

# District Health Financing Reform Under Decentralization

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# 6 Issue dlm Sistem Pembiayaan Kesehatan Daerah

1. Program/pelkes apa yang dibiayai ?
2. Untuk siapa (beneficiary) ?
3. Berapa biayanya (cost) ?
4. Siapa yg menyediakan (provider) ?
5. Siapa yang bayar (sumber) ?
6. **Cara pembiayaan (financing system) ?**

- Equity
- Effectiveness
- Quality
- Efficiency
- Sustainability
- Fairness
- Stewardship

RPJMN

MDGs

Program/ pelayanan apa ?	SPM, PP 38/07 → Masih belum tuntas
Untuk siapa ?	<ul style="list-style-type: none"> <li>• Pddk miskin, nyaris miskin, kaya</li> <li>• KIA, usila, anak sekolah, TK, usila</li> <li>• Desa-Kota</li> </ul>
Berapa ?	•15% APBD ? Perkap: US\$ 12 ? US\$ 34? Rp 50.000?
Who pay ? (sumber)	<ul style="list-style-type: none"> <li>• Pemerintah (pajak, hutang, hibah ?)</li> <li>• Perusahaan ? Charity ? RTangga ?</li> </ul>
Who serve ? (provider)	<ul style="list-style-type: none"> <li>• Pemerintah</li> <li>• Swasta nir-laba, swasta for profit ?</li> </ul>
Sistem pembiayaan ?	• Budget ? Asuransi ? OOP ?

# Sistem pembiayaan

## HSF DI INDONESIA: PLURALISTIC SYSTEM

Sumber	Agents	PPK	Fungsi	Target
Pemerintah	Pemerintah	Pemerintah	Promotif	Miskin
PLN/BLN	Asuransi sosial	Swasta	Preventif	Nyaris miskin
RT	Asuransi komersial	LSM	UKP	Kaya
Perusahaan	Swasta	RT	UKM	Ibu-anak
Charity	RT	Modern		Tenaga kerja
	LSM	Tradisional		Usila
				Umum



Trend global  
Kebijakan nasional



### ASKES SOSIAL

- 1 Legislasi pemerintah
- 2 Wajib utk klpok tertentu : **RISK POOLING**
- 3 Kontribusi atas dasar ATP, bukan besar resiko
- 4 Prinsip solidaritas, subsidi silang
- 5 Nirlaba
- 6 Mencakup peserta yg bayar premi langsung dan tidak langsung  
(pajak kepada pemerintah digunakan utk subsidi premi pddk miskin)
- 7 Dana melalui pemerintah
- 8 Moral "Bismarkian": risk pooling (health and financial risk)
- 9 Empiris: perkembangan bertahap, mulai sektor formal, non formal, self employed

# Trend Perkembangan HSF

## 1. ANGGARAN PEMERINTAH

## 2. ASURANSI

- Askes sosial (PNS, TK formal)
- Askes komersial
- Dana Sehat (Community financing)
- JPKM (model HMO/MCO di USA)
- N-SHI (Bismarkian model)

## 3. GRATIS

### PROSES PERKEMBANGAN HSF DAERAH:

1. Top down [Instrumen Budget (resentralisasi fiskal), JPKM, SHI]
2. Local initiatives [Instrumen Bgt, JPKM, SHI, Gratis]

# Local initiatives

- **Gratis:**

Contoh: Medan, Batam (Kepri??), Kab. Bogor (rencana) → gejala moral hazard

- **SHI bertahap:**

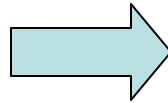
Contoh: Toba Samosir, Jembrana, dll

- **Budget increase:**

Contoh: Bontang (Kaltim ??), Bireuen, dll

# Jaminan Kesehatan Jembrana (JKJ)

1. SHI ?
2. Equity ?
3. Dampak thd PH ?
4. Sustainable ?  
(berkaitan dgn issue efisiensi)



- Benefit package
- Risk pooling
- Resource pooling
- Kepesertaan
- Provider (PPK)
- Utilisasi
- Kinerja PH
- Sustainability

# JKJ

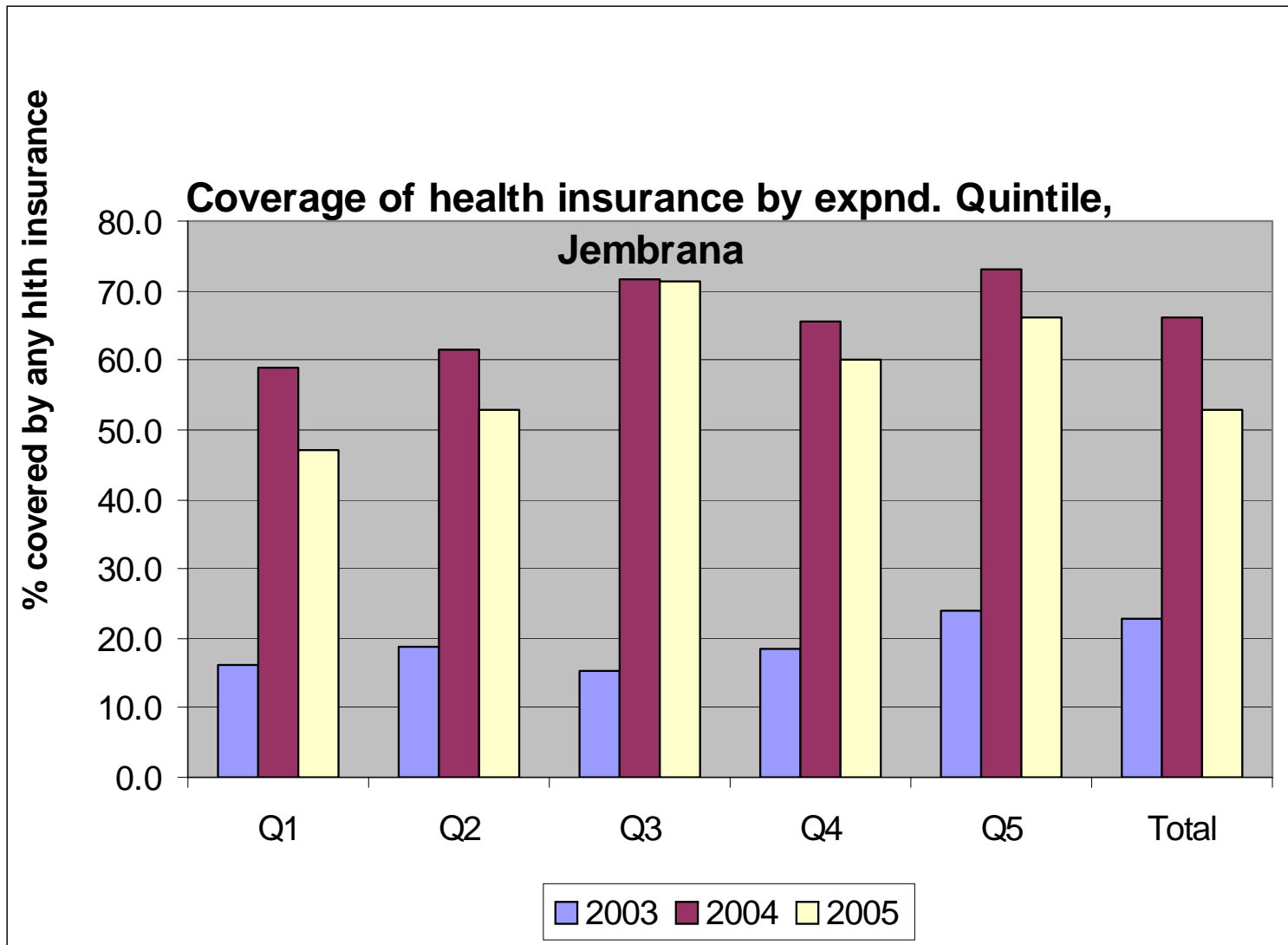
- Mulai 2003, penduduk 250.000
- Paket benefit: RJ tingkat I, ANC; Tambahan: rujukan ke RSUD dg premi, 60.000/org/th
- Risk pooling: Gakin, PNS, umum (sukarela)
- Resource pooling:
  - Dana Askeskin
  - PT Askes: kapitasi Rp 2.500 per PNS kpd JKJ (Rp 171 jt)
  - Anggaran obat Pemda utk Puskesmas
  - Kontribusi peserta sukarela (pendaftaran dan premi)
- PPK RJ: 67 praktek dokter, 109 bidan, 6 Puskesmas, 12 poliklinik, 1 RB, 1 RSUD
- Desa: 54, semua ada dokter, dibayar secara FFS
- Pendapatan dokter praktek dari klaim JKJ:  
Rp 4.5jt – Rp 26jt
- Puskesmas: Swadana, retensi pendapatan, indeks untuk insentif staff

# Cakupan peserta

	2003	2004	2005
<b>COVERAGE</b>			
Not insured	77.2	33.9	53.0
<b>Insured</b>	<b>22.8</b>	<b>66.1</b>	<b>47.0</b>
	100.0	100.0	100.0
<b>AGENTS</b>			
PT Askes	51.7	14.7	8.1
Health card	32.0	17.5	0
Dana Sehat	10.4	0	0
Jamsostek	3.6	0.8	0.2
Other	2.3	1.5	1.8
<b>JKJ</b>	<b>0.0</b>	<b>65.5</b>	<b>89.9</b>
	100.0	100.0	100.0

# Perubahan cakupan peserta

		Dampak re-registrasi ?				
		2003	2004	2005	04-05	
<i>Nyaris miskin</i> →	Q1	16.3	58.8	47.0	-11.8	Poor
	Q2	18.7	61.4	52.8	-8.6	Poor
	Q3	15.3	71.5	71.2	-0.3	Poor
	Q4	18.5	65.7	60.2	-5.5	Near-poor
	Q5	24.1	73.0	66.1	-7.0	Rich
	Total	22.8	66.1	53.0	-13.1	
	RR-1	1.48	1.24	1.40		
	RR-2	1.38	1.21	1.32		
	RR-3	1.44	1.14	1.16		

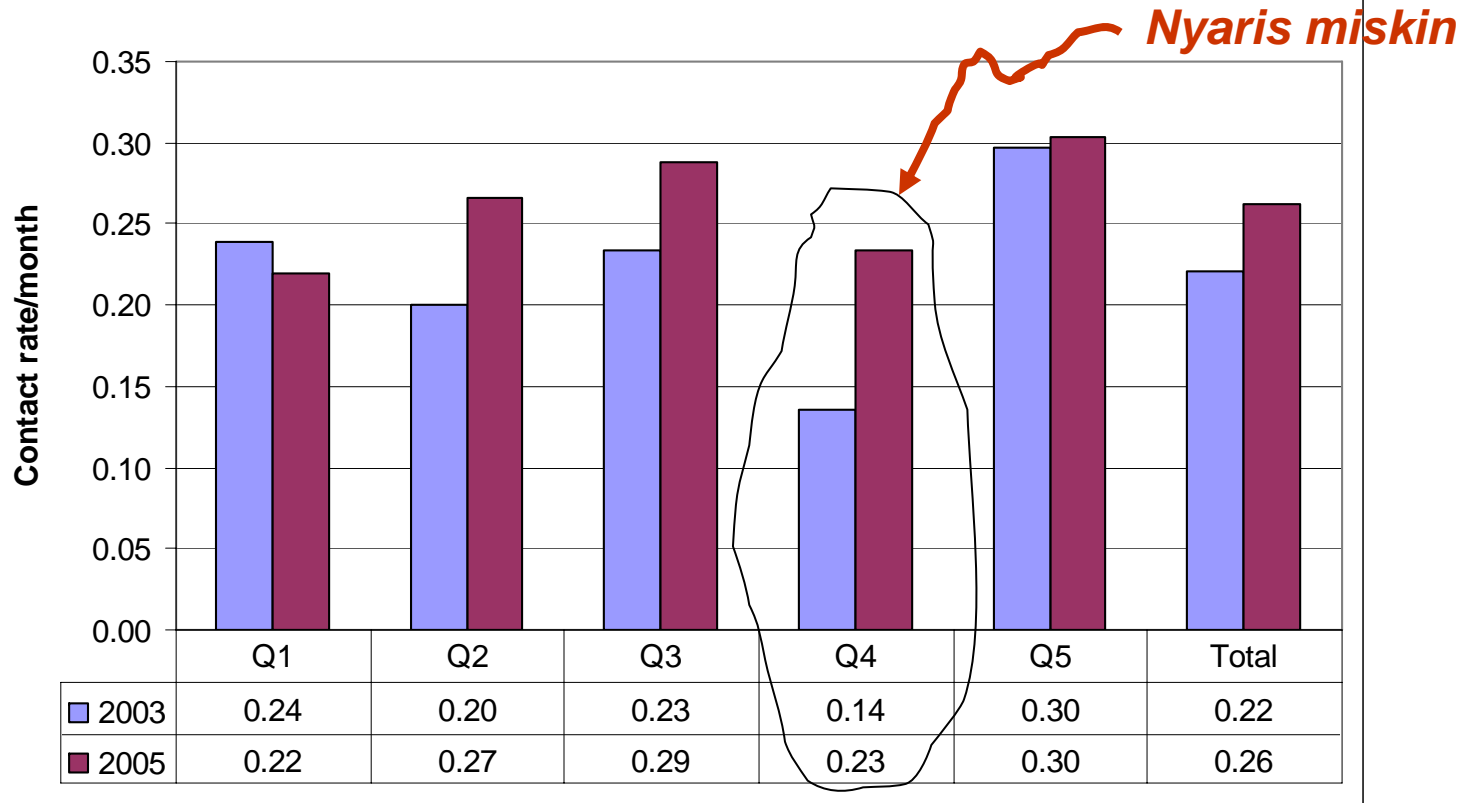


# Utilisasi Pelkes, perbandingan antar Kab. Di Bali

## Bali Outpatient Utilization of Medical Services

	Percent ill seeking care	Hospital	Puskesmas	Doc. Private Practice	Trained paramedic	Dukun and other	More than one source of care
<b>Jembrana</b>	<b>65.7%</b>	<b>2.64</b>	<b>12.38</b>	<b>45.77</b>	<b>8.31</b>	<b>1.30</b>	<b>3.36</b>
Tabanan	49.6%	3.74	9.37	23.69	17.53	1.74	4.69
Badung	54.0%	6.16	22.15	24.69	4.45	1.15	3.44
Gianjar	55.5%	5.74	17.38	27.76	9.29	1.03	4.65
Klungkung	54.1%	3.58	29.01	12.67	11.30	0.94	2.49
Bangli	54.2%	4.90	22.39	15.24	16.56	1.59	4.90
Karangasem	41.7%	2.19	19.17	7.89	15.14	2.20	2.71
Buleleng	52.8%	5.13	17.19	20.46	15.34	0.77	5.37
Kota Denpasar	51.3%	9.64	11.11	30.07	3.43	0.33	2.94
<b>Total</b>	<b>52.5%</b>	<b>5.13</b>	<b>16.67</b>	<b>23.30</b>	<b>11.43</b>	<b>1.18</b>	<b>4.06</b>

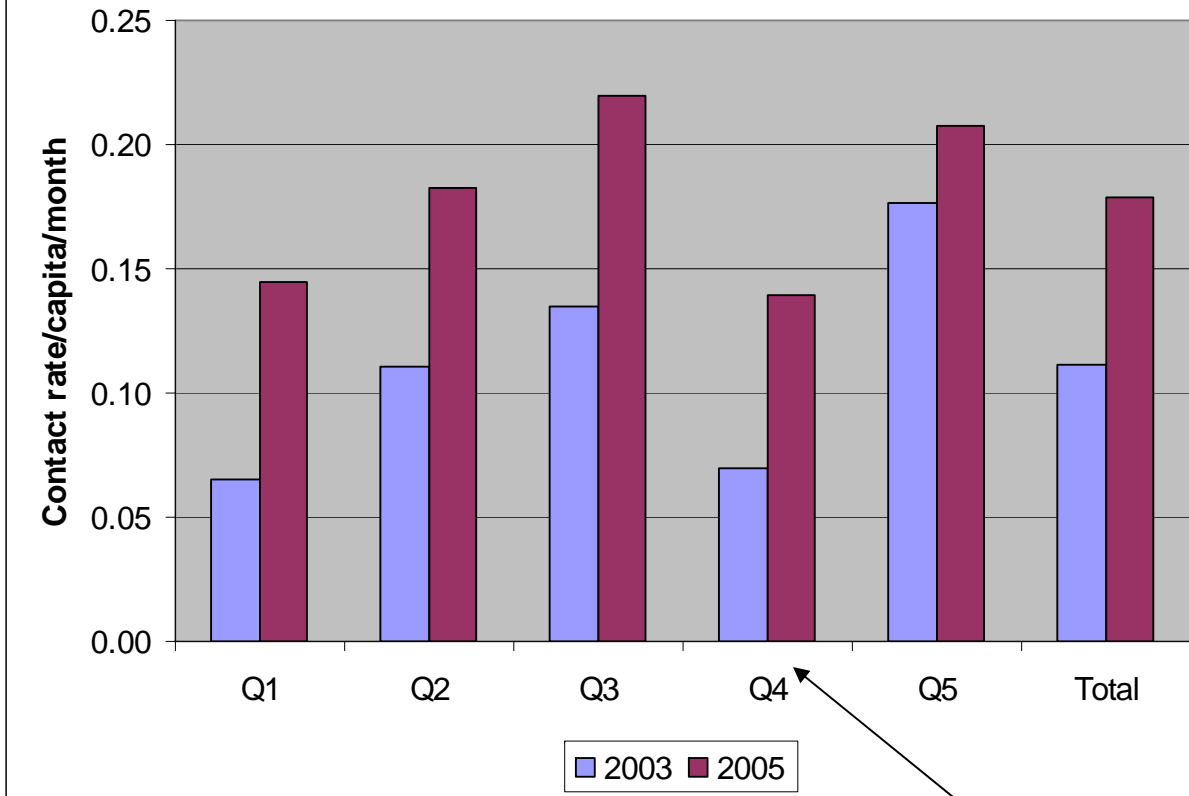
**Contact rate to modern primary care by expenditure quintile,  
Jembrana 2003 & 2005**



Q5/Q1: 2003 = 1.25

2005 = 1.36

**Table-xx. Contact rate to doctor private practice by expnd. quintiles**



Q5/Q1: 2003 = 2.7

2005 = 1.4

**Nyaris miskin**

Percentage of utilization of outpatient care by type of providers and by expenditure quintiles  
Jembrana, 2003 and 2005

2003	Q1	Q2	Q3	Q4	Q5	Total	
Gov't hospital	2.8	2.9	14.3	12.5	3.9	7.0	a1
Private hospital	0.0	1.9	2.4	2.5	3.9	2.3	
Dr private practice	26.6	47.6	47.6	38.8	51.3	43.3	
Puskesmas/Pustu	35.8	18.4	11.9	16.3	8.6	17.4	
Policlinic	0.0	1.9	0.8	0.0	0.0	0.5	
Paramedic practice	34.9	18.4	22.2	20.0	26.3	24.7	
Traditional healer	0.0	6.8	0.0	7.5	5.9	3.9	b1
Other	0.0	1.9	0.8	2.5	0.0	0.9	
	100.0	100.0	100.0	100.0	100.0	100.0	
2005	Q1	Q2	Q3	Q4	Q5	Total	
Gov't hospital	4.7	0.8	4.3	2.8	6.3	3.9	a2
Private hospital	0.9	0.0	0.0	2.8	0.0	0.7	
Dr private practice/Polic	59.4	65.3	70.3	56.5	64.1	63.6	
Puskesmas/Pustu	23.6	19.0	15.9	17.6	13.4	17.6	
Paramedic practice	7.5	7.4	5.8	18.5	14.1	10.6	
Traditional healer	0.0	3.3	0.0	1.9	2.1	1.5	
TBA	0.0	0.8	1.4	0.0	0.0	0.5	
Other	3.8	3.3	2.2	0.0	0.0	1.8	b2
	100.0	100.0	100.0	100.0	100.0	100.0	

# Dampak thd program PH/KB

## Immunisasi

**Table-xx Frequency and contact rate of immunization among under fives (2004)**

	Q1	Q2	Q3	Q4	Q5	Total
BCG	42	55	57	50	43	247
DPT	113	115	116	90	67	501
Polio	129	144	125	97	87	582
Measle	46	48	53	42	30	219
Hepatitis	95	99	91	77	68	430
	425	461	442	356	295	1979
No of under five	42	45	50	38	37	212
Contact rate for imm.	10.1	10.2	8.8	9.4	8.0	9.3

**Table-xx Frequency and contact rate of immunization among under fives (2005)**

	Q1	Q2	Q3	Q4	Q5	Total
BCG	52	37	49	49	35	222
DPT	129	82	93	96	86	486
Polio	150	93	102	114	95	554
Measle	45	27	37	37	33	179
Hepatitis	99	76	77	81	72	405
	475	315	358	377	321	1846
No of under five	54	36	40	41	34	205
Contact rate for imm.	8.8	8.8	9.0	9.2	9.4	9.0

## KB

**Tabel-xx Marriage women using FP contraceptive by expenditure quintiles (2003)**

Use of contraceptive	Q1	Q2	Q3	Q4	Q5	Total
Yes	56	62	67	64	74	323
No	24	29	27	30	23	133
Total	80	91	94	94	97	456
CPR	70.0	68.1	71.3	68.1	76.3	70.8

**Tabel-xx Marriage women using FP contraceptive by expenditure quintiles (2005)**

Use of contraceptive	Q1	Q2	Q3	Q4	Q5	Total
Yes	69	67	76	78	69	359
No	14	13	23	2	30	103
Total	83	80	99	80	99	462
CPR	83.1	83.8	76.8	97.5	69.7	77.7

# Persalinan

**Table-xx. % of delivery by type of birth attendant by expenditure quintiles (2004)**

Birth attendant	Q1	Q2	Q3	Q4	Q5	Total
<b>Health professionals</b>	<b>77.3</b>	<b>78.7</b>	<b>89.2</b>	<b>87.2</b>	<b>97.0</b>	<b>86.7</b>
* Medical doctor	6.8	8.5	8.1	5.1	15.2	8.7
* Midwife	70.5	68.1	78.4	79.5	81.8	76.5
* Other paramedic	0.0	2.1	2.7	2.6	0.0	1.5
<b>Non health professional</b>	<b>22.7</b>	<b>21.3</b>	<b>10.8</b>	<b>12.8</b>	<b>3.0</b>	<b>13.3</b>
* TBA	18.2	12.8	8.1	7.7	3.0	10.7
* Family member/other	4.5	8.5	2.7	5.1	0.0	2.6
	100.0	100.0	100.0	100.0	100.0	100.0

**Table-xx. % of delivery by type of birth attendant by expenditure quintiles (2005)**

Birth attendant	Q1	Q2	Q3	Q4	Q5	Total
<b>Health professionals</b>	<b>77.5</b>	<b>94.4</b>	<b>90.0</b>	<b>95.1</b>	<b>97.1</b>	<b>89.7</b>
* Medical doctor	14.0	13.9	12.5	41.5	50.0	25.0
* Midwife	63.5	80.6	77.5	53.7	47.1	64.7
* Other paramedic	0.0	0.0	0.0	0.0	0.0	0.0
<b>Non health professional</b>	<b>22.5</b>	<b>5.6</b>	<b>10.0</b>	<b>4.9</b>	<b>2.9</b>	<b>10.3</b>
* TBA	18.6	5.6	5.0	4.9	2.9	8.3
* Family member/other	3.9	0.0	5.0	0.0	0.0	2.0
	100.0	100.0	100.0	100.0	100.0	100.0

# Sustainability

	2003	2004	2005	2006
Cash inflow	4,500,000,000	8,748,927,000	10,688,110,000	11,175,666,429
Claims	1,357,166,000	7,490,012,000	8,635,318,000	8,994,458,079
Loading	393,907,000	324,301,000	747,637,000	729,949,115
	1,751,073,000	7,814,313,000	9,382,955,000	9,724,407,194
Balance	2,748,927,000	934,614,000	1,305,155,000	1,451,259,235
% for claims	78	96	92	92
% for loading	22	4	8	8
	100	100	100	100
Member	33,000	84,050	87,997	108,616
Visit (OPD)	126,526	420,248	486,921	560,308
Contact rate	3.8	5.0	5.5	5.2
<b>UC</b>				
Per member	53,063	92,973	106,628	110,508
Per visit (total)	13,840	18,595	19,270	17,355
Per visit (claim)	10,726	17,823	17,735	16,053

***Cash flow aman***

***Moral hazard ? Mulai terlihat tanda-tanda, belum serius***

***Inflasi biaya → tidak besar dibanding laju inflasi umum***

# Pembahasan/saran

## **GRATIS ? ASURANSI ?**

- Batam gratis (Januari 2007) → biaya obat naik 4x sampai Juni  
→ sustainability
- Moral hazard
- Dampak negatif terhadap kinerja PH program (sibuk UKP)
- Asuransi sosial lebih baik
- JKJ → Asuransi walau belum SHI dalam arti ideal
- Introduksi biaya re-registrasi → pengaruhi cakupan kepesertaan pddk miskin
- Perlu proaktif “mengejar” peserta yg jauh

## **PAKET BENEFIT: RJ DASAR? RI/RUJUKAN? KOMPREHENSIF ?**

- Apakah rawat jalan beban finansial ? → pola belanja RT banyak utk non-essensial → >> tarif Puskesmas
- JKJ: Perlu percepat perluasan paket → Rujukan/Rwt Inap/catastrophic
- Kalau dana terbatas → limitation of benefit:
  - a. RJ dasar selektif (Penyakit menular, KIA, Gizi) + RI/Rujukan
  - b. RI/Rujukan saja

**Tabel-xx Pattern of household expenditures by income quintiles, Jemberana, 2005**

	Q1	Q2	Q3	Q4	Q5	Total
<b>Total</b>	<b>664,516</b>	<b>850,214</b>	<b>1,021,878</b>	<b>1,273,392</b>	<b>2,049,844</b>	<b>1,173,466</b>
<b>Food</b>	<b>435,228</b>	<b>534,574</b>	<b>608,550</b>	<b>689,638</b>	<b>864,317</b>	<b>626,944</b>
<b>Non-food</b>	<b>229,288</b>	<b>315,640</b>	<b>413,328</b>	<b>583,755</b>	<b>1,185,527</b>	<b>546,522</b>
<b>Education</b>	<b>12,450</b>	<b>19,752</b>	<b>17,478</b>	<b>31,891</b>	<b>42,653</b>	<b>24,865</b>
<b>Health</b>	<b>28,035</b>	<b>30,567</b>	<b>18,879</b>	<b>62,346</b>	<b>98,133</b>	<b>6,558</b>
<b>Alc/tobacco etc</b>	<b>37,162</b>	<b>57,657</b>	<b>80,815</b>	<b>83,416</b>	<b>102,444</b>	<b>72,392</b>
<b>As % of total</b>						
<b>Food</b>	<b>65.5</b>	<b>62.9</b>	<b>59.6</b>	<b>54.2</b>	<b>42.2</b>	<b>53.4</b>
<b>Non-food</b>	<b>34.5</b>	<b>37.1</b>	<b>40.4</b>	<b>45.8</b>	<b>57.8</b>	<b>46.6</b>
<b>Education</b>	<b>1.9</b>	<b>2.3</b>	<b>1.7</b>	<b>2.5</b>	<b>2.1</b>	<b>2.1</b>
<b>Health</b>	<b>4.2</b>	<b>3.6</b>	<b>1.8</b>	<b>4.9</b>	<b>4.8</b>	<b>0.6</b>
<b>Alc/tobacco etc</b>	<b>5.6</b>	<b>6.8</b>	<b>7.9</b>	<b>6.6</b>	<b>5.0</b>	<b>6.2</b>

## **KEPESERTAAN**

- **Miskin → issue kriteria dan sistem targeting**
- **Nyaris miskin → Tobasa : pancingan subsidi pemi 50% (50% x Rp 72.000/Kapita/th)**
- **Kaya → mutu pelayanan**

## **PPK (PROVIDER)**

- **Akses thd syarat mutlak untuk Askes**
- **Universal coverage tanpa akses → inequity**
- **Barrier to utilization: service fee dan transport (di banyak daerah)**
- **JKJ → dokter praktek (swasta) disetiap desa, sulit direplikasi di daerah lain**
- **Standar pelayanan dan tarif**
- **Retensi revenue di Puskesmas (perlu dukungan legal)**
- **Skore insentif utk staff yg berkeadilan**

## ASURANSI KES & PROGRAM PH

- Askes bukan panacea
- Terbatas pada UKP
- UKM sulit melalui asuransi: vector control, promkes, penimbangan balita, kesling, dll
- Jembrana → kebijakan khusus utk Program UKM → camat
- Tidak boleh ada “shifting” anggaran kesehatan daerah utk asuransi kesehatan

## **ACTUARIA**

- **Askes = bisnis resiko**
- **Pooling of risk**
- **Risk sakit doikonversi menjadi risk finansial**
- **Risk finansial → perlu costing (real cost bukan tarif)**
- **Perlu cost analysis**

# SISTEM PEMBIAYAAN KESDA

