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PROCEEDINGS OF THE 2ND INTERNATIONAL
SYMPOSIUM OF PUBLIC HEALTH

Achieving SDGs in South East Asia: Challenging and Tackling of Tropical Health Problems

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Yulis Setiya Dewi
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Editor on Board: Febi Dwirahmadi

Organized by
Faculty of Public Health, Universitas Airlangga



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FOREWORD

The point of Sustainable Development Goals (SDGs) has been determined in the consistent meeting in all countries. The health sector position is one of the key components in achieving the indicators. Special attention to the health sector focuses on community nutrition, national health systems, access to reproductive health and family planning and sanitation and clean water.

Based on that, Southeast Asian countries are seen as important part in formulating strategic and policy efforts to improve the effectiveness and efficiency of achieving the various goals of the SDGs. Therefore, the Doctoral Program of Health Science, Faculty of Public Health, Universitas Airlangga held The 2nd International Symposium of Public Health. This remarkable event is in collaboration with Faculty of Medicine, Widya Mandala Catholic University Surabaya and Magister Program of Public Health, Jember University. It's an honour to present **“Achieving SDGs in South East Asia: Challenging and Tackling of Tropical Health Problems”**.

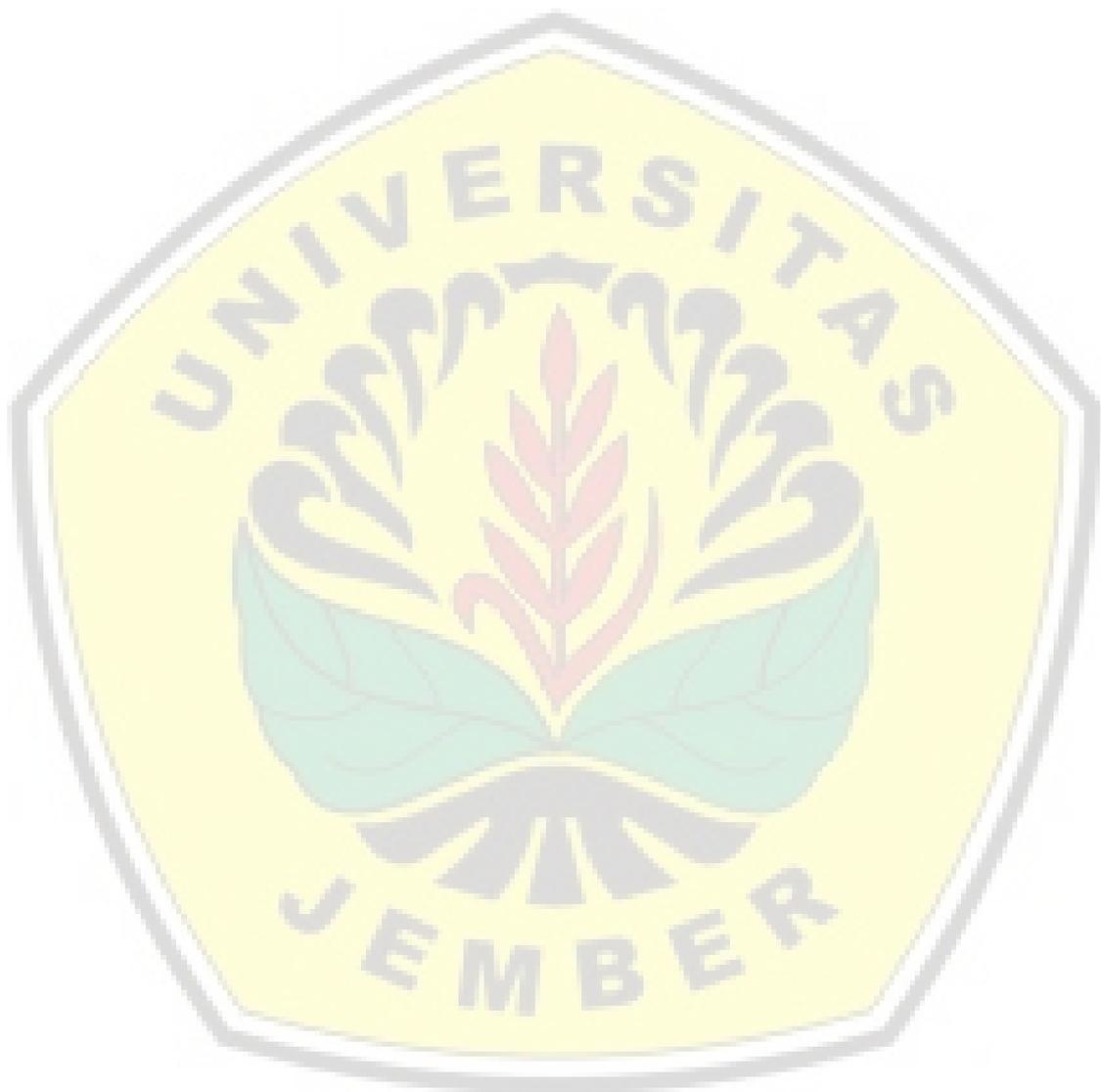
We have tried to give our best contributing of our knowledge in the field of public health especially our contribution to help the problems on tropical health, health equity and quality of health care, clinical and community relationship to enhance public health, emerging and re-emerging diseases, nutrition-enhancing as strategic investment, global strategy framework for food security and nutrition, environmental and occupational health and mental health for achieving SDGs in South East Asia.

The aim of this symposium is to disseminate knowledge and share it to the public, especially in the scientific community, such as academics and practitioners in the field of health. The symposium focusing on formulation of policy recommendations for related parties to accelerate the achievement of the target of SDGs in the field of health. The results of this symposium are also expected to be an input for policy makers, from various levels in formulating programs to accelerate the SDGs goals' achievement. This international symposium will help us, to grasp and share more knowledge especially in public health science.

At last, we would like to acknowledge for all parties which are provide the valuable materials as well as financial support for the successful symposium. As chair of organizing committee, I would also like to say deep thank you for all committees; my colleagues, and also students in faculty of Public Health Universitas Airlangga, who have been working to be part of a solid team and amazing committee.

I am looking forward to seeing you at ISoPH in the near future.

Rachmad Suhanda
Chairman of the Committee



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Analysis on Policy of JKN Implementation in Jember Regency

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Abstract: The central and regional governments are responsible for the availability of health facilities and the provision of health services for the implementation of the National Health Insurance (JKN) program. *Puskesmas* (Primary Health Care), as a health facility owned by government, is required to be a First Level Health Facility (*Fasilitas Kesehatan Tingkat Pertama* (FKTP)). The type of this research was qualitative research. Data collection technique in this research was in depth interview technique (in-depth interviews). The focus of the research was analyzing the duties and functions of each institution related to the implementation of JKN, the regulation underlying the implementation of JKN, and the obstacles in the implementation of JKN at primary health care. The result of the research showed that the policy or regulation supporting the implementation of JKN did not accommodate several conditions in Jember Regency. The utilization of capitation funds was constrained by the policy, so that the number of *Silpa* was quite large. There should be the intervention of the local government and other relevant agencies that formulate a more flexible regulation to support the implementation of JKN, so that the capitation funds can be useful.

1 INTRODUCTION

Since has been launched in 2014, the implementation of JKN (National Health Insurance) program is a very important and interesting issue to discuss, because it is a part of the SJSN (National Social Security System) which is organized using a compulsory social health insurance mechanism for all Indonesian people based on Law Number 40 Year 2004 regarding SJSN for the purpose of fulfilling basic public health needs which are provided to any person who has paid contributions or whose contributions are paid by the government. The Government entrusts the implementation of JKN to the Social Health Insurance Provider Board (*BPJS Kesehatan*) as the organizer. Based on *PerPres* no. 12 Year 2013 on health insurance, the government and regional government are responsible for the availability of health facilities and the provision of health services for the implementation of the National Health Insurance (JKN) program. To provide health services to its participants, BPJS cooperates with various health services at the basic level. Primary Health Care is one of the first level health facilities (FKTP) that has an important role in the era of National Health

Insurance (JKN). *Puskesmas* (Primary Health Care) as FKTP has a role as a gatekeeper of public health service. After running the JKN program, the existence of *Puskesmas* as a gatekeeper is still a challenge for itself, because it does not only focus on public health in its scope but also requires to provide qualified health services for JKN participants who have been registered, besides the large existing operational fund capitation cannot be taken into its own problems and will affect the quality of *Puskesmas* services.

The implementation of JKN in Indonesia, especially in Jember Regency, faces various problems. Some of the problems that arise in the implementation of JKN are how the implementation of the program is main in primary health centre as the primary service gate keeper, whether the implementation is in accordance with the regulation underlying the program, how FKTP responds to the regulation of the JKN payment by BPJS, and how stakeholders in the National Health Insurance program participate.

Therefore, it is necessary to monitor and evaluate the implementation of JKN program in Jember Regency. Monitoring is a policy analysis procedure

used to provide information about the causes and effects of a policy (Dunn, 2003).

The purpose of this research was to analyze stakeholders and policy makers, the implementation of JKN in primary health care, and the problems that arose in the implementation of JKN.

2 METHOD

This research was a qualitative research, in which the researcher would like to analyze the implementation of JKN program policy in Jember Regency involving *Puskesmas* in the working area of Health Office of Jember Regency. The units of analysis used in this study were 10 selected *Puskesmases* representing rural and urban areas. In-depth interview was conducted to the sample with purposive sampling technique with the consideration of individual who understood the implementation of JKN program in each institution. Informants were the heads of *Puskesmas*, head of administration of *Puskesmas*, JKN treasurer of *Puskesmas*, and the health financing department at Health Office of Jember Regency.

In-depth interview was used to obtain primary data in the implementation of the JKN program at *Puskesmas* and the regulations underlying the implementation of the program, the obstacles of the program implementation and future expectations. Secondary data were collected with document review to obtain information on *Puskesmas* regulation, planning and budgeting, as supporting evidence of qualitative information. Furthermore, researcher also did the triangulation. It was done for a deeper understanding of what has been found before. It was conducted by the heads of *Puskesmas* and decision-makers in Health Office of Jember Regency.

3 RESULT

3.1 Analyzing Stakeholders and Policy Maker

Stakeholders who have an interest in the implementation of JKN were the local government (*Pemda*) of Jember Regency, social service, Health Office and *BPJS Kesehatan*.

The local government issued a decree on the appointment of the JKN treasurer at the *Puskesmas* and the passage of the account code for capitation

and non-capitation funds. In addition, the Regent also set out the Regent's Regulation on the utilization of capitation funds. While the Health Office, through the head of the Health Office, endorsed the decree of the head of the department on the weighting of services and played a role in the process of disbursement of operational fund of *Puskesmas*. *BPJS Kesehatan*, as the implementing agency of JKN, established regulations relating to the implementation of JKN (registration, contribution payment, capitation payments and non-capitation claims).

3.2 Analyzing the Implementation of JKN in Puskesmas (Primary Health Care)

The implementation of JKN in *Puskesmas* basically was in accordance with what had been mandated by the prevailing clause; that service, namely the capitation health care services that were outpatient and non-capitation, was the inpatient health services in *Puskesmas*; contraceptive services of Family Planning (Keluarga Berencana/KB) in *Puskesmas*; the *Prolanis* (chronic disease management program), and delivery at *Puskesmas*. The utilization of capitation funds was also in accordance with the clause of 40% for operational costs and 60% for services. While, claims of capitation funds were 40% for services and 60% for operational cost.

For the participants' referral, the *Puskesmas* had performed tiered referral by screening. Referrals were very selected and must be consistent with 144 diagnoses to be resolved at the *Puskesmas* in accordance with the ability of the *Puskesmas*, only no referral (from Hospitals) number was found in the *Puskesmas*.

3.3 The Problem Arising in the Implementation JKN in Primary Health Care

The problem arising from this JKN placement was the very slow disbursement of non-capitation claims funds from the month of claims for non-capitation funds that was not recognized by *BPJS*. *BPJS* argued that the *Puskesmas* was slow in responding to the claims report.

"... the non-capitation, still waiting for that ... it is not clear what is wrong"

Another problem that arose was that *Puskesmas* had difficulties in utilizing capitation operational funding because there was no provision that could

support the process. As presented by a head of a *Puskesmas*:

"I cannot answer it because there is no ... Yes the funds have no certainty"

It is recognized by health financing officers in the health service, thus caused a very large *Silpa*.

"... the second is, when the Puskesmas is given the authority to spend its own funds of the capita, then the procurement device also must exist. Procurement devices consist of such as the Committing Officers once called Producers that hold the Budget User Agent (KPA); Technical Implementing Activity Officers (PPTK) that continue to investigate the results of work (PPHP). It must be formed. We are ready to form it, but there is a rule for anyone who may become for example the PPK, anyone who may become PPTK and KPA"

Promotive and preventive services at *Puskesmas* had not been maximal and not yet implemented the *prolanis* due to uncertainty of claim submitted.

"prolanis that we are supporting, continue counseling ... it has not, we have not implemented, because there is an obstacle that if we must bring it to instructors, we will have to pay for it"

"that prolanis is claimed, I do not know the mistakes, just a lot of funds that has not been disbursed; the prolanis funds, from other friends of the Puskesmas, there is no down, there is disbursement of funds..."

But *Puskesmas* is still trying run the program by using other funds.

4 DISCUSSION

Local governments had very big roles in the implementation of JKN in accordance with the mandated role of local government in the success of the JKN program, namely the participation and the fulfilment of health workers, especially general practitioners and specialists in health centres, effective management and utilization of capitation funds in first-level health facilities owned by local governments, access improvement to health services in accordance with medical needs and also budgets adequacy for the provision of individual health services and public health services (UKM and UKP). While, the technical implementation of the management and utilization of JKN capitation funds in FKTP were based on the *Perpres* 32 Year 2014.

It is hoped that with a Handbill of Ministry of Domestic Affairs No. 900 Year 2014 on Technical

Guidelines on Budgeting, Implementation and Administration, as Well as Accountability of JKN Capitation Funds at First District Government Health Facilities, the problems experienced by the Health Office of Jember Regency can be resolved. But not so, the Health Office of Jember Regency still made it as a constraint, the desire was the existence of guidance for implementation (*Juklak*) or regulations that could accommodate the interests of the management of operational funds so that it would be more easily understood and applicable.

The function of the *Puskesmas* as a promotive and preventive health service is expected to function unchanged with the existence of JKN which prioritizes the rehabilitative service (capitation). The JKN program is run to ensure social welfare, both public and government health programs, therefore BPJS and *Puskesmas* as the health service should be able to work together to discuss the obstacles in its implementation, especially the claims of non-capitation funds.

5 CONCLUSION

Conclusions that can be drawn from the above discussion are: it needs a regulatory support from the local government in the context of management of capitation funds in *Puskesmas* so that *Puskesmas* that can perform better its function as a gatekeeper.

The problem related to BPJS and *Puskesmas* should be resolved by both parties openly and transparently, so as not to cause unrest on the side of *Puskesmas*.

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