

JKN Financing Dominates National Health Policy

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Financing health insurance dominated the health policy issued by President Joko Widodo in 2015. The health financing policy is not well ordered and not yet supported by health policies related to improvement of the quality and equity of health services. Although the government plans to increase the health budget to 104.8 trillion rupiah in 2016 from previous budget which was 74.8 trillion rupiah, to achieve equitable distribution of quality health services for all citizens, the government is faced with unequal health personnel distribution.

That was the main topic on Health Policy and Management Reflection Discussion in 2015 conducted by the Center of Health Policy and Management of Faculty of Medicine at Hotel Santika Yogyakarta, Wednesday (30/12). Present as speakers, Professor of Faculty of Medicine, Prof. Laksono Trisnantoro, Ph.D., and researcher dr. Yodi Mahendradhata, Ph.D.

According to Laksono, national health policy in 2015 was focused on the financing policy, but has not yet been followed with policies of health management for mutual support, "If the financing in the next year increases, but we still have no idea where the fund will go, because we are still lacking of doctors and they are not equally distributed," he said.

Laksono added that there is unequal number of specialists in each area. In fact, the number of medical specialists in Java ranged between 1000 to 6000 in each province. While outside Java, it is between 100-500 and even below that. Some provinces such as Riau, North Sumatra, East Borneo, Bali, and South Sulawesi reached more than a thousand specialists. It is said by Laksono that there

is a need to increase the number of specialist doctors and specialist doctors placement policies in order to improve the health status of the community. "Specialist Doctors could be sent to the remote areas, the young doctor for example, could be given easier access to college education specialist with an agreement for serving in remote area for ten years or until retirement," he said.

About the National Health Insurance (JKN), Laksonoed assess that the role of local government there is still very limited. While BPJS is a centralized financial institution, the health sector is decentralized. "There is a possibility of implementation in 2016 to fail because huge funds will actually get into the middle to upper classes that could finance themselves," he said.

Government regulations and ministerial decrees to support JKN need to be re-discussed so that there will be a synergy among the Ministry of Health, BPJS and health institution. In the field, said Laksono, conflicts are still found between health centers, hospitals and BPJS regarding payments claims, so health authorities need to mediate them. "Are human resources in the health office has the capability for that? I think it is fair to use an independent power as mediator, help health authority to face such cases," he said

Meanwhile, Yodi Mahendradhata said that the government must play a full role in providing public services and funding health services. Therefore, the government must be strong in seeking funds through taxes. According to Yodi, the tax on cigarettes could be diverted to finance JKN, and it is actually not just from the cigarette tax, but also taken from the tax of soft drinks. "There are other sources for taxes, soft drinks for example, because it is high in sugar, there are implications for diabetes," he said.

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