

# Implementation of Integration West Sumatera Sakato Health Insurance Program Towards Universal Health Coverage

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**Abstract.** The study aims to describe and analyze the implementation of the integration of Sakato West Sumatra Health Insurance into the National Health Insurance through the Health Social Security Administrator (SSA) in West Sumatra Province to achieve Universal Health Coverage which is targeted to be realized in 2019. This study is qualitative research using secondary data and primary data with in-depth interviews, annual report data for the National Health Insurance program of the West Sumatra Provincial Health Office, Padang City Health Office, and Padang Pariaman District Health Office. The results of the Integration of Sakato West Sumatra health insurance into the National Health Insurance began in early January 2014. It was regulated by Governor Regulation number 50 of 2014, until the end of 2018 the achievement of National Health Insurance participants in West Sumatra was 78.2%, consists of 44.13% of participants National Health Insurance for Recipients of Contribution Assistance. From the indicators of communication, resources, deposition, and bureaucratic, these have not been done well where the results of integration that did not meet Universal Health Coverage. Conclusions from 19 districts/cities, only 5 of which have reached the UHC, it is necessary to take concrete steps or strategies to achieve UHC, make the control team effective and supervision increased coordination between the Provincial Government and Regency / City and Social Security Administrator (SSA).

**Keywords:** health insurance, sakato, universal health coverage

## 1 Introduction

The government won Indonesia to achieve Universal Health Coverage (UHC) for all Indonesians on January 1, 2019. Presidential Regulation No. 28 of 2016 concerning Health Insurance provides exclusive rights and participants and the government as a provider of assistance for the poor (PBI)[1]. The Regional Government strongly supports the ongoing NHI program to achieve this UHC, which is very strategic by integrating the Regional Health Insurance program into the NHI program. West Sumatra Province is one that has been integrated into the NHI program [2][3].

The distribution of health services to Sakato West Sumatra health insurance participants until the end of 2018, 78.8%, the largest portion of poor people (PBI) participants from the National Budget was 31.54%, national health insurance for poor participants from the Regional Budget was 12.58%. Poor population data in West Sumatra Province is 6.48%[4][5]. The purpose of this study is to research and evaluate the implementation of West Sumatra policies in an effort towards Universal Health Coverage, which will be realized in 2019[6].

## **2 Methodology**

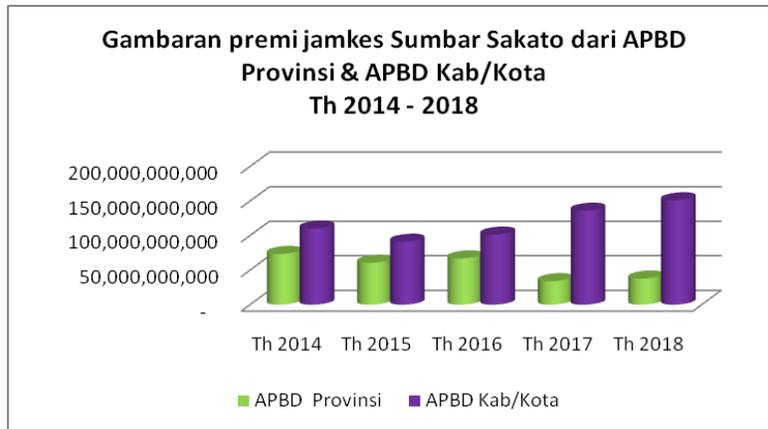
This research is a descriptive study by discussing qualitative research with five informants in the Provincial Health Office and two people in the District / City Health Service, Local Government, Regional Planning Agency, and studio using secondary data for five years. Qualitative data processing is processed by content analysis. For data validation, triangulation is carried out, namely the source and trial methods.

## **3 Results**

### **3.1 Implementation of West Sumatra Sakato Health Insurance Integration into NHI through the Health SSA towards Universal Health Coverage**

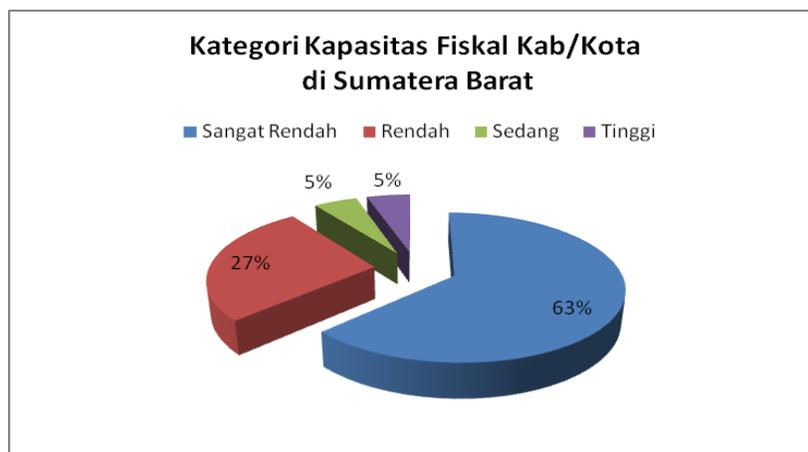
Implementation of the integration of Sakato West Sumatra's health insurance into the National Health Insurance through the SSA in West Sumatra Province, which is a strategy to achieve the goals set by the government, namely Universal Health Coverage (UHC) in 2019[7].

By Governor Regulation number 50 of 2014 along with the Central Government, national health insurance for poor people Participants from both the APBN and APBD, NHI membership achievements during the 5 Years of integration increased by around 16.3%. Some experts argue that it had not met the UHC in 2019 due to the limited budget of local government [8][9].



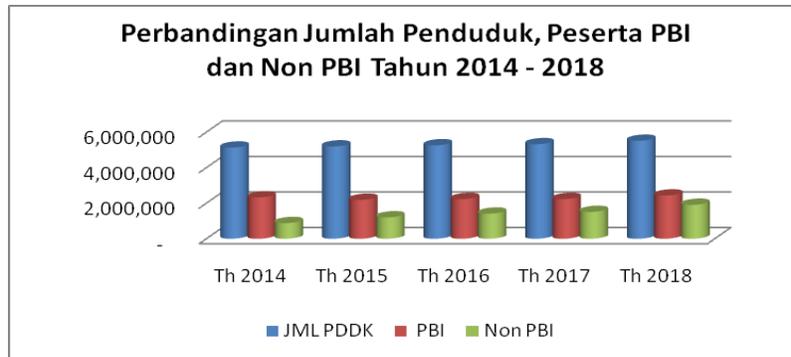
**Fig 1.** Overview of the Sakato West Sumatra's health insurance Premium of Provincial & District / City APBD From 2014 - 2018

Some problems in the integration include the limitation of the budget and membership issues. Many lower-income families have not covered by NHI. Moreover, Some local governments that integrate into NHI also have low fiscal capacity (63.3%). Fiscal capacity in West Sumatra is described in figure 2. as follows:



**Fig 2.** Regency / City Fiscal Capacity Category in West Sumatra 2018.

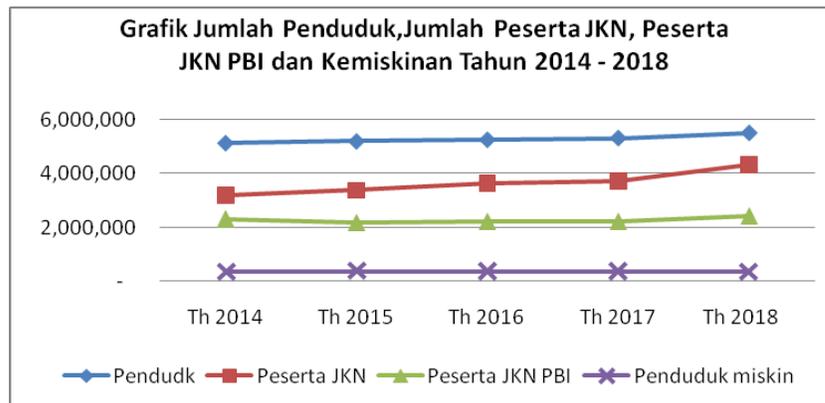
The number of national health insurance for poor people and Non-PBI participants is compared in Figure 3.



**Fig 3.** Comparison of Population, Number of national health insurance for poor people Participants and Non-PBI in West Sumatra Province Year 2014 – 2018

The control and supervision, as stated in the Governor Regulation of West Sumatra number 50 of 2014 Article 16 paragraph 1), 2) and 3), have not run according to their duties and responsibilities. The process must include Coordination Team, the Supervision Team, and the Monitoring Team. Each team is assigned by the Decree of the Governor of West Sumatra and the Head of the Provincial Health Office [10].

Integration of health Insurance into NHI local government registers poor and disadvantaged people to SSA and pays their fees according to the Governor's Regulation 50 of 2014 [11].



**Fig 5.** Comparison of Population, Number of NHI Participants, PBI NHI Participants and Poverty in West Sumatra 2014 – 2018

### **3.2 Factors influencing the implementation of the Integration of West Sumatra Sakato to NHI through Health SSA**

#### **3.2.1 Communication**

- a) Transmission is the distribution of information and delivery of policy contents to the implementor and target [11].
- b) Clarity deals with the information about the implementation of the integration of West Sumatra Jamkes Sakato to NHI. It must be properly delivered because it involves many stakeholders, including the Provincial Government, the Regency Government, and all agencies related to Health Insurance [11].
- c) Consistency, implementation of integration has been consistent, implementation has been consistent, and all informants said that they had allocated a budget for paying premiums for national health insurance for poor people participants [11].

#### **3.2.2 Resources**

- a) Staff; the parties involved in implementing the integration are the Provincial, District / City Health Offices as the manager of the operational process of preparing the integration, to the integration implementation [12].
- b) Information; information is needed in the implementation of the Governor's Regulation is information on the integration of Health Insurance to NHI to achieve UHC. The integration is regulated by Governor's Regulation number 50 of 2014 and Governor's CL number 3003 of 2015 concerning bride and groom and CL number 799 of 2016 concerning health insurance protection for labor [13].
- c) Facilities; the implementation of integration, both the readiness of providers in First Level Health Facilities and Advanced health facilities, must be calculated. It must clearly define the number of participants, the number of first-level health facilities, and advanced health facilities in terms of health / non-health workers, infrastructure, and health equipment [14].

#### **3.2.3 Disposition**

- a) Attitude / Response; disposition is the attitude and characteristics possessed by policy implementers in implementing the integration policy. Attitudes and support from implementers regarding the implementation of health insurance integration into NHI are important [15].
- b) Bureaucratic Arrangements; for implementing the West Sumatra Governor's Regulation regarding the Integration of West Sumatra Sakato Health Insurance based on position and occupational position [15].
- c) Incentive; specific incentives for implementors of the Governor's Regulation on Integration of health insurance for West Sumatra Sakato to NHI do not exist [15].

- d) Bureaucratic structure; the implementation of Sakato's West Sumatra Health Insurance Policy on bureaucratic structure indicators is assessed based on:

**Procedure.** There are no procedures or strategies and steps to achieve UHC, so that not all parties have carried out well for the implementation of the policy [16].

**Fragmentation.** The division of tasks of each Regional Apparatus Organization (RAO) is clear and strengthened by the statement of the triangulation informant stating that there is a division of tasks and responsibilities delegated according to their respective tasks and functions [16].

### **3.3 The results of the implementation of the West Sumatra Sakato Health Insurance integration policy to NHI through the health SSA towards Universal Health Coverage (UHC) in West Sumatra Province**

Results of the Implementation of the Health Insurance Policy Integration of West Sumatra Sakato to NHI through Health SSA generally runs according to the rules applied by SSA and regulations related to NHI. However, some things are not in line with the expectation that CL number 3003 in 2015 about the bride and groom the Governor's CL number 799 of 2016 concerning the protection of health insurance for workers has not been well-served. Until the end of 2018 only 5 (five) Regencies / Cities reached UHC from 19 regencies / cities [17][18].

## **4. Discussion**

### **4.1 Implementation of West Sumatra Sakato Health Insurance Integration into NHI through the Health SSA towards Universal Health Coverage**

Based on the results of the implementation of the integration of Health Insurance (Jamkes) West Sumatra (West Sumatra) Sakato to the National Health Insurance (NHI) through the SSA in West Sumatra Province to achieve Universal Health Coverage (UHC) in 2019. The process of implementing the integration of West Sumatra Sakato Health Insurance to NHI through the health SSA in West Sumatra Province there are two accelerated integration, namely 1). Integration of Health Insurance for West Sumatra Sakato is integrated into NHI through the Health SSA. 2). The scope consists of a) membership, b) funding, c) health services, and d) Establishment of a Public Complaints Service Unit. Four scope indicators measure the level of success [19][20].

Based on research that has been done. Another problem in the implementation of the integration of West Sumatra Sakato health insurance to NHI is that the budget. It is not sufficient for the needs of each region integrated into NHI through SSA since many districts/cities have low fiscal capacity (63%), low (26%), 3%) Medium Fiscal Capacity (5.2%). Only one city with High fiscal capacity (5.2%), namely the City of Padang [21].

## **4.2 Factors influencing the implementation of the Integration of West Sumatra Sakato health insurance to NHI through health SSA**

### **4.2.1 Communication**

Communication at the beginning of the integration of the Health Insurance of West Sumatra Sakato to NHI in the Province of West Sumatra was carried out through a coordination meeting that discussed understanding [15].

a) Transmission

In the implementation of West Sumatra Sakato Health Insurance integration program to NHI through the health SSA, communication between stakeholders must be maintained. Good communication can provide feedback to ensure the continuation of the implementation of West Sumatra Sakato Health Insurance integration to NHI in West Sumatra Province [22][23].

b) Clarity

Clarity related to the integration of West Sumatra Sakato health insurance to NHI was clean and positive. It is because all the stakeholders can work to implement the program, including the Provincial Government, City Government District, and all agencies related to Health Insurance [24].

c) Consistency

Consistency is needed in the delivery of information so that there is no change in content even though it is conveyed to different parties and does not cause confusion for implementing the integration of West Sumatra Sakato Health Insurance to NHI [25].

### **4.2.2 Resources**

a) Staff

Staff or employees in implementing implementation in terms of quality and quantity. Quantity means having an adequate amount, while quality means having the expertise and abilities needed to implement the integration of West Sumatra Sakato Health Insurance to NHI through health SSA [11].

b) Information

Information is information, methods, or guidelines in implementing the integration of West Sumatra Sakato Health Insurance to NHI through SSA. The information referred to in this case, is related to guidelines or strategies in implementing the integration implementation policy [11].

c) Facilities

Facilities for the implementation of the Governor of West Sumatra Regulation on the Integration of West Sumatra Sakato health insurance to NHI through the health SSA to achieve UHC in the form of a complete health service facility in the Regency / City and the source of funds used to finance integrated participants [11].

#### **4.2.3 Disposition**

- a) Attitude / Response  
Attitudes and characteristics possessed by policy implementers in implementing the integration policy West Sumatra Sakato health insurance to NHI in West Sumatra Province [26].
- b) Bureaucratic Arrangements  
Bureaucratic arrangements for implementing the West Sumatra Governor's Regulation regarding the Integration of West Sumatra Sakato health insurance based on position and occupational position [26].
- c) Incentive  
Specific incentives for implementors of the Governor's Regulation regarding the Integration of West Sumatra's Sakato Health Insurance to NHI do not exist [26].

#### **4.2.4 Bureaucratic Structure**

- a) Procedure  
Procedures, Strategies, and SOPs are guidelines for implementing the program for time certainty, resource certainty and uniformity needs in complex and broad work organizations in the process of implementing West Sumatra Sakato Health Insurance integration into NHI through the health SSA towards UHC in West Sumatra Province [27].
- b) Fragmentation  
Fragmentation is the division of labor and the distribution of responsibilities of each implementer of the integration of West Sumatra Sakato Health Insurance in West Sumatra Province [27].

#### **4.3. The results of the implementation integration policy of the West Sumatra Sakato health insurance to NHI through the health SSA towards Universal Health Coverage (UHC) in West Sumatra Province**

Policy Results of the integration of West Sumatra Sakato Health insurance to NHI through SSA Health with the Governor of West Sumatra number 50 of 2014 in general running according to the rules applied by SSA and regulations related to NHI. However, some aspects may not in line with NHI. Among other things is UHC has not been achieved yet In 2019 [28].

It is expected that the results of the implementation of the integration of West Sumatra Sakato Health Insurance to NHI through SSA in West Sumatra Province can be further improved in carrying out those controlled and monitored by the monitoring and evaluation team and are more active according to their duties and authorities [28].

## **5.**

## 5 Conclusions

- 1) West Sumatra Province has the implementation of the integration of the West Sumatra Sakato health insurance to NHI through SSA in early January 2014 with 19 Regencies / Cities with 795,106 people or 15.49% of the population based on West Sumatra Governor Regulation number 50 of 2014 concerning integration. □
- 2) The integration of West Sumatra Sakato of health Insurance to NHI, especially independent participation supported by the Decree of Governor No 3003 of 2015 on the Prospective Bride and groom, must be included in the independent NHI. The Decree of Governor No 799 of 2016 on Protection of Health Insurance has not contributed to increasing NHI independent participation seen from the indicators: communication, resources, disposition, bureaucratic structure.
- 3) The results of the integration policy to achieve UHC were below the target. The lowest membership achievement was Padang Pariaman (64.4%). The budgeting of national (APBN) and local budget APBD could not cover all the lower-income communities. Local budget (APBD) was overused for NHI premiums. It indicates that the Control Team has not done its work well.

## Suggestion

The results and discussion in the research on the implementation of the integration of the West Sumatra Sakato Health Insurance to the National Health Insurance through the Health Social Security Administrator, there are some suggestions as follows: □

- 1) For local governments to prepare strategies or systematic steps for achieving UHC in West Sumatra through the Health Office as Coordinator.
- 2) The Governor and the Regent / Mayor should have good coordination to get a positive result for the implementation of the Decree of Governor of West Sumatra No. 3003 of 2015 and Decree of Governor of West Sumatra No. 799 of 2016 concerning Protection of Labor, especially for Companies area.
- 3) Re-register or re-update national health insurance for poor people participant data from budget government (APBN) and local budget (APBD) so that it is right on target by coordinating between the department of population, Social Service and Central Bureau of Statistics (BPS) to reduce the budget of the West Sumatra and Regency / City local budget (APBD)
- 4) Optimizing the Control and Supervision function by the mandate of the Integration Regulation through the Coordination Team, the Monitoring Team formed by the Governor, the Regent / Mayor, and the Monitoring & Evaluation Team by the Head of the Provincial Health Office / Head of the Regency / City Health Office. □

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