Government	0.5	1.91

Mean number of public hospitals in various economic environments

	Poor community economy district	Good community economy district
High Fiscal capacity in District Government	2.6	2
Low Fiscal Capacity in District Government	0.5	0.31

Early analysis on the Utilization of Hospital

- Based on Provincial Data (33) and Susenas (Household Survey) data at Provincial Level
 - The higher the ratio of hospital bed and population in a province, the more the utilization of hospital.
 - The same pattern happened accross quintile in public and private hospitals.

Place of use

Household	Pub. Hosp	Priv. Hosp	Overs eas Hosp	Mate rnal Hosp.	Health Center	Indiv, Health Provid ers	Traditi onal Healer s	Others
Urban	4,3	3,3	0,1	0,6	0,6	0,5	0,0	0,1
Rural	2,4	1,2	0,0	0,3	0,9	0,4	0,1	0,1

- The result shows no analysis in the medical cost (no detailed medical cost data available in IFLS and Susenas)
- It is predicted that the costs of each utilization in big cities will be higher than remote areas.
- It raises question on **geographical equity**.
- Is that right?

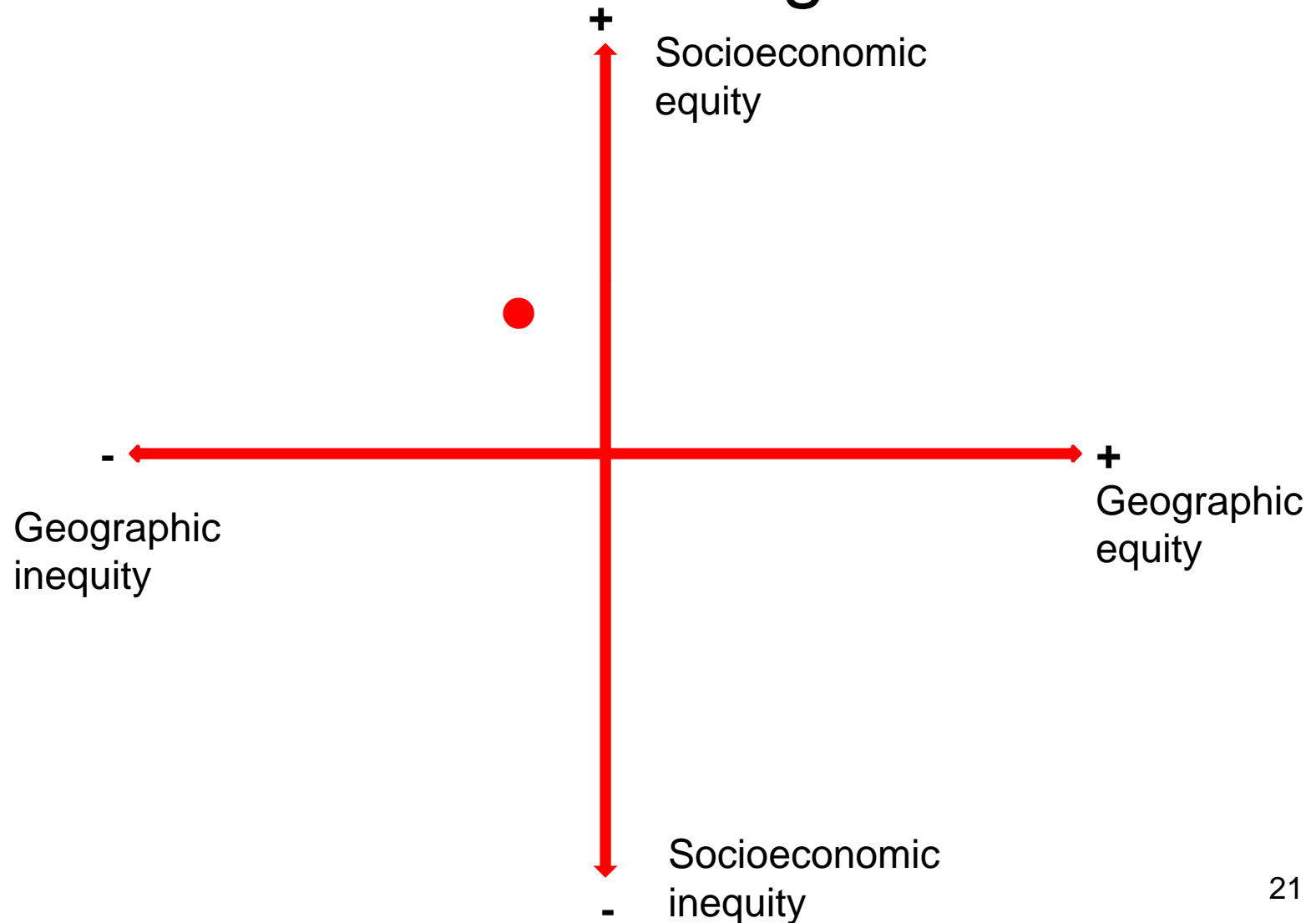
Today seminar objectives:

- To discuss the national policy of health social protection from 1993 – 2007 based on horizontal and geographical equity;
- To discuss the facilities and Health Workforce challenges on equity and quality;
- To discuss the role of non-state and state providers in improving equity;
- The use of geographical and spatial approach for analysing and finding solution of health problems;
- To discuss various scenarios for improving health service equity.

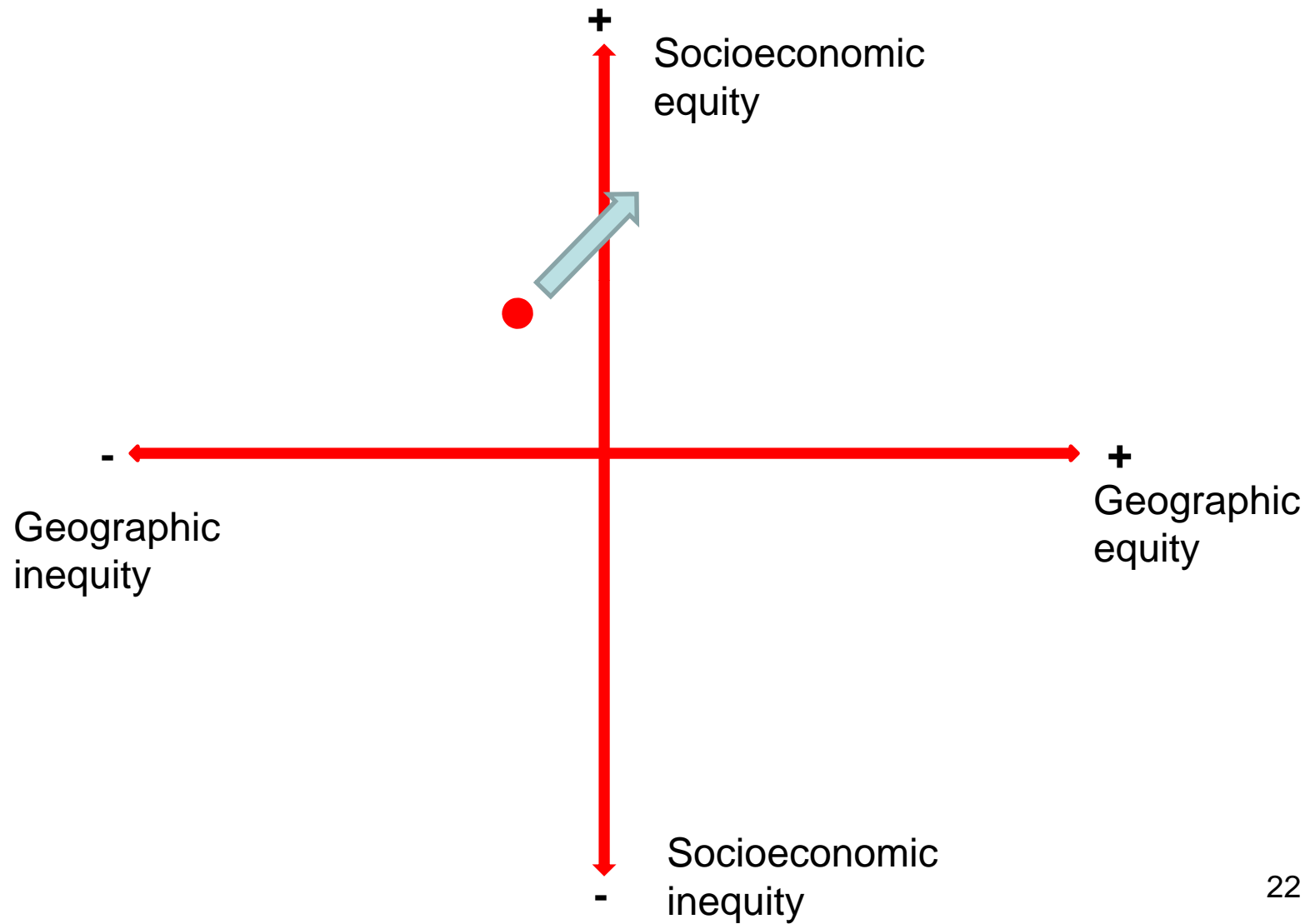
Today Seminar Speakers:

- Aparnaa Somanathan and Elan Satriawan on Socio economic equity international comparison and utilization
- Arum Atmawikarta and Gindo Tambunan on Spatial Planning
- After lunch: panel discussion for the future of geographic inequity: Diah, Donald Pardede, Mardiati Najib, Moch.Yani, Pandu Harimurti,

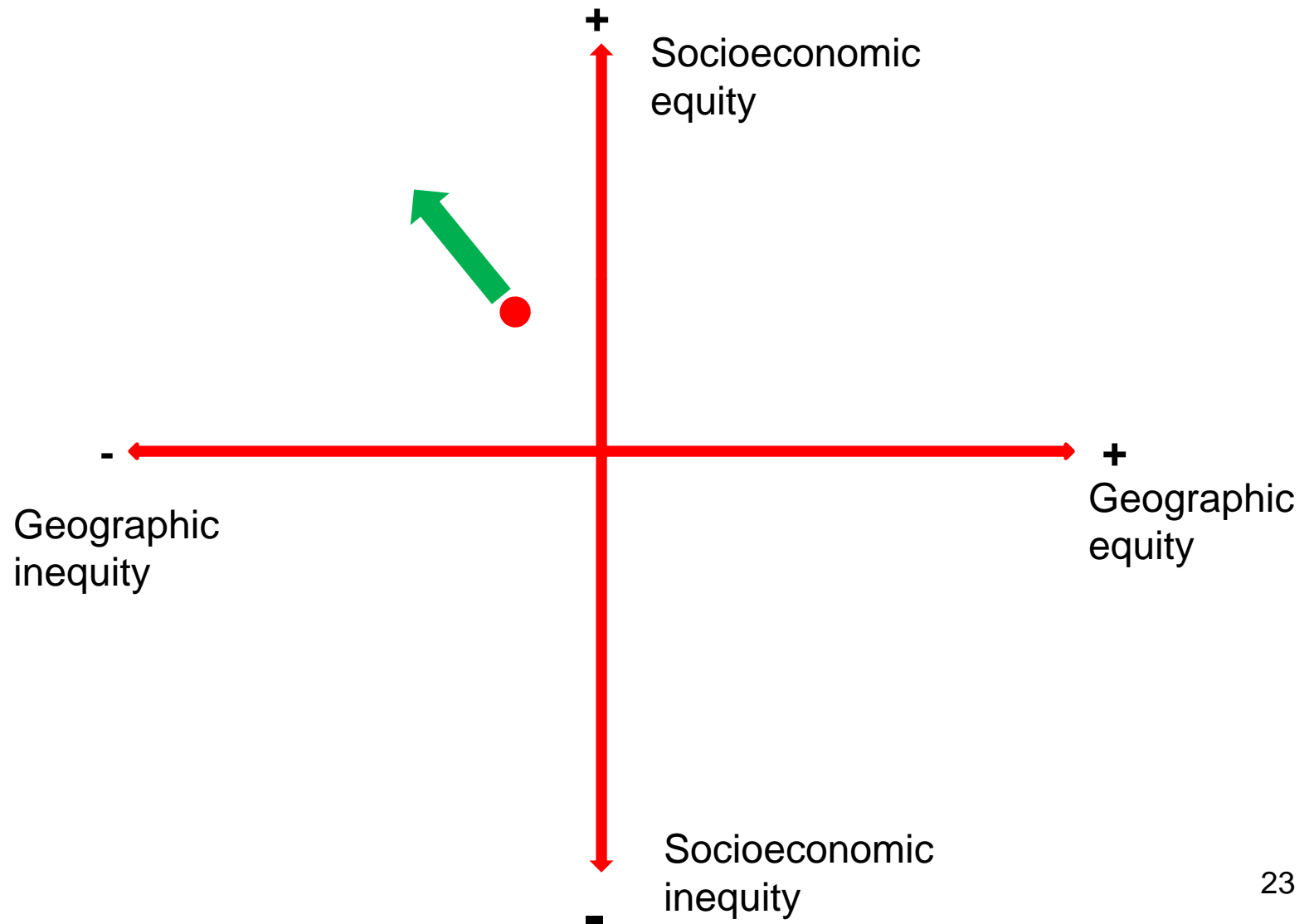
The scenario of equity will be discussed at the closing of seminar



Going there



Or going there



Selamat berseminar