

# A DECADE OF INDONESIA'S NATIONAL HEALTH INSURANCE: *JAMINAN KESEHATAN NASIONAL (JKN)* Indonesia's Experience

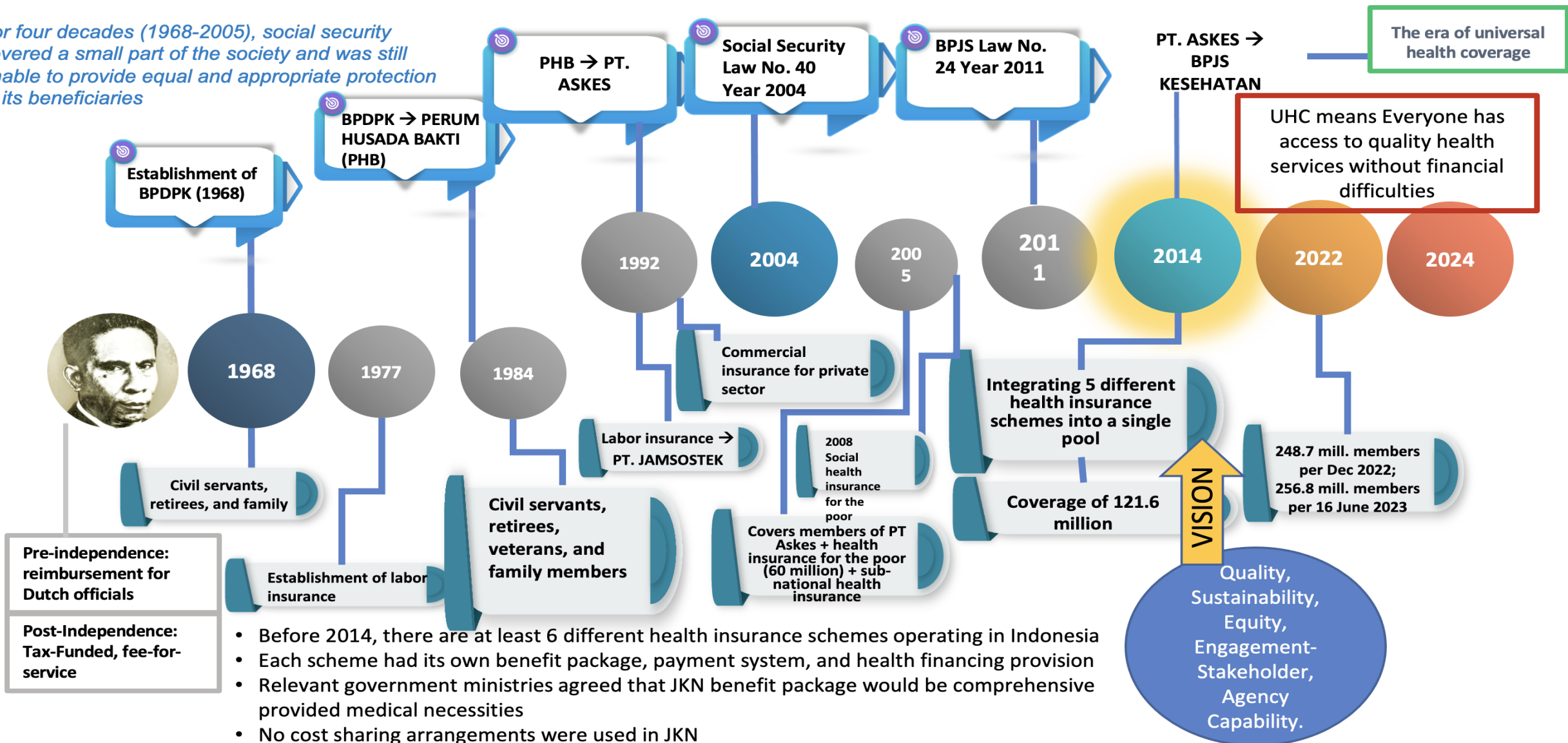
**Prof. dr. Ghufron Mukti, M.Sc., Ph.D., AAK.**  
**President Director Of BPJS Kesehatan**

IHEA PRE-CONGRESS SESSION  
BALI, JULY 20, 2025



# THE JOURNEY OF SOCIAL HEALTH SECURITY IN INDONESIA

For four decades (1968-2005), social security covered a small part of the society and was still unable to provide equal and appropriate protection to its beneficiaries



**Pre-independence:** reimbursement for Dutch officials

**Post-Independence:** Tax-Funded, fee-for-service

- Before 2014, there are at least 6 different health insurance schemes operating in Indonesia
- Each scheme had its own benefit package, payment system, and health financing provision
- Relevant government ministries agreed that JKN benefit package would be comprehensive provided medical necessities
- No cost sharing arrangements were used in JKN

**PUBLIC LEGAL ENTITY**  
**NOT BUSINESS ENTITY**

By Law Number 24 of 2011

INSTITUTIONAL

POSITION

**DIRECTLY UNDER THE PRESIDENT**  
**NOT UNDER SPECIFIC**  
**MINISTRIES / INSTITUTIONS**

**Comes from a small portion of the Social Security Fund (DJS) of Health, NOT directly from the APBN (State Revenue and Expenditure Budget)**

Minister of Finance Regulation (PMK) Number 236 of 2022, BPJS Kesehatan obtains operational funds taken from social health security funds, the amount is 2.89% of the health insurance program contributions that have been received.



- BPJS Kesehatan reports performance to the President as the Head of State
- BPJS Kesehatan also synergizes with the Ministries

**Trust Funds (Participant Contributions)**  
**NOT APBN (State Revenue and Expenditure Budget)**

The source of Health Insurance Funds managed by BPJS Kesehatan comes from participant contributions. If there are funds from the APBN in the form of:

- Contributions for "Contribution Assistance Recipient" (PBI) participants / the poor borne by the state in accordance with the constitutional mandate
- Participant contributions for wage earners for the State Civil Service and the Indonesian National Army/Police where the Government is the Employer

**BPJS KESEHATAN REPORT**

Description of institutional assets sourced from initial government capital, transfer of BUMN assets, development of BPJS assets, as well as operational funds taken from DJS or other legitimate sources. BPJS assets themselves are used for operational costs for implementing social security programs, procurement of goods and services, increasing service capacity, and investment.

**SOCIAL SECURITY FUND REPORT**

Overview of trust fund assets resulting from contributions from all participants and their development. BPJS Kesehatan manages these funds for the payment of benefits to participants, as well as operational financing for the implementation of social security programs.

# BPJS KESEHATAN's DUTIES In Accordance With The Law Mandatory

## BPJS Kesehatan Manages Individual Health Efforts (UKP) in the JKN Program

**Public Health Efforts (UKM) are the role and responsibility of related ministries and agencies in local governments.**

Health Efforts

Demand/  
Supply Side  
Kesehatan

BPJS Kesehatan manages **Demand Side** ( coverage participant )

**Meanwhile, fulfilling the need for health facilities (supply side) is the role and responsibility of the relevant ministries, regional governments and the private sector.**

BPJS Kesehatan's  
Duties  
UU 24 Tahun 2011  
Pasal 10

### MAIN TASK

1. Do and/ or accept registration participant .
2. Collecting and gathering contribution from participants/employee and the employer
3. Receive contribution assistance from the Government.
4. Manage Social Security Funds for the benefit of participants
5. Collect and manage data on social security program participants.
6. Pay benefits and/or finance health services in accordance with the provisions of the social security program.
7. Provide information on the implementation of social security programs to participants and the community.

### ADDITIONAL TASKS FROM THE GOVERNMENT

1. Verifying Covid-19 claims
2. Verifying claims for the Maternity Insurance Program (Jampersal)
3. Supporting the acceleration of the Covid-19 vaccination process in Indonesia (through P-Care Vaccination)

**The JKN program is a real mutual cooperation action throughout Indonesia**

Not-For-Profit Legal Entity, Directly under President of RI

Ina-CBGs and Non-InaCBGs, MAB, Q and CCT, AFS

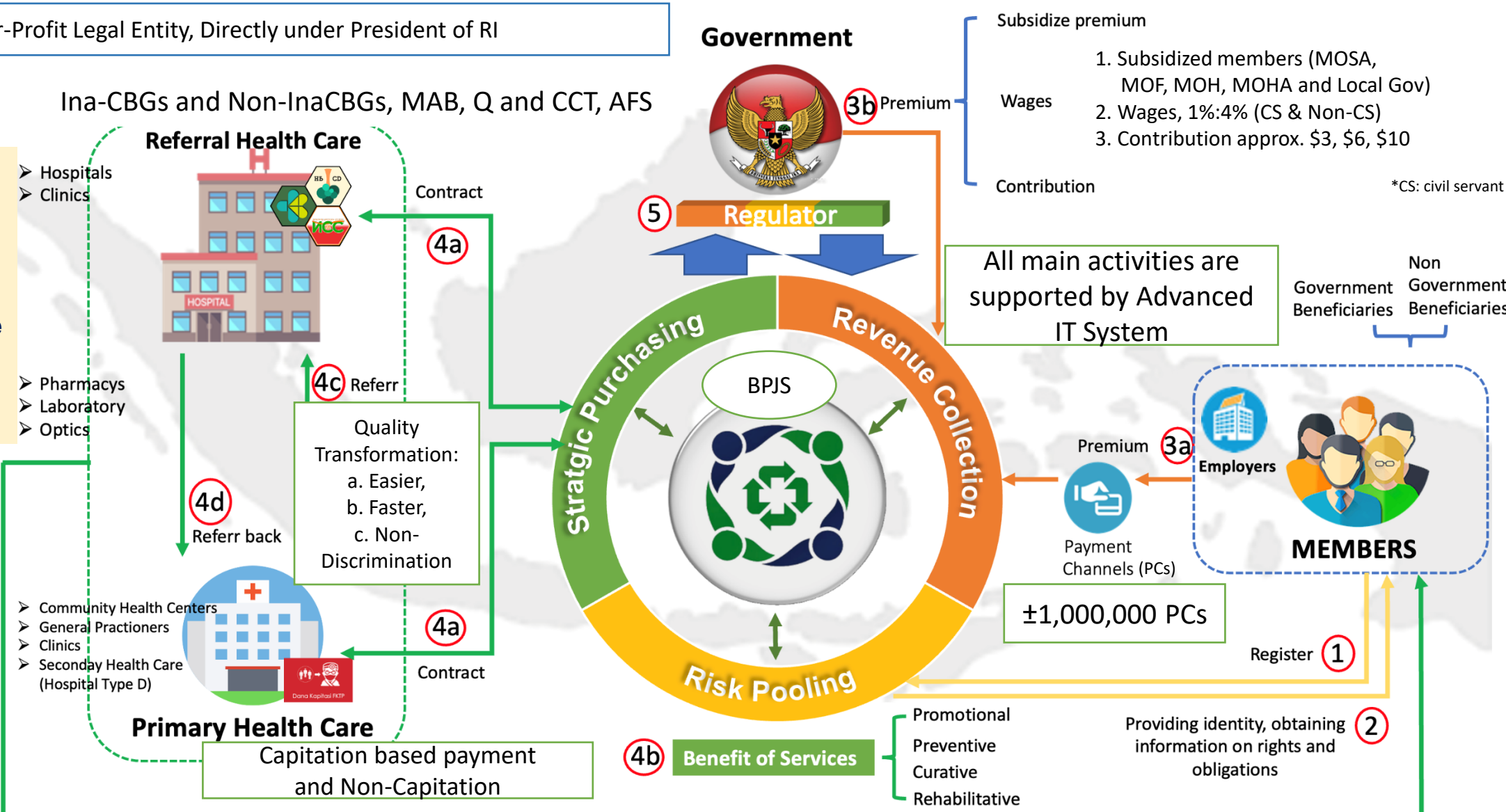
According to Act no 40 year 2004 on National Social Insurance, health insurance is based on social insurance and equity principles (article 19 number 1)



Managed care

Run by ±8500 dedicated young personnels with Org. cultural values : INISIATIF  
Monitored by KPI

Single Scheme, 98,32% Coverage (280,179 M), **Deficit (-) → Surplus (+)**, Down payment, increased tariff & satisfaction, OOP 49.7% → 25%



**Government**



3b Premium

- Subsidize premium
  - Wages
    1. Subsidized members (MOSA, MOF, MOH, MOHA and Local Gov)
    2. Wages, 1%:4% (CS & Non-CS)
    3. Contribution approx. \$3, \$6, \$10
  - Contribution
- \*CS: civil servant

5 **Regulator**

All main activities are supported by Advanced IT System

Government Beneficiaries  
Non Government Beneficiaries

- Hospitals
- Clinics
- Pharmacies
- Laboratory
- Optics

**Referral Health Care**



Contract

4a

Quality Transformation:  
a. Easier,  
b. Faster,  
c. Non-Discrimination

4c Referr

4d Referr back

- Community Health Centers
- General Practioners
- Clinics
- Secondary Health Care (Hospital Type D)

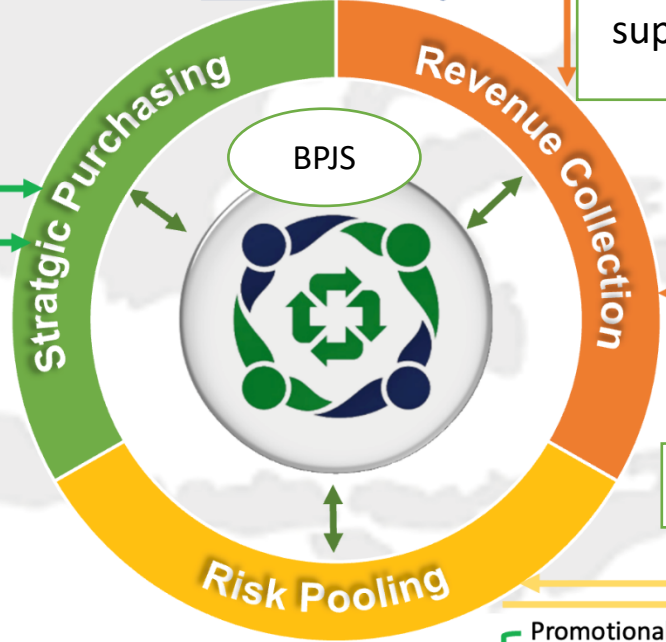
**Primary Health Care**



Contract

4a

Capitation based payment and Non-Capitation



Premium 3a  
Payment Channels (PCs)



**MEMBERS**

±1,000,000 PCs

Register 1

- Benefit of Services
  - Promotional
  - Preventive
  - Curative
  - Rehabilitative
- Providing identity, obtaining information on rights and obligations 2

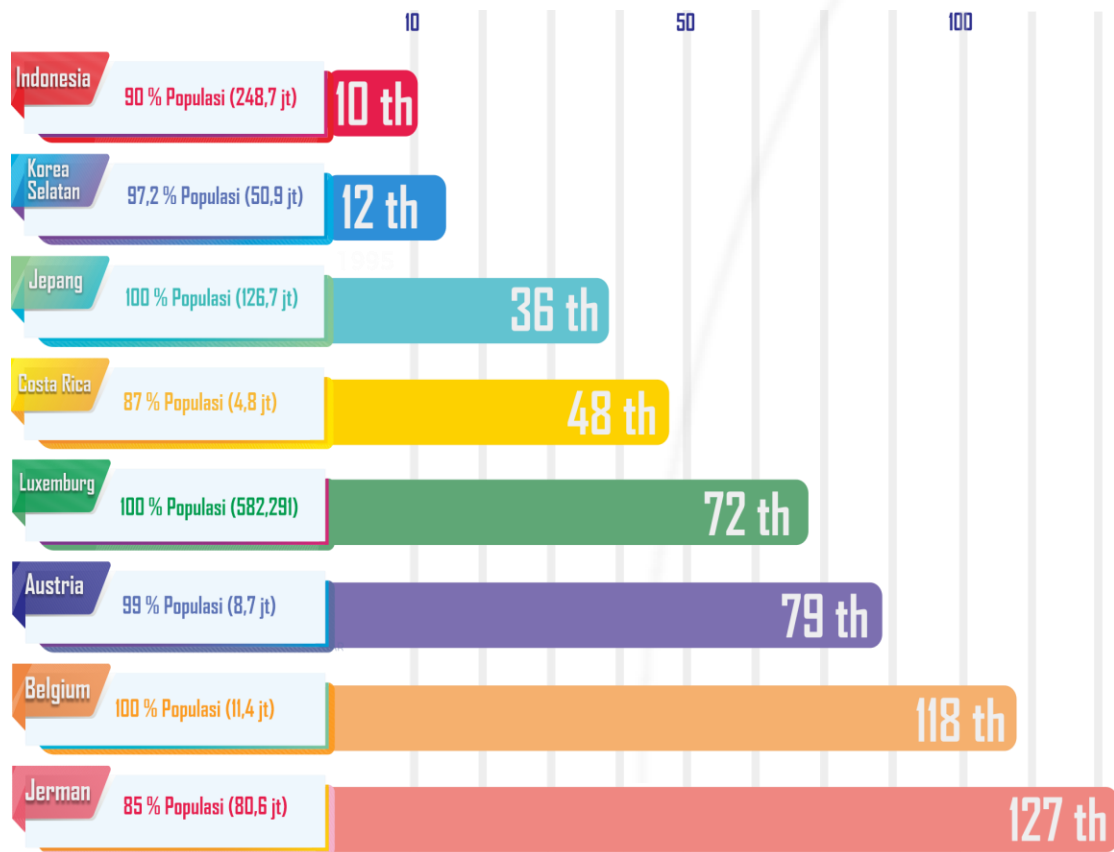
**MEMBERS OF JKN PROGRAM AS JULY 01, 2025**

**280,179,005**

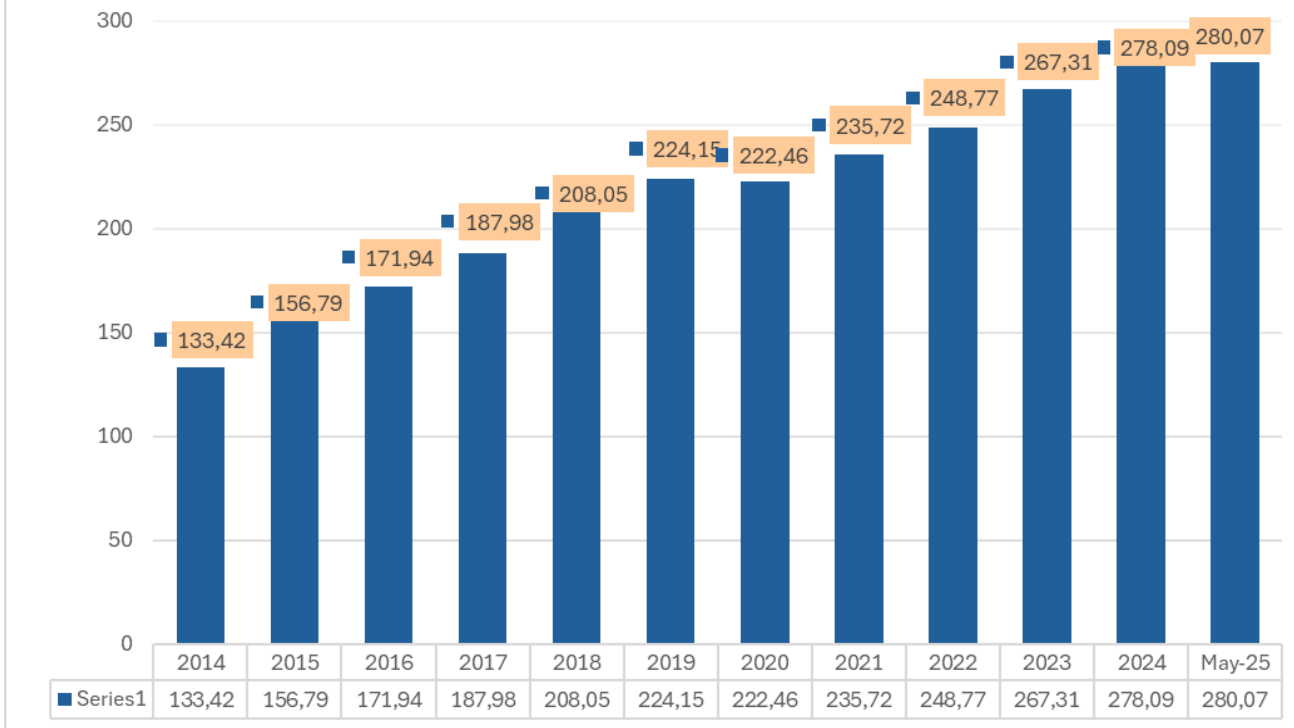
**98,32%**  
Of total populations  
(284.973.643)

\*) Total population in semester II 2024: **284.973.643**

Source: <https://gis.oukcapi.kemendagri.go.id/peta/>



**JKN MEMBERSHIP COVERAGE FROM 2014 TO 2025**



## Informal Sectors

- 1) Willingness to register (middle and upper class people who have Private insurance)
- 2) Ability to pay of JKN members from informal sector (economic issues, etc)
- 3) Inactive members

## Formal Sectors

The Compliance of Private Company to register all workers and family members in JKN Program

## Challenge in fulfilling the quota for the Beneficiaries:

Poor & near poor population data validation to be included as beneficiaries (DTKS) paid by Government



## Policy & Regulation

Law enforcement in public services has not been fully implemented esp. for informal sectors

## Hidden Middle

- 1) Population with low ability to pay, yet has not been validated as beneficiaries/registered in local scheme by the local government
- 2) Workers from a small & micro company with salary far under minimum wage

## Local Scheme (population registered by local government)

The government fiscal limitation in the election year

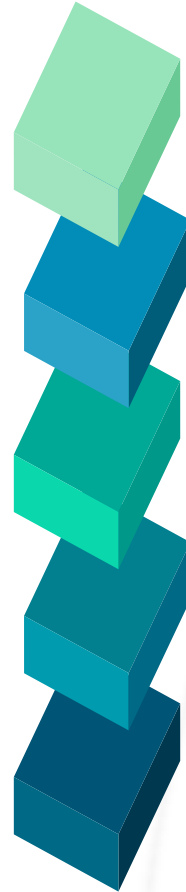
## 1 Policy & Regulation Inforcement

Presidential Instruction number 1 year 2022 to 34 Ministries/gov. institutions dan local government:

- Synergy in policy & regulations
- Law enforcement to increase the compliance of formal & informal sectors (SIM, SKCK)
- Integration of system & data

## 2 Data & System Integration

Data Integration with ministries: populations mapping for the uninsured (formal and informal sectors)



## 3 Community funding

- Donation Program for informal sectors (PIPMPJ-JKN Care Community Funding Program)
- Collaboration in paying contributions through the SRIKANDI Program (Synergy of Participant Reactivation Recruitment between Regional Government and Third Parties)

## 4 Innovations to increase membership coverage & service

- Digital registration channel:
  - Informal Sectors: Mobile JKN, Care Center 165, Pandawa (registration through WhatsApp),
- Centralized outbound call & WhatsApp Blast (Jelita Program) to increase active JKN members
- Synergy and collaboration with village officials in Program PESIAR (mapping, tracing, advocating & registrating)
- Face recognition to improve services to JKN members

# "PESIAR" (PETakan SISir Advokasi Registrasi) Program Mapping, Canvassing, Advocacy and Registration



A planned social marketing activity in order to recruit participants and increase the activeness of JKN participants carried out by a third party assigned on the recommendation of the relevant Regional Apparatus.

## OUTPUT:

1. Availability of JKN and Non-JKN Participant **Mapping** in each Village/Sub-district and other data (**stunting, extreme poverty, pregnant women, etc.**)
2. Increased **Understanding** of the JKN Program
3. Increased **engagement** of JKN Participants
4. Creation of Partnerships between BPJS, Local Government, and Village Apparatus as the Smallest Government Unit
5. **Synergy** in supporting Government Programs related to Welfare (sweeping of pregnant women who are not yet JKN, prevention of stunting, extreme poverty, etc.)
6. Increased Employer **Compliance**

**GOALS:** Mapping village communities that are not yet protected by JKN.

Canvassing/Reaching out to vulnerable communities (poor communities/layoff victims/stunted communities/pregnant women) etc. who are not yet included in JKN membership.

Canvassing through the formal sector workers whose employers have not registered them for the JKN Program.

Conducting socialization and advocacy for village communities regarding JKN participation.

Ensuring that non-JKN village communities become JKN participants in order to create UHC villages – Healthy and Prosperous Villages

## **Benefits of the PESIAR for Villages/Districts/Cities:**

SDGs Achievement  
Healthy and Prosperous  
Villages in 2023

Validity of population data and combing vulnerable communities:

- ✓ Poor population potential DTKS
- ✓ Disability
- ✓ Toddlers/children with stunting
- ✓ Pregnant women
- ✓ Laid-off workers who have not worked
- ✓ Residents who do not have Health Insurance

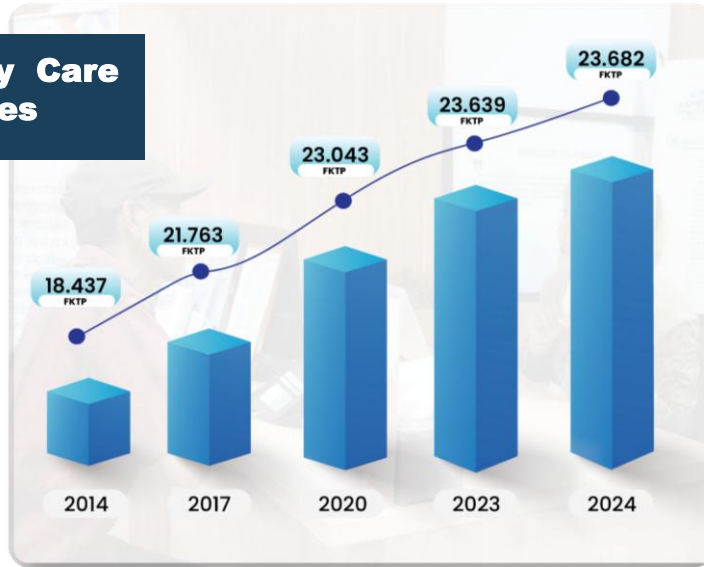
Helping to achieve a reduction in extreme poverty rates

## OUTCOME:

UHC Villages

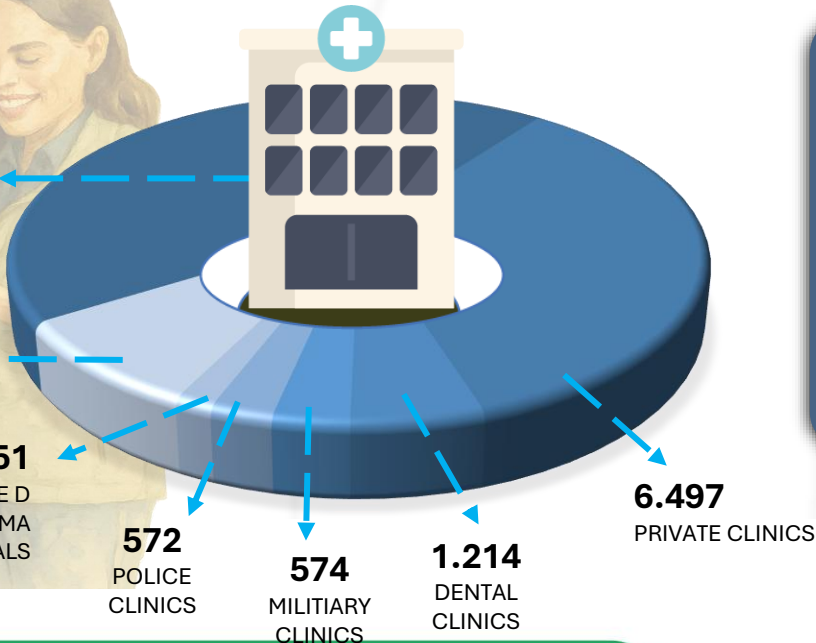
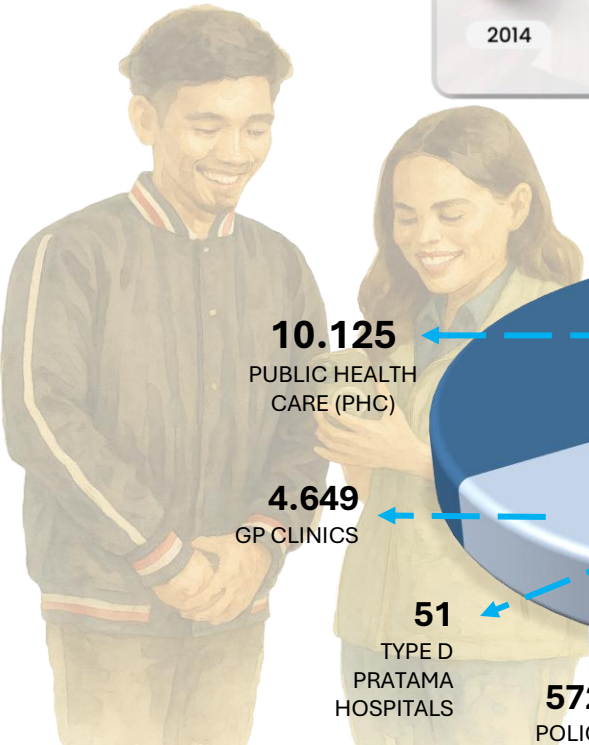
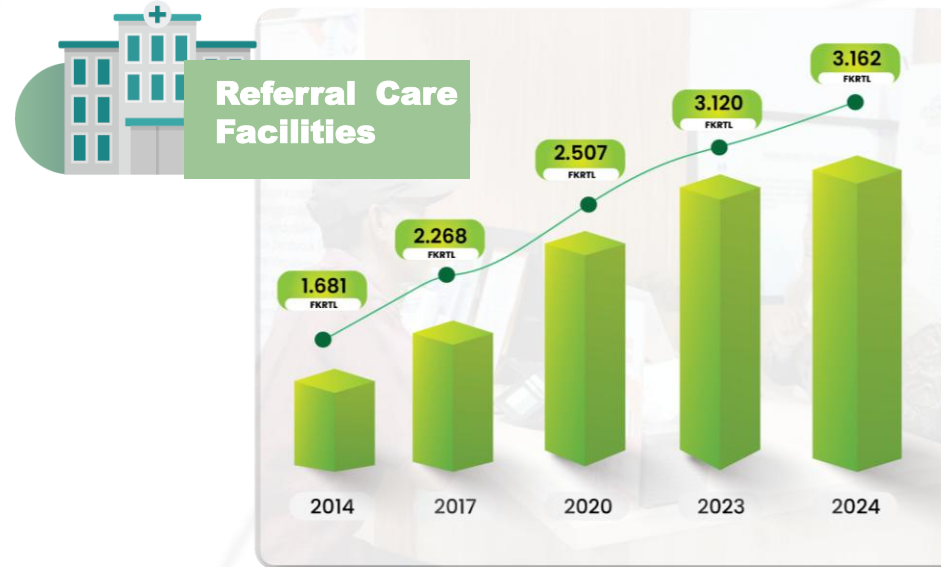
## Primary Care Facilities

Between 2014 and 2024, the number of contracted Primary Health Care Facilities (PHC providers) **increased by 28%.**



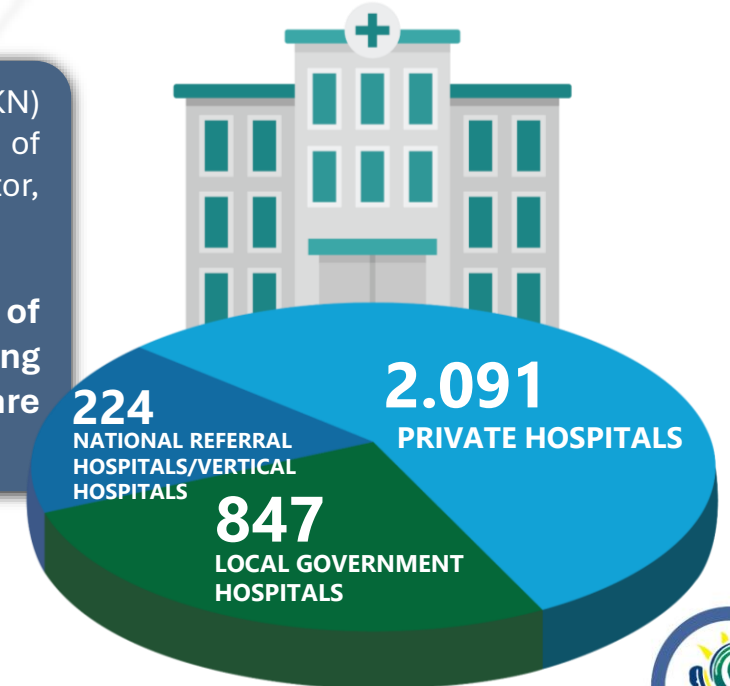
## Referral Care Facilities

From 2014 to 2024, the number of contracted hospitals with BPJS Kesehatan **increased by 88%.**



The National Health Insurance (JKN) Program has driven the growth of the private health sector, particularly hospitals.

As of the latest data, 66.13% of hospitals has been partnering with BPJS Kesehatan are privately owned.



## HEALTH CARE EXPENDITURE



**2024**

IDR 175.07 trillion (USD 10.26 billion)

**2023**

IDR 158.85 trillion (USD 9.31 billion)

**2014**

IDR 42.65 trillion (USD 2.50 billion)

Total health care expenditure  
in 11 years of JKN implementation  
**IDR 1,087.4 Trillion (USD 63.77 billion)**

**2024**



1.9 million visits/day



700.42 million visits/year

**2014**

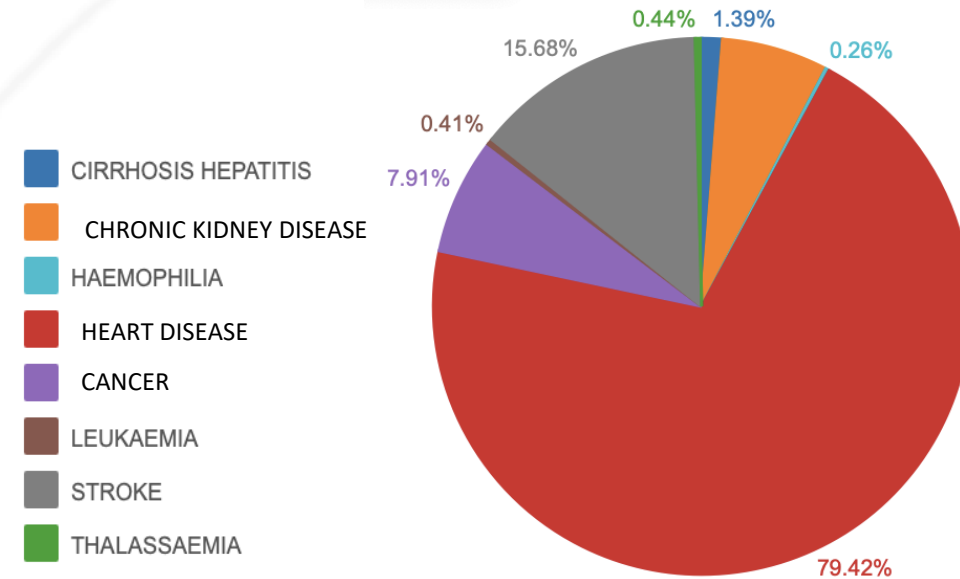


252 thousand visits/day



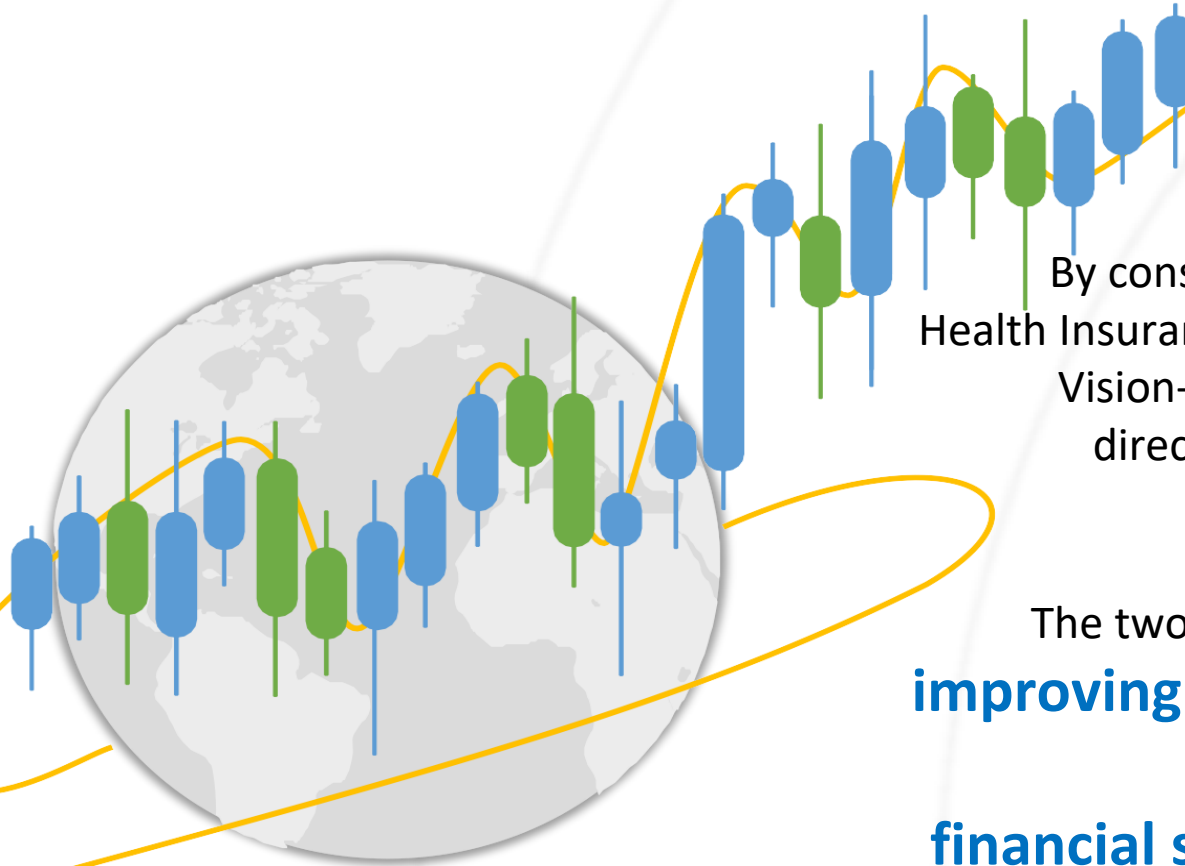
92.3 million visits/year

## CATASTROPHIC EXPENDITURE



- **Catastrophic expenditure took part about 24–31%** of the total health care expenditure
- The total of catastrophic expenditure from 2014 to 2024 is no less than IDR 235 trillion (USD 13.78 billion)
- Catastrophic expenditure due to heart diseases is the largest proportion

## *Customer Focus and Financial Sustainability*



By considering the challenges faced in implementing the Health Insurance program for the next five years, as well as the Vision-Mission and Strategic Targets to be achieved, the direction of BPJS Kesehatan policies and strategies are summarized in a Grand Strategy.

The two components in the Grand Strategy are related to **improving the quality of services** by focusing on the needs of participants (**customer focus**) and **financial sustainability** supported by strong Capability.

## Healthcare with just your National ID number

JKN participants no longer need to bring photocopies such as JKN card, ID card, or family card when visiting healthcare facilities.



## **convenient**



- Access to health services
- Health care administration

## **fast**



- Queue for services at health facilities (medical services, medical procedures, drug services)
- Response to information and complaint services

## **equity/non-discrimination**



There are no discrimination in health facilities for JKN members

Foreign nationals satisfied with Indonesia's JKN Program



# DIGITAL TRANSFORMATION OF HEALTHCARE SERVICE ACCESS

## BUGAR

The Internet of Things (IoT) technology supports a healthy lifestyle and enables real-time health monitoring for National Health Insurance (JKN) participants.



## Health History Screening

Helping participants conduct their own health screening independently.



## Medication Schedule

Reminders for taking medication for participants undergoing long-term treatment using AI technology.



## Implementation of the Latest Technology

- ✓ Face Recognition (FR)
- ✓ Optical Character Recognition (OCR)
- ✓ Human AI
- ✓ Robotic Process Automation (RPA)
- ✓ Generative AI
- SOON → Blockchain



## Online Queue

A solution to simplify access to services at healthcare facilities and reduce waiting times from over 6 hours to under 2 hours.



## Service History Information

Making it easier for participants and primary care doctors (DPJP) to view the patient's healthcare service history.



## Telemedicine

Enabling participants to consult with doctors and receive medication.

- Doctor Consultation
- Medication Delivery



## FRISTA Mobile JKN

Innovation in Face Recognition Technology for identity recognition as an alternative option in validating the eligibility of JKN participants in hospitals.



## Availability of Beds & Surgery Schedule

Providing real-time information on bed availability in hospitals.



Healthcare Facilities

# I-CARE JKN

(DIGITAL MEDICAL RECORD IN THE HAND OF PHC PATIENTS)



Improving the  
quality of health



Increase the accuracy  
of diagnosis by  
doctors



Integrated medical  
health records



Support promotion  
and comprehensive  
care




**PHC= Primary Health Care**

**INFORMAL SECTOR GROUPS DEBT COLLECTION EFFORTS UNDER JKN PROGRAM**

- The number of Registration Participants through REHAB Program **2.111.172 participants**
- Amount of contributions received: **IDR 993 B**
- Amount of remaining contribution receivables: **IDR 837 B**



**REHAB Program**



**AUTODEBIT**

The Informal Sector Group that utilize autodebit program: **9.294.771 participants**

By 2024, tele-collecton efforts had succeeded in collecting contributions amounting to **IDR 1,18 T**



**TELEKOLEKTING**




**KADER JKN**

Educating, doing socialization, collecting the contribution, and doing social marketing of the JKN Program **1.434 People of Kader JKN**

- The number of text WA had been sent in 2024: **91,89 M texts**
- Amount of contributions received: **IDR 1,15 T**



**WA Blast**



**DONATION**

By 2024, the JKN Caring Community (PIPMPJ) funding has mobilized business entities, communities and zakat collection agencies with an amount of **IDR12,5 B**

**BANKING 42 BANK**

1. Stated-owned bank (central gov): 4 Bank
2. state-owned bank (locall gov) : 24 Bank
3. private : 15 Bank

**TRADITIONAL PPOB : 28 PARTNERS**

Cooperatives/Micro-finance (Bisa, Delima Point, Arindo, PosFin, Uang Kita, Bima Sakti, etc.)

UP TO MAY 2025, THERE ARE **1.044.184** CHANNELS THROUGHOUT INDONESIA

**E-COMMERCE/ FINTECH : 12 PARTNERS**

Dana, Doku Wallet, Finpay, Gopay, I-saku, Link Aja, Ovo, Shoopee, Tokopedia, Buka Lapak, Blibli, Sakuku (BCA) dll.

**RETAIL MERCHANT/ MODERN CHANNEL: 8 PARTNERS**

Indomaret, Alfamart, PosIndonesia, Pegadaian, Superindo, Yomart, Alfamidi, Lawson



# JKN CONTRIBUTION FOR NATIONAL HEALTH DEVELOPMENT

**Reduce Poverty**



**2016** 1,16 Juta orang  
**2019** 8,10 Juta orang  
**2022** 5,7 Juta orang

**Lowering GINI coefficient**



**2016** Berkurang 0,0012  
**2019** Berkurang 0,0070  
**2022** Berkurang 0,0020

**Improving healthcare access**



**2019** Rawat Jalan 3,80%  
Rawat Inap 3,20%  
**2023** Rawat Jalan 6,70%  
Rawat Inap 13,30%

**Increasing Life Expectancy**



**2019** AHH: 2,1 Tahun  
**2022** AHH: 0,5 Tahun

**Reduce OOP**



**2013** Turun dari 47%  
**2018** menjadi 31,9%  
**2023** menjadi 28,9%

**Stimulating Economy**



**2016** PDB Perkapita Rp1 juta/tahun  
**2019** PDB Perkapita Rp1,1 juta/tahun

**Creating Work Field**



**2016** 2,09 Juta Orang  
**2019** 3,17 Juta Orang

**Creating Work Field Output**



**2016** Rp139 triliun  
**2019** Rp212 triliun

## ISSA GOOD PRACTICE AWARD



BPJS Kesehatan has again achieved brilliant achievements in the international arena. At the "International Social Security Association (ISSA) Good Practice Award competition for Asia and the Pacific 2024" BPJS Kesehatan won 10 prestigious awards in the form of 4 Certificates of Merit with special mention and 6 Certificates of Merit.



# INDONESIA'S NATIONAL HEALTH INSURANCE (JKN) IN THE GLOBAL SPOTLIGHT: STRENGTHENING NATIONAL REPUTATION THROUGH ADVANCING UNIVERSAL HEALTH COVERAGE

From Indonesia to the World:  
BPJS Kesehatan as a Global  
Learning Hub for Health Insurance  
Governance



Invited to the UN's Official Forum for the first time, BPJS Kesehatan introduce JKN to the World



BPJS Kesehatan meeting with the International Social Security Association (ISSA)



Prof. Byron Good and Prof. Mary Joo of Harvard were impressed by the implementation of JKN in Indonesia



A World Bank delegation visited BPJS Kesehatan's headquarters to study the implementation of JKN in Indonesia.



Introducing JKN to international delegations at the INSPIRE Health Forum.



BPJS Kesehatan has been invited to numerous universities around the world



A delegation from the Joint Learning Network (JLN) and AeHIN visited the BPJS Kesehatan Command Center to study the implementation of a digital health system



# BPJS Kesehatan

has gone global & has become **a benchmark** for various countries

What do they say about BPJS Kesehatan?



## GLOBAL TESTIMONIALS

**Vrishali Shekhar**  
World Bank

**Anthony Ofusu**  
Ghana Health Services

**Meredith Dyson**  
UNICEF for South Asia

**Ethan Wong**  
Bill & Melinda Gates  
Foundation

**Zoljargal Lkhagvajav**  
The Onom Foundation  
Mongolia

## 2024



Penghargaan Lengkap pindai di sini :



## 2025





- Coordination among government institutions that require a multisectoral approaches.
- Increasing the commitments between the local and central governments on various aspects of UHC, including supply side and financing supports.
- Strengthening primary care and promotion and prevention is essential to deliver quality healthcare services and control health expenditure
- Routinely educate the society the importance of the community's role in UHC and maintaining community's health.
- Find additional source for funding the program activities such as domestic resources mobilization, multisectoral coordination with other government and private institution

Social health insurance in Indonesia emphasizes the presence of the State of Indonesia, by providing a real safety net for the benefit of each and every Indonesian residents.

After a decade, BPJS Kesehatan has carried out the tasks of operating social health insurance on the right track. There has been a real continuous improvement.

As a single-payer of social health insurance, BPJS Kesehatan has been trying to promote effective and efficient budget execution, as well as practicing good governance and accountability as an independent public legal entity as direct subordinate to the President of Indonesia.

BPJS Kesehatan (collaboratively with the Indonesian Government), is committed and optimistic to reach universal health coverage of 98% population in 2024.



# You Are **NOT AWARE**

Composer : Ghufron Mukti



Prof. Dr. G.A. SIWABESSY



**BPJS Kesehatan**  
Badan Penyelenggara Jaminan Sosial



**BPJS Kesehatan**  
Badan Penyelenggara Jaminan Sosial



# TERIMA KASIH

[www.bpjs-kesehatan.go.id](http://www.bpjs-kesehatan.go.id)

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