Kemenkes

Indonesia's Health System Reform over the Last Decade

Ministry of Health of the Republic of Indonesia

OUTLINE

PROF. ASNAWI ABDULLAH, PhD
(Director General for Health Policy - Ministry of Health, The Republic of Indonesia)

1. **Indonesia's Health Landscape**
   - Overview of Indonesia's Health Profile
   - Major Health Challenges in indonesia
2. **The Need for Health System Transformation**
   - Rationale
   - Goals of Health System Transformation
3. **The Six Pillars of Health System Transformation Achievements**
   - 1 Building Health System Resilience
   - 2 Human Resources for Health Development
   - 3 Digital Health and Technology

PRASTUTI SOEWONDO, SE, MPH, Ph.D.
(Senior Advisor to the Minister, Ministry of Health, The Republic of Indonesia)

3. **The Six Pillars of Health System Transformation Achievements**
   - 4 Strengthening Primary Health care
   - 5 Enhancing Secondary Health care
   - 6 Sustainable Health Financing
4. **Conclusion & Way Forward**
   - Recap of key Messages
   - Call to Action

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Greeting & Brief-Self Introduction

PROF. ASNAWI ABDULLAH, PhD

DIRECTOR GENERAL FOR HEALTH POLICY
MINISTRY OF HEALTH, THE REPUBLIC OF INDONESIA

Asnawi Abdullah is a professor in public health. He has dedicated over 30 years to the healthcare sector, since being appointed as a Civil Servant in 1995, Currently, he serves as the Director General for Health Policy, a strategic position responsible for formulating health policies in Indonesia.

He earned his **bachelor's degree** from the **University of Indonesia (1994)**, then obtained his **master's degree** from the **Monash University** (2001); **London School of Economics (LSE) & London School Hygiene and Tropical Medicine (LSHTM) University of London (2006);** and his **doctorate** from **Monash University (2011)**.

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Indonesia's health development in the last 2 decades has shown significant progress and benefits.

Health sector achievements in the last two decades

+6 years

Life expectancy in Indonesia has **increased** from 68 years to 74 years in the last 20 years.

2.5x

Over the past 20 years, the number of hospitals has **grown** to approximately 2,500, with most being privately owned

>95%

JKN Social Health Insurance Scheme participation since its launch in 2014 in order to realize universal health coverage

7x

Increase in the **ratio** of **doctors** to 1000 people of the population, from 0.1 to 0.7 doctors per 1000 people of the population

-15pp[1]

Reduction in stunting prevalence from the 2005 average of ~36% to ~19.8%

Basic, Emerging and Future Health Problems in Indonesia

Each cycle life health challenges

Basic health problem | Emerging health problem | Future health problems

NON-EXHAUSTIVE





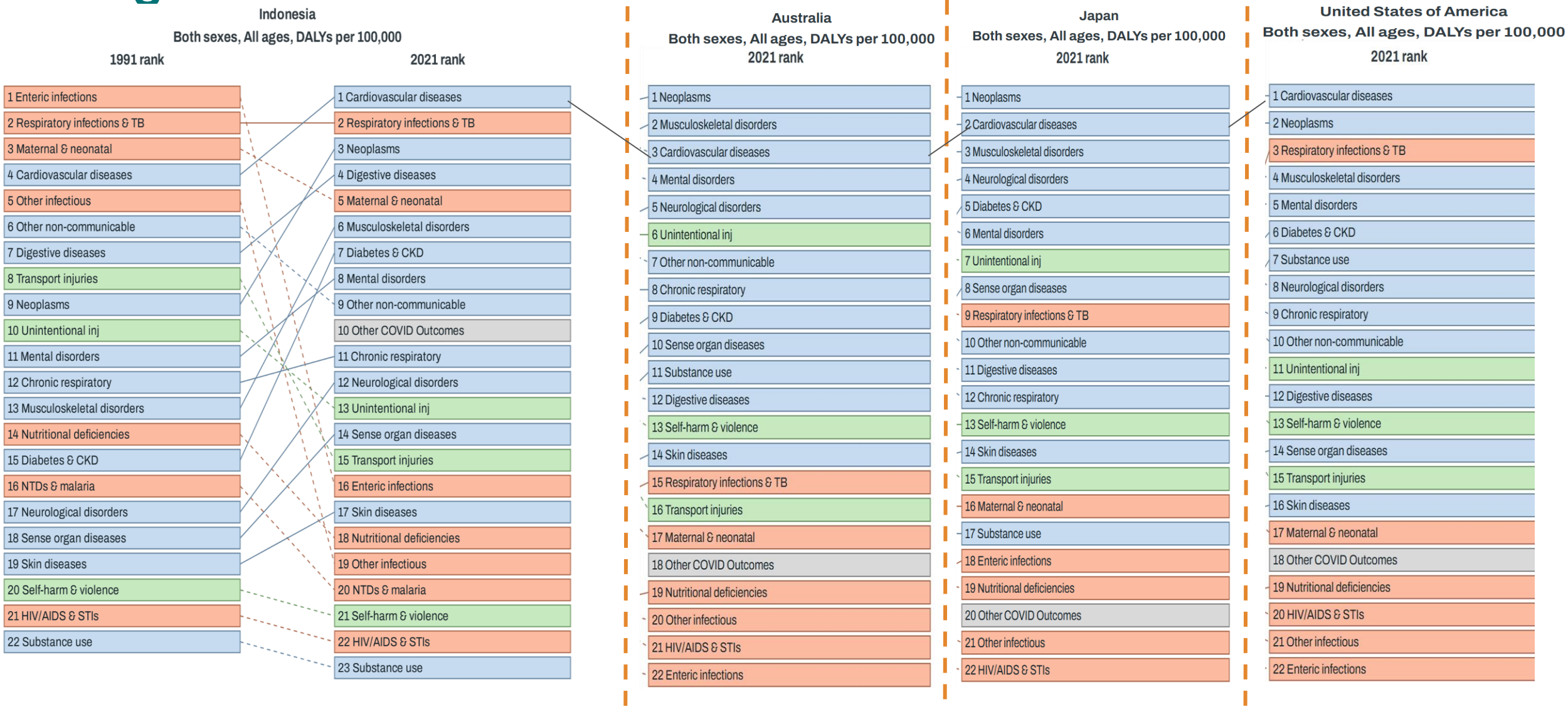
Pregnant woman	Newborn and Kids	Adolescence	Adult	Elderly
2nd highest mortality rate in Southeast Asia; >70% preventable	The 3rd highest infant mortality rate in Southeast Asia	>1/3 of adolescent female suffer from anemia	2nd highest prevalence of TB in the world	1/3 population predicted to be elderly by 2050
The 4th lowest rate of skilled health personnel assisting deliveries in ASEAN	~20% of children experience stunting, 3x the OECD average	1 in 4 adolescents suffer a mental health disorder	3rd highest incidence of leprosy in the world	Only ~13% of Indonesian elderly are healthy and normal activities
28% of pregnant women have a risk of complications	1 in 5 school-age children are obese	45% of smokers started smoking at the age of 15	**High risk of NCDs** (e.g. stroke, diabetes, etc.) on Productive age groups	Average prevalence of dementia >25%

>30% Indonesians has limited access to health information

~23% Indonesian people have inadequate (low) physical activity

Source: Institute for Health Metrics Evaluation, MoH, BPJS press search

Shifting Indonesia's Health Profile from CD to NCD

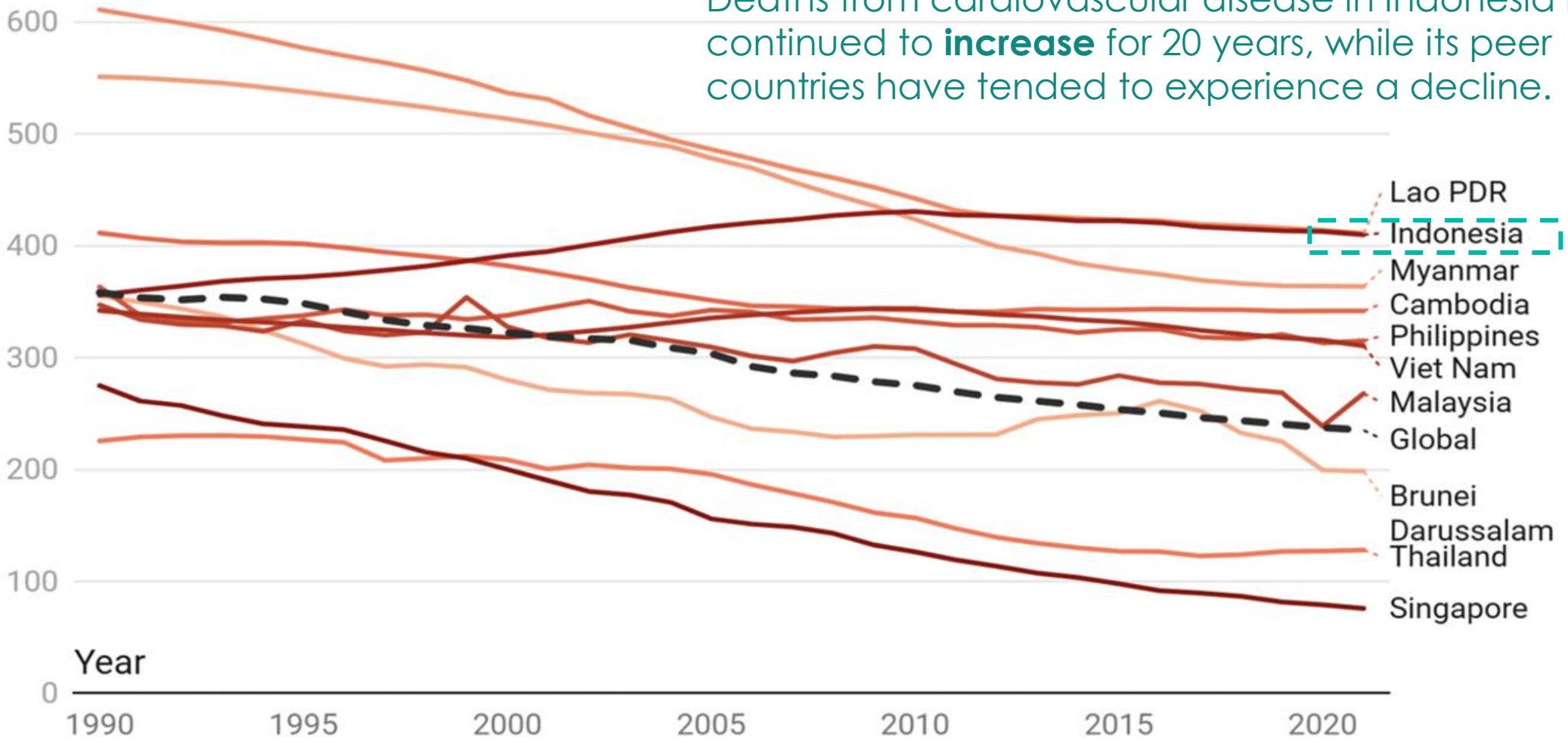


- Indonesia's disease epidemiology has **shifted**, resembling that of developed countries like Australia, Japan, and the United States.
- In line with the epidemiological transition, Indonesia is experiencing an **increasing** burden of non-communicable diseases (**NCDs**), marked by a rise in degenerative diseases and a reduction in infectious diseases.

Source: https://vizhub.healthdata.org/gbd-compare/

Cardiovascular disease deaths per 100,000 (age-adjusted), 1990-2021

Deaths from cardiovascular disease in Indonesia has continued to **increase** for 20 years, while its peer countries have tended to experience a decline.



Sumber: The State of ASEAN's Health, IHME, 2025. https://www.healthdata.org/news-events/newsroom/news-releases/mental-disorders-cardiovascular-diseases-smoking-and-road

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The Need for Health System Transformation: Rationale

1	**Inadequate** Primary Healthcare	The **number and capacity of frontline health services** (Puskesmas and Posyandu) were considered insufficient to achieve equitable access to quality primary healthcare
2	**Need** for Laboratory Reform	Public health laboratories require **reform**, as the number of laboratories capable of performing diagnostics were limited
3	**Suboptimal** Promotive and Preventive Efforts	**Promotive and preventive healthcare efforts** are not yet optimal and need strengthening
4	**Uneven** Distribution of Secondary and Tertiary Facilities	**Secondary and tertiary healthcare facilities** are not evenly distributed or adequate, particularly for the four catastrophic diseases that are the leading causes of death and incur the highest costs in Indonesia: heart disease, stroke, cancer, and kidney disease.
5	**High Dependency** on Imports in Pharmaceutical and Medical Device	The **pharmaceutical and medical device sectors** remain significantly dependent on imports. Imports account for 90% of raw materials for local pharmaceutical production, and 88% of medical device transactions are dominated by imported products.
6	**Prone** to Health Emergencies	Indonesia is a country **prone to disasters** that can lead to health emergencies
7	**Shortage and Uneven** Distribution of Doctors	Indonesia still faces a significant **shortage of doctors**, including general practitioners, specialists, sub-specialists, and dentists. In addition to the shortage, the **distribution of doctors is uneven**, with many concentrated in urban areas and few in remote and isolated regions.
8	**Opportunity** in Digitalization	The **rapid increase in digitalization and health technology** presents an opportunity to address the problem of limited access to healthcare services in remote areas as well as more effective and efficient healthcare services

Source: Ministry of Health of the Republic of Indonesia Performance Book 2022-2023:
Health Transformation to Create a Healthy and Superior Indonesian Society Jakarta: Ministry of Health 2024

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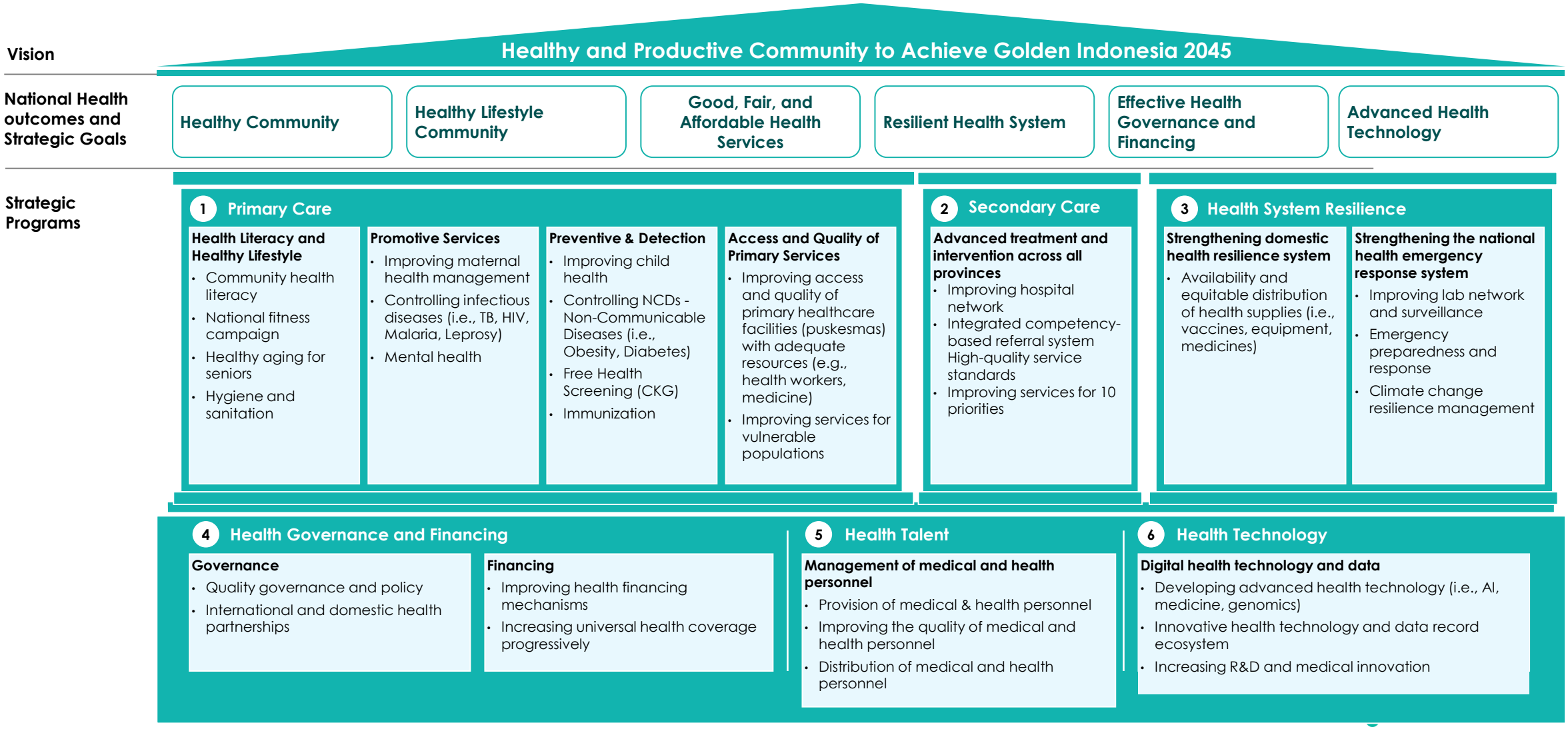
Goals of Health System Transformation

Indonesia address health challenges and achieve national health outcomes goals through priority programs across 6 health pillars of Health System Transformation



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Building Health System Resilience

We still depend heavily on imports and technology from research in developed countries

90%

medicinal raw materials were imported in 2019[1]

88%

imported medical equipment transactions in 2019-20202[2]

0,2%

total GDP in 2020 was used for research and development. compared to the USA (2.8%) and Thailand (1%)

Source: [1] McKinsey 2020, [2] Ministry of Health 2021, [3] UNESCO 2021

Pharmaceutical & Medical Device Resilience and Emergency Response Strategies

Vaccine

- Production of **7 of 14** types of vaccine antigens for routine immunization program and **tuberculosis** vaccine
- Mastery of **viral-vector** and **nucleic acid based** technology

Medicine

- Production of **6 out of 10** of the largest consumption of API
- Production of **biological products and plasma derived** medicinal product (PDMPs)

Medical devices

- Increase utilization (consumption) of **16 out of 19 domestic medical devices** by value & volume
- Production of **high-tech** medical devices

Emergency Response

- Registered and trained emergency medical team

	2022	2023	2024	2025
Vaccine		1. HPV 2. IPV 3. PCV	4. Rotavirus	5. Measles 6. Rubella 7. JE 8. TBC
	m-RNA vaccine		Viral vector vaccine	
	Technology transfer from B2B, international organizations, and multilateral cooperation			
Medicine	1. Candesartan 2. Amlodipine	3. Bisoprolol 4. Azithromycin	5. Imatinib 6. Sitagliptin	
	EPO, Insulin Glargine, Enoxaparin, Rituximab	Insulin Aspart, HyFC-EPO	m-Ab (Trastuzumab and Bevacizumab)	PDMPs (Albumin, IVIg, F-VIII)
Medical devices	10% of domestic products with over 50% local content (TKDN) featured in e-catalog.	15% of domestic products with over 50% local content (TKDN) featured in e-catalog.	25% of domestic products with over 50% local content (TKDN) featured in e-catalog.	
	Patient monitor *Ultrasonography* (USG)	*Cardiac monitor* *Mobile X-Ray System*	*CT-Scan* *MRI*	
Emergency Response	The start of cooperation	Training and certification	Emergency Response Team formed	

Health Backup Workforce for preparedness for health crises

Health Backup Workforce comes from active community participation, either directly or through institutions/organizations which can be activated at any time when a crisis occurs

Before the Health Crisis

Identification and registration of Health Backup Workforce

Registration is carried out for people who are willing to become health backup workers according to identified needs. (examples: Scouts, Youth Red Cross, and students).

Development of Health Backup Workforce

Training is provided to equip reserve personnel with the skills needed in the event of a health crisis (e.g. providing basic life support, carrying out triage).

During the Health Crisis

Coordination and mobilization of Health Backup Workforce when a health crisis occurs

Coordination and mobilization at the district/city, provincial and national scales must be carried out quickly when a health crisis occurs.

5

Human Resources for Health Development

Management of Medical and Health Personnel:

Physician-to-population ratio in Indonesia is 0.47 per 1,000 population, still far below the world average (1.76 per 1,000 population)

Country or region	Physicians (per 1,000 people) per 1,000 people 1960	2019	Absolute Change	Relative Change
Cuba	0.95	2018 8.42	+7.47	+790%
Italy	1990 4.67	8.01	+3.34	+72%
Monaco	1970 2.40	2014 7.51	+5.11	+213%
Georgia	1970 3.20	7.08	+3.88	+121%
China	1965 1.07	2017 1.98	+0.91	+85%
World	1990 1.29	2017 1.75	+0.45	+35%
Philippines	0.15	0.60	+0.45	+311%
Namibia	1991 0.23	2017 0.59	+0.36	+156%
Tonga	0.38	2013 0.54	+0.17	+44%
Yemen	0.02	2014 0.53	+0.50	+2,183%
Indonesia	0.02	0.47	+0.44	+2,115%
Bhutan	1981 0.13	0.46	+0.34	+268%
Jamaica	0.39	2016 0.45	+0.07	+18%

World Ranking

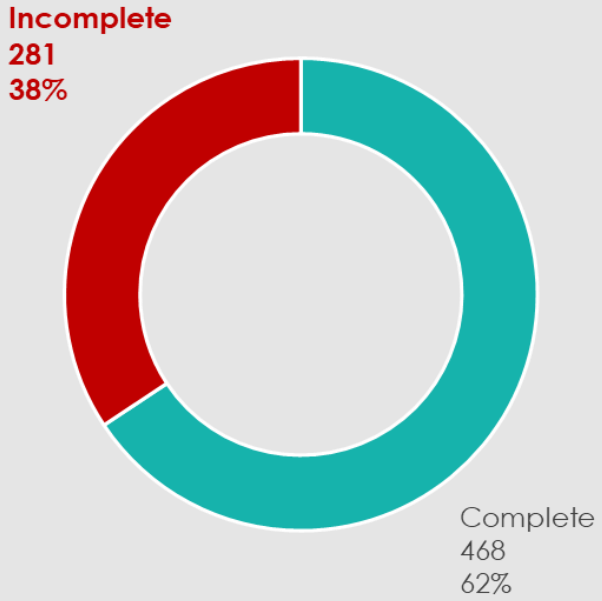
147 out of 205 countries

ASEAN Ranking

8 out of 10 Countries

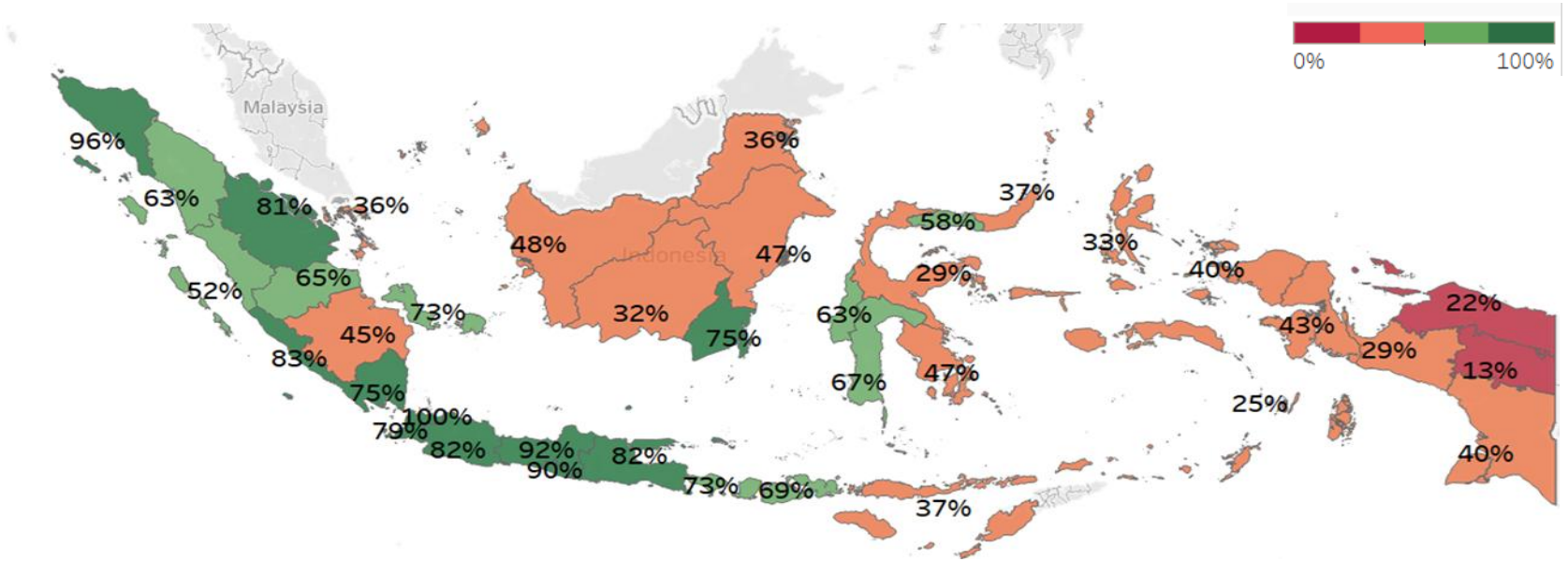
7 essential specialists in regional public hospitals are still shortages and not evenly distributed

60% of regional public hospitals in Indonesia lack the 7 essential specialists[1]



Σ 749 Public hospital

- RSUD di DTPK : 200 (27%)
- RSUD di Non-DTPK : 549 (73%)



Shortage of 1503 essential Specialist[2] in regional public hospitals

117	Internist	132	Surgeon	172	Anesthesiologist
125	Pediatrician	125	Obsgyn	188	Radiologist
				194	Clinical pathologist

[1] Data as of June 30th 2024
[2] Minimal Requirement is 1 Specialist for each regional public hospitals

In the first batch, there are 6 Specialization Study Programs in 6 institutions that will receive assignments from the Ministry of Education

Batch I

Next Batch Projection

The curriculum was developed by RSPPU with the involvement of the collegium, following the Professional Education Standards set by the collegium.

Kemenkes RSJP Harapan Kita	Kemenkes RSAB Harapan Kita	Kemenkes RS Dharmais	Kemenkes RSPON Mahar Mardjono	Kemenkes RSO Soeharso	Kemenkes RS Mata Cicendo
National Cardiovascular Center Harapan Kita	Mother and Children Hospital Harapan Kita	Dharmais Cancer Hospital	National Brain Hospital	Orthopedic Soeharso Hospital	Cicendo Eye Centre Hospital
Cardiovascular (Sp.1)	Pediatric(Sp.1)	Oncology Radiation (Sp.1)	Neurology (Sp.1)	Orthopedic (Sp.1)	Ophthalmologists (Sp.1)
Cardiothoracic Surgeon (sp.1)	Obsgyn (Sp.1)	Oncology Surgeon(Sp.1)	Neuro-surgeon (Sp.1)	Rehabilitation Medic(Sp.1)	
Vascular Surgeon(Sp2)					

In the upcoming projections, educational hospitals that meet the minimum requirements can apply to be recognized as RSPPU and initiate study programs as per national planning criteria.

Kemenkes RS Marzoeki Mahdi	Kemenkes RS Fatmawati	RSUP HAM	RSUD Margono	RSI Muhammadiyah Cempaka Putih	RSPAD Gatot Subroto	RSUD Moewardi	BUNDA RSIA Bunda Jakarta	JEC
RS Marzuki Mahdi	RSUP Fatmawati	RSUD Adam Malik	RSUD Margono	RSI Muhammadiyah Cempaka Putih	RSPAD Gatot Subroto	RSUD Moewardi	RSIA Bunda	Jakarta Eye Centre
Psychiatry (Sp.1)	Internist (Sp.1)	Cardiothoracic Surgeon (sp.1)	Internist (Sp.1)	Orthopedic (Sp.1)	Orthopedic (Sp.1)	Urology (Sp.1)	Obsgyn (Sp.1)	Ophthalmologists (Sp.1)
	Anesthesiologist (Sp.1)						Pediatric (Sp.1)	

6

Digital Health and Technology

Various Data and Health System Challenges

Petabytes (1 million gigabyte) of health data are generated daily

270 million Indonesians have medical data in paper and digital form

More than 60,000 health facilities produce both paper and digital health data

There are **400+ health applications** owned by Central and Regional governments

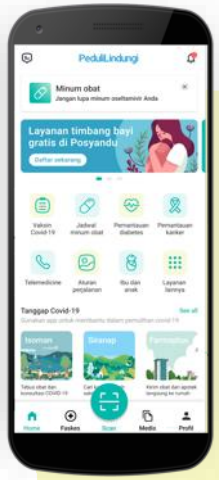
Health data **from IoT-based medical devices** is **not integrated** and **scattered**

1. Health data **is not standardized** and **not integrated**
2. Some of **the same data is collected by different systems/apps**
3. **Interoperability and integration of national health data** is difficult
4. **Burden for health workers** in reporting
5. **Health policy is not yet data-based**

SATUSEHAT Platform creates an integrated health service

The Ministry of Health is committed to health data integration in all health facilities in Indonesia

KEMENTERIAN KESEHATAN REPUBLIK INDONESIA



Patient

Integrated through Citizen Health App (SATUSEHAT Mobile)

- Personal Health Record
- Health Promotion
- Personalized Education
- Wearable Devices Integration
- etc

SATUSEHAT Platform

Government

Satu Sehat produces an integrated Dashboard that assists the Government in making decisions based on evidence and data (**Evidence Based Policy**)

Healthcare Facilities

Target Integrasi

- **10K+** Primary Health Centers
- **11K+** Clinics
- **5K+** Private Practice
- **~3K** Hospitals
- **1,4K** Laboratoriums
- **30K+** Pharmacies

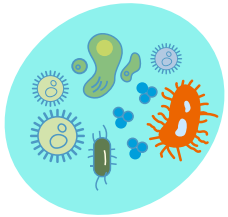
Health Industry Players

- Insurance Companies
- Health-Tech/ Startup
- Pharmacies
- Laboratorium
- Biotechnology Lab
- Telehealth/ telemedicine provider, etc

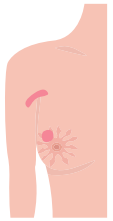
… Also The Ministry of Health has launched the Biomedical and Genome Science initiative (BGSi) on August 14th 2022

BGSi aims to lead the implementation of precision medicine in Indonesia, enhance omics-based health services in hospitals

Disease screening



Infectious disease

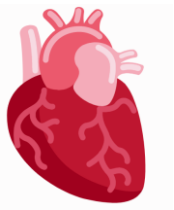


Cancer

Diabetes

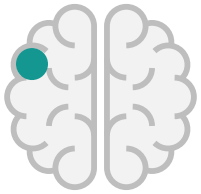
Rare disease/ genetic disorder

Maternal, reproductive and neonatal health



Cardiovascular

Pharmacogenomics:



Brain and neurodegenerative disease

Ageing, nutrition and wellness

BGSi Hubs

RSUP Persahabatan

Pusat Infeksi Nasional RSPI Sulianti Saroso

RS Kanker Dharmais

RSUPN Dr. Cipto Mangunkusumo

RSUP Dr. Sardjito

RSAB Harapan Kita

RSJPD Harapan Kita

RS Pusat Otak Nasional

RSUP Prof Dr. I.G.N.G Ngoerah

PRASTUTI SOEWONDO, SE, MPH, Ph.D.

Senior Advisor to the Minister, Ministry of Health Indonesia

Education

Doctor of Philosophy in Health Administration, School of Public Health, University of California Los Angeles, USA

Master Degree in Health Administration, School of Public Health, University of California at Los Angeles, USA

Bachelor of Arts in Accounting, Faculty of Economics, University of Indonesia

Work Experience

Senior Advisor to the Minister of Health for Health Financing, MoH	2024 – Present
Member of Supervisory Board, Soeharso Orthopedic Hospital, Solo	2024 – Present
Member of Steering Committee Universal Health Coverage 2030, UHC2030	2024 – Present
Secretary of Jakarta Hospital Foundation	2021 – Present
Lecturer, Faculty of Public Health, University of Indonesia	1986 – Present
Senior Advisor to the Minister of Health for Public Health Services, MoH	2021 – 2024
Member of Board of Commissioner, Mandiri InHealth	2021 – 2024
Country Director, Thinkwell Institute Indonesia	2019 – 2021
Member of Supervisory Board, Teaching Hospital University of Indonesia	2018 – 2024
Chairperson of the Health Working Group, National Team for the Acceleration of Poverty Reduction (TNP2K), Office of the Vice President	2016 – 2019
Member of Supervisory Board, BPJS Kesehatan (Social Health Insurance Agency)	2014 – 2016

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1

Strengthening Primary Care

3 main programs to strengthen preventive efforts in primary care

Routine immunization: from 11 to 14 types of vaccines

BCG, DPT-Hib, Hep B, MMR/MR, Polio (OPV-IPV), TT/DT/td, JE, **HPV, PCV, Rotavirus**

Cervical Cancer is a cancer that can be prevented by **Human Papillomavirus (HPV) immunization.**

Pneumonia and diarrhea are 2 of the 5 highest causes of under-five deaths in Indonesia* which **can be prevented by immunization (PCV and Rotavirus)**

14 Screening Priority Diseases

***Screening* the highest cause of death in each target age:**

1. Congenital hypothyroidism
2. Thalassemia
3. Anemia
4. Strokes
5. Heart attack
6. Hypertension
7. Chronic obstructive pulmonary disease
8. Tuberculosis
9. Lung cancer
10. Hepatitis
11. Diabetes
12. Breast cancer
13. Cervical cancer
14. Bowel cancer

Improved maternal health and child

Monitoring children's growth and development at Posyandu using standardized anthropometric tools

Pregnancy check-ups (ANC) from 4 times to 6 times, including **2 ultrasounds with a doctor** in the 1st and 3rd trimesters

Screening **breast cancer with USG**

Screening **Congenital Heart Disease** at the Community Health Center with Pulse Oxymetry Neonatus

To enable optimal community empowerment, MOH has designed an initiative to upskill cadres with 25 basic health skills

Posyandu Management Skills	Baby and Toddler Skills	Skills of Pregnant Women, Breastfeeding	School Age &; Youth Skills	Productive Age &; Elderly Skills
Familiarize the management of Posyandu	Conduct counseling sessions using the MCH Book for toddlers	Counseling the Contents of My Plate for Pregnant Women and Breastfeeding Women	Counseling the contents of my plate and physical activity	Conducti Germas counseling
Make home visits	Conduct exclusive breastfeeding, MP breastfeeding and animal protein-rich feeding according to the age of toddlers	Conducti counseling using the MCH Book for pregnant women, postpartum	Describe anemia prevention programs (adolescent girls' TTD and Hb screening)	Conducting counseling on non-communicable diseases and infectious diseases
Record and report	Weighing, measuring length / height and head circumference and plotting in the MCH Book	Conduct counseling for Examination of Pregnant Women and Postpartum Women	Conducting counseling on the dangers of smoking and drugs	Explain the screening of productive age (hypertension, DM, cholesterol, gout, mental health)
Promote effective communication	Explain the results of normal, underweight, stunting and follow-up weight and height measurements	Familiarize the need for pregnant women to monitor nutritional status and blood pressure with MCH Book curves		Educate the importance of elderly screening (hypertension, DM, cholesterol, gout, mental health, geriatrics)
	Conducti counseling on developmental stimulation, vit A and deworming according to the age of the child	Explain the recommendation to take TTD every day during pregnancy		Conducting family planning counseling
	Conducti counseling on complete routine immunization services and PD3i	Conduct counseling on monitoring danger signs for pregnant women, postpartum mothers		
	Conducti counseling on monitoring of baby and toddler danger signs			

Utama

- 5 group competencies
- 25 pin

Madya

- 4 group competencies
- Pin *purwa* plus 1 competency group

Purwa

- 3 group competencies
- 11 pin violet and blue, plus one of pink pin or green or yellow.

Healthy lifestyle movements have increased health services coverage and strengthened health promotion

Aksi Bergizi Movement
Target: Adolescent girls
Activities:
- Anemic Screening
- Breakfast
- Iron tablet consumption

Healthy Pregnancy Movement
Target: Pregnant women
Activities:
- Antenatal care
- Iron tablet consumption
- Supplementary food consumption
- Pregnant women discussion/class

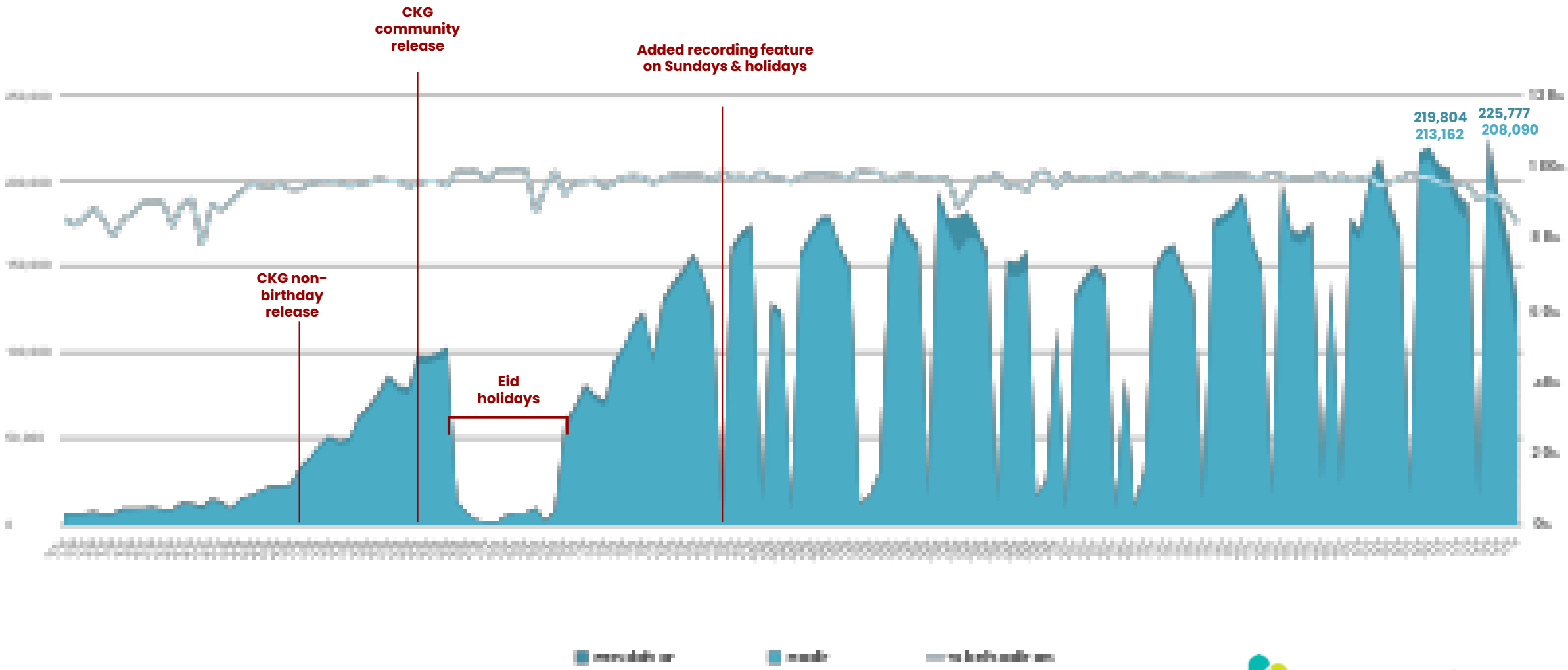
Active Posyandu Movement
Target: Community Health Workers, Mother, Children under-5
Activities:
- Anthropometry donation
- CHW training
- Supplementary food consumption

Community Health Workers Jamboree
Target: Community Health Workers
Activities:
- Jamboree
- CHW competition/challenges

Animal-sources protein consumption Movement
Target: Community Health Workers, Mother, Children under-5
- **Activities** : *cooking class,* Supplementary food consumption

Healthy Children Movement
- **Target:** weight faltering, underweight, and wasting under-5
- **Activities:** health screening, height and weight measurement, Supplementary food consumption

Free Health Screenings (CKG) has increase daily, CKG registrants peaked at 225,777/day and attendance at 213,162/day on July 8.



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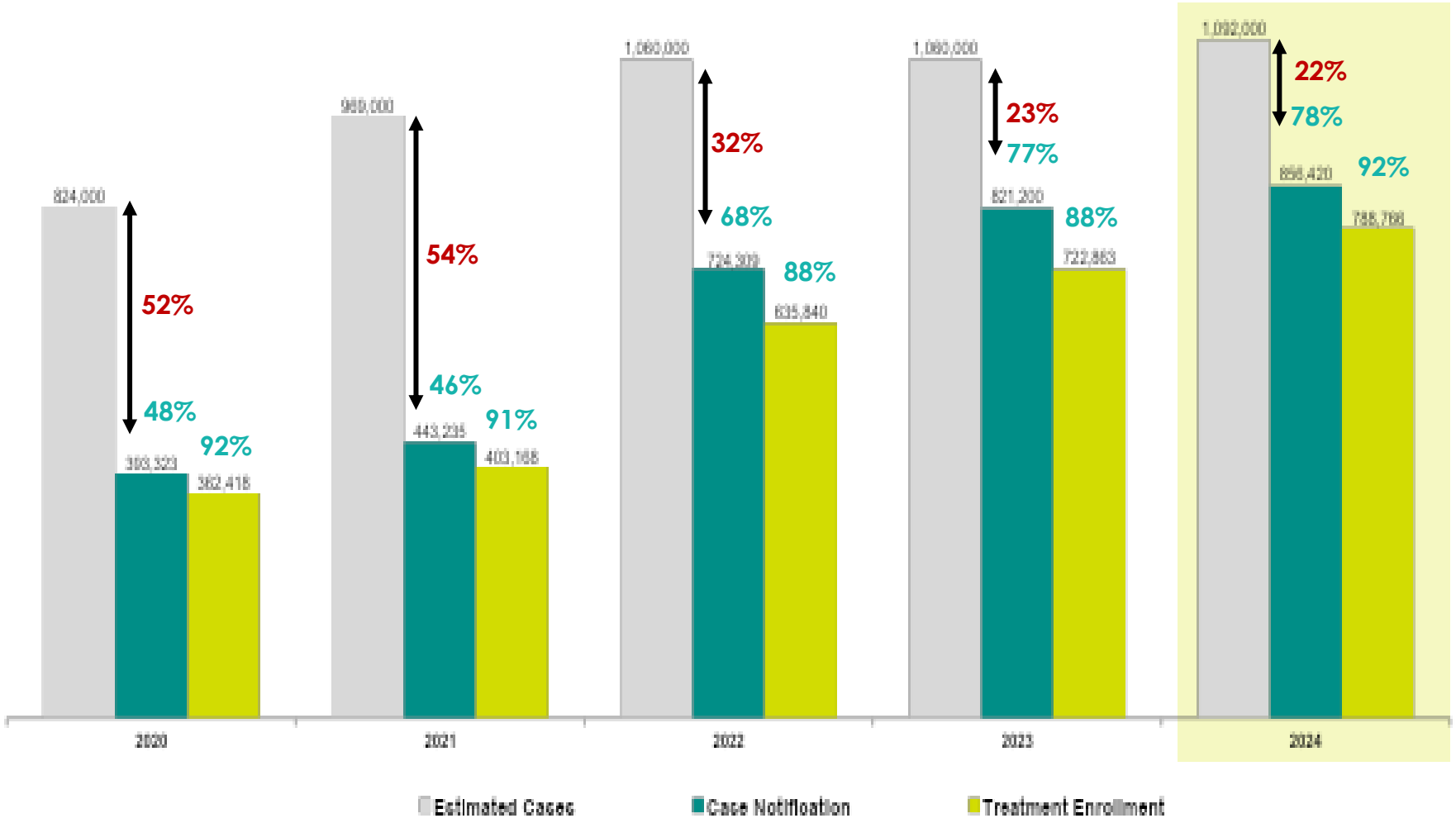
Data update: Juli17, 2025 at 10 PM WIB

Tuberculosis: Significant increase of cases notification to ~856k in 2024

TB cases notification in 2024 is **the highest** in the history of Indonesia



Notes:
- Estimated cases are based on the Global TB Report
- 2023 – MoH's final data as of 1 March 2024
- 2024 – MoH's final data as of 17 March 2025

Indonesia's TB Profile in 2024

Indicator	Achievement	Target
Cases notification • **DS TB:** 844.292 (98,6%) • **DR TB:** 12.128 (1,4%)	**856.420 (95%)** *Based on absolute target*	**900.000** ***Absolute target in 2024***
Treatment enrollment		
• **DS TB**	**779.193 (92%)**	**100%**
• **DR TB**	**9.573 (79%)**	**90%**
Treatment success rate		
• **DS TB**	**85%**	**90%**
• **DR TB**	**59%**	**80%**
TPT coverage	**79.008 (19,4%)**	**50%**

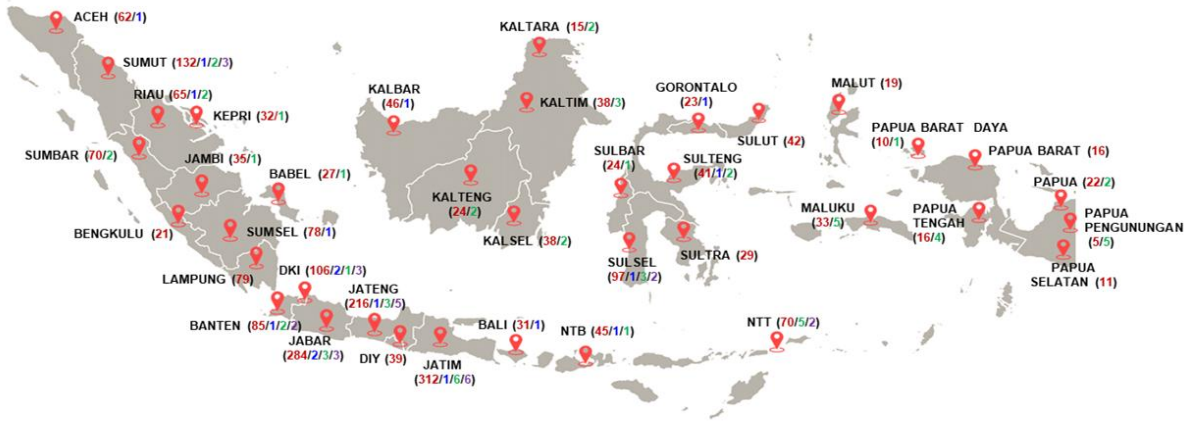
Source: MoH's final data as of 17 March 2025

Notes:
- DS TB: Drug Sensitive Tuberculosis
- DR TB: Drug Resistant Tuberculosis
- TPT: Tuberculosis Preventive Treatment

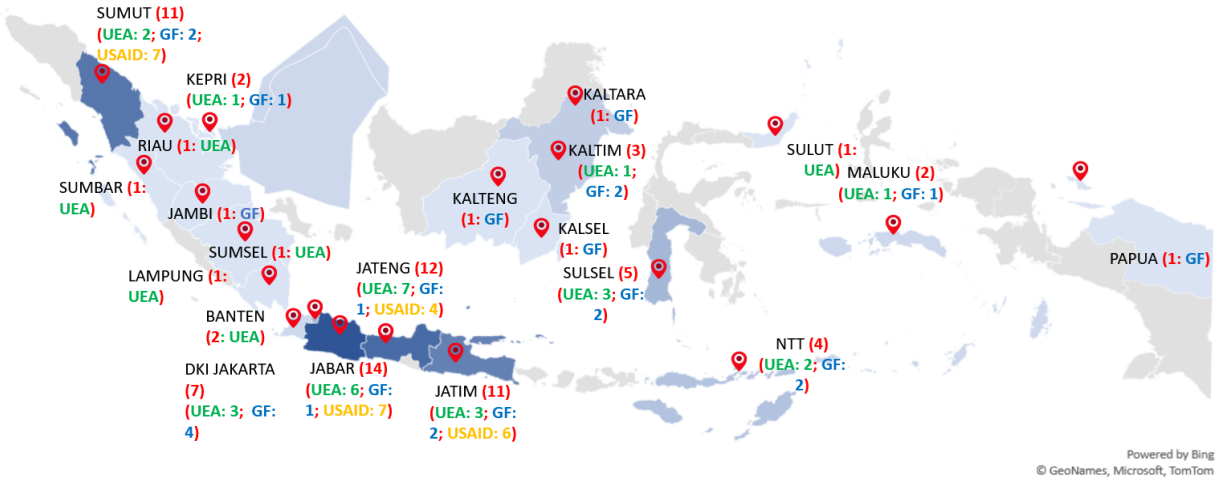
Scaling up and improvement of TB screening in the quick win program aims to increase early detection of TB cases and accelerate TB elimination.

Various strategies have been implemented including increasing access to screening, using the latest technology such as molecular rapid tests and expanding screening in densely populated areas.

TB molecular rapid tests distribution



X-ray portable distribution



OTHER TB PROGRAM INNOVATIONS IN THE QUICK WIN FRAMEWORK

OPTIMIZATION OF DIGITALISATION

"Peduli Sehat" as Reminder to the Community and Health Facilities regarding the TB Program

ISSUANCE OF CURE CERTIFICATES FOR TB PATIENTS

An automatic certificate is issued as a patient who has completed Tuberculosis treatment

'SKP' REWARDS FOR HEALTH WORKERS

Additional 'SKP' Points outside of the SKP Granting regulated in accordance with KMK Number HK.01.07/MENKES/1561/2024 Health workers involved in TB services:

1. General Practitioners and Specialist Nurses
2. Medical Laboratory Experts
3. Pharmacists
4. Pharmacy Vocational Personnel
5. Radiographers

E-LEARNING

TB e-Learning is a platform that provides **easy capacity building** that can be accessed anytime, anywhere.

TB e-learning that has been integrated with the Ministry of Health platform https://lms.kemkes.go.id

Kemenkes

2

Enhancing Secondary Care

The referral network support program aims to improve the competence of priority disease services at each hospital level.

	'Madya' Hospital	'Utama' Hospital	'Paripurna' Hospital
Heart Disease and Stroke	• **Invasive diagnostics** and **non-surgical interventions**, e.g. **PCI** and **thrombectomy/coiling**	• **Open heart surgery** and **open neurosurgery/clipping**	• **Surgical services** and advanced **non-surgical cardiac** and **neurological interventions**
Cancer	• **Basic tumor surgery** and **chemotherapy**	• **Radiation therapy**, advanced **cancer surgery**, and **chemotherapy**	• Comprehensive and up-to-date cancer therapy, e.g. **microsurgery**, **proton therapy**
Kidney	• **Hemodialysis** and **CAPD** • **Adult urinary tract stone therapy** with **minimally invasive techniques** • **Screening** and **diagnosis of urological malignancies**	• **Hemodialysis with special techniques** • **Screening for kidney transplant candidates** • **Urological malignancies treatment**	• **Kidney transplant** • **Surgeries** for **congenital abnormalities of the kidney**
Maternal & Child Health	• **Delivery care** for **fetal weight >1800 grams or gestational age >34 weeks** • Simple surgery (eg: atresia ani) • **Pregnancy services** with obstetric problems	• **Delivery care** for **fetal weight >1000 grams or gestational age >28 weeks** • Complex **pediatric surgery** • Simple **pediatric cardiac surgery** • **Pregnancy services** with other medical disorders	• **Delivery care** for **fetal weight <1000 grams or gestational age <28 weeks** • Complex **pediatric cardiac surgery** • **Pregnancy services** with complex medical disorders (rare diseases)

Equitable referral services through optimizing the national hospital network for priority diseases is targeted to reach 100% of districts/cities by 2027

ILLUSTRATIVE

Accelerate **increasing coverage of referral hospital services for priority diseases**, with the vision:

- **34 provinces** have at least 1 'Paripurna'/'Utama level hospital
- **514 districts/cities** have at least 1 'Madya' level hospital*

Target

50% of districts/cities before 2025 and 100% before 2027 have at least 1 intermediate level hospital

2022	2024	2027
	50%	100%

*Only 507 districts/cities already have Regional public hospital

Therefore the Ministry of Health currently increasing the hospital competence of 66 Regional Public Hospitals (RSUD) type D/D Pratama into type C to support the 'KJSU' program

LOCUS QUICK WINS
by DG of Advanced Health Service

LOCUS by 'DAK FISIK' 2025

LOKUS QUICK WINS
by DG of Disease Control

RSUD Reda Bolo, Sumba Barat Daya
Provinsi Nusa Tenggara Timur

RSUD Borong, Manggarai Timur
Provinsi Nusa Tenggara Timur

RSUD Akhmad Berakhim, Tana Tidung -
Provinsi Kalimantan Utara

RSUD Bengkulu Tengah
Provinsi Bengkulu

RSUD Kwaingga, Keerom
Provinsi Papua

RSUD Kota Bima
Provinsi Nusa Tenggara Barat

RSUD Buton Utara
Provinsi Sulawesi Tenggara

RSUD Konawe Kepulauan
Provinsi Sulawesi Tenggara

RSUD Buton Tengah
Provinsi Sulawesi Tenggara

RSUD Nias Barat
Provinsi Sumatera Utara

RSUD Raja Ampat
Provinsi Papua Barat

Kemenkes

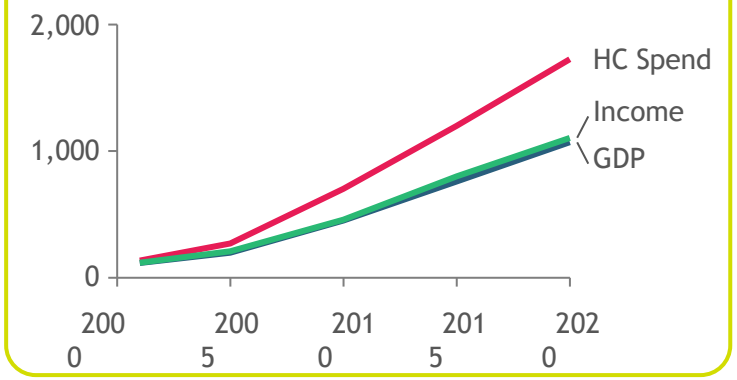
4

Sustainable Health Financing

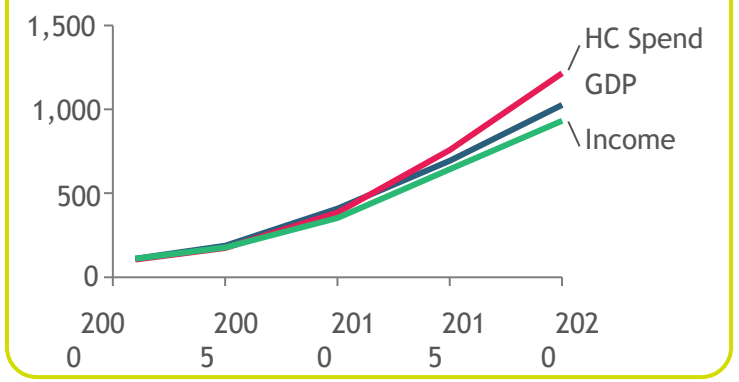
Health Spending Tends to Outgrow Economic Growth

If not managed well, may become unsustainable

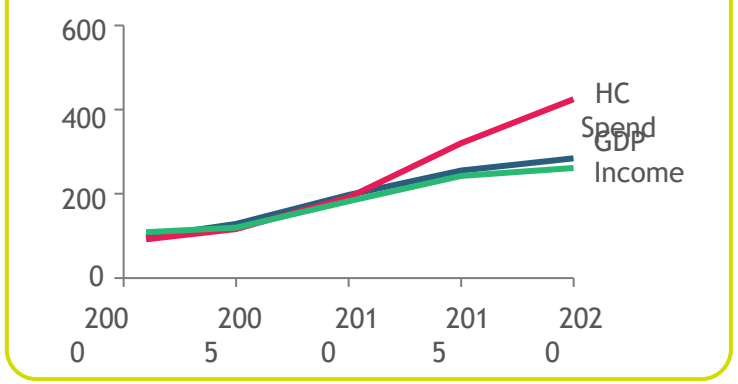
Indonesia



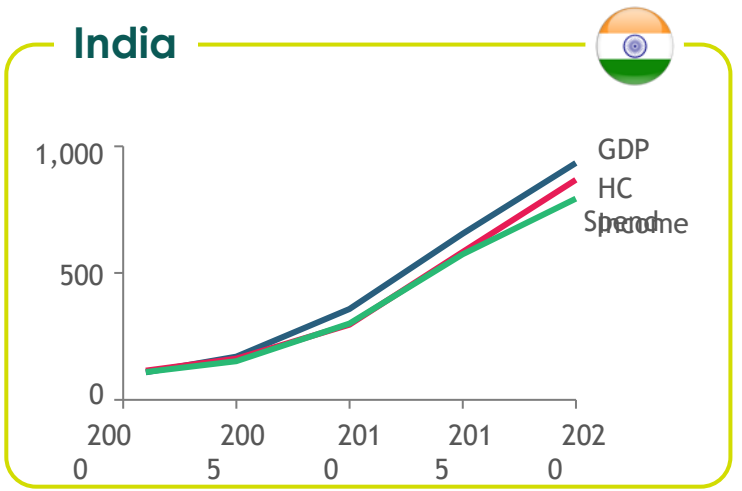
China



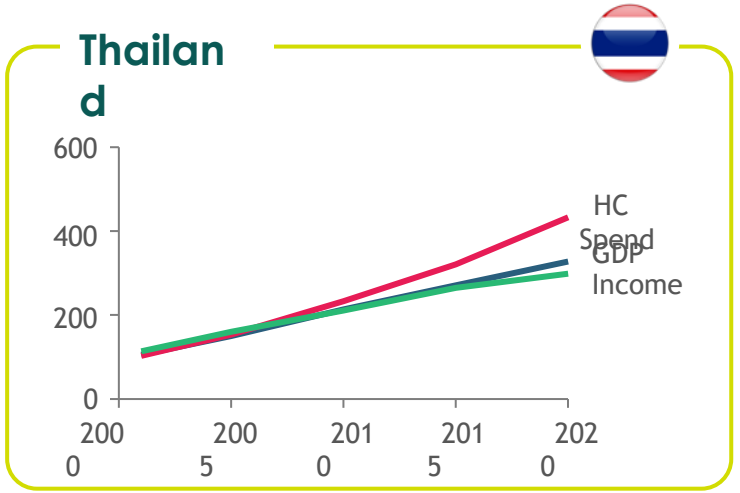
Singapore



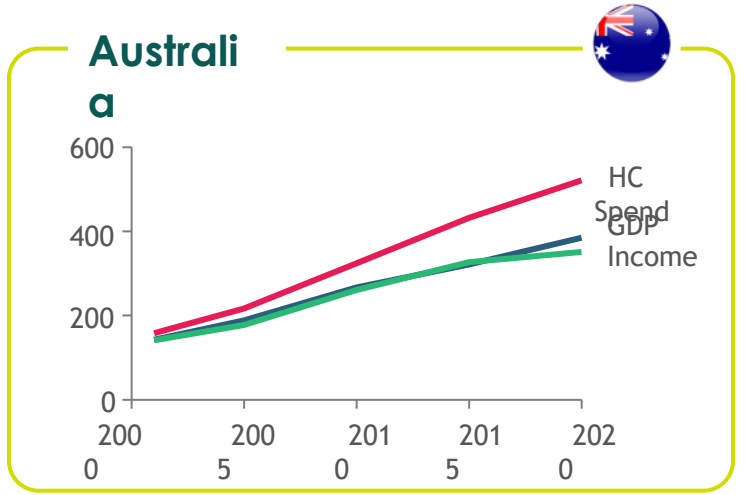
India



Thailand



Australia

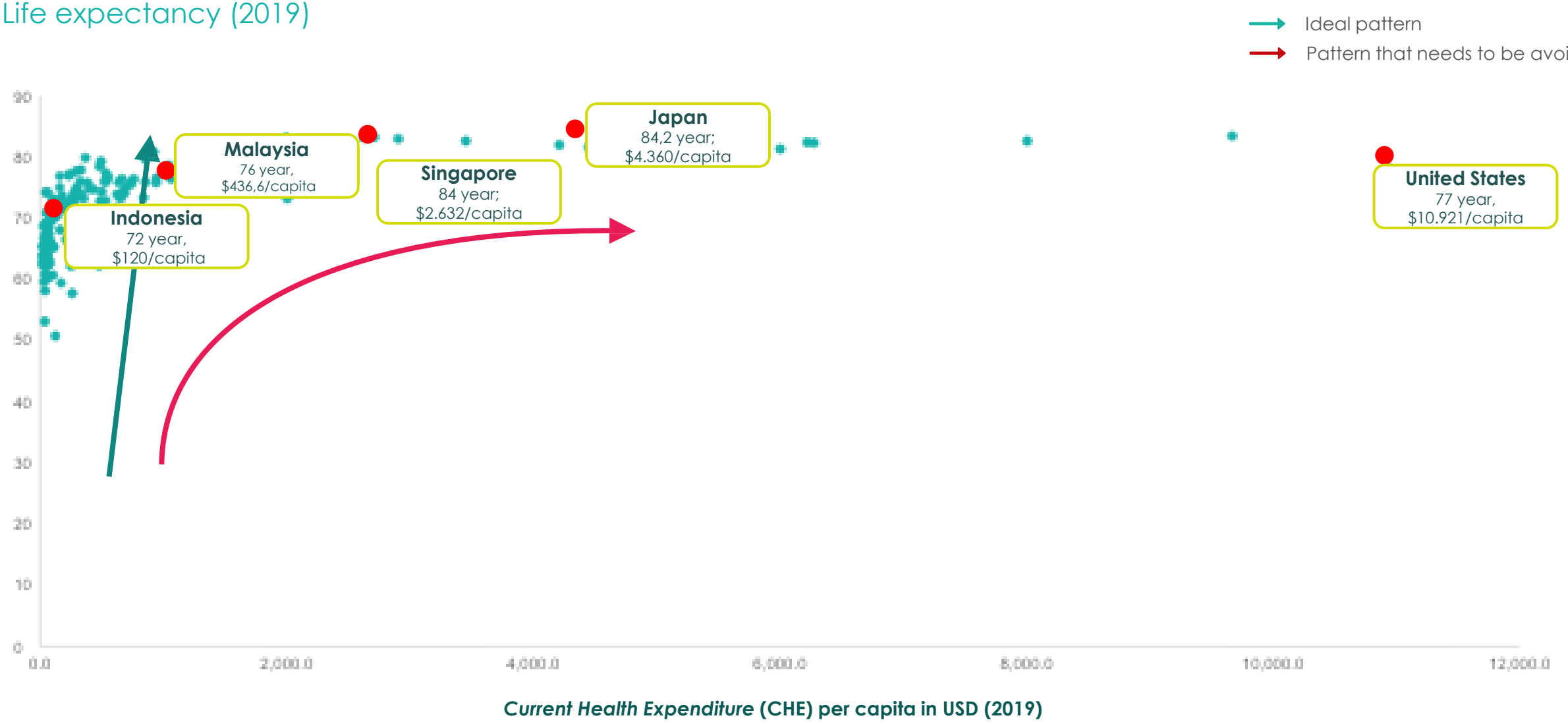


Notes: Index 100 at 1995, based on local currencies; Income = Personal Disposable Income

Source: WHO; EIU (Feb 2021); BCG analysis

However, increasing healthcare spending does not guarantee improvement in outcomes, such as life expectancy

Life expectancy (2019)



***Current Health Expenditure* (CHE) per capita in USD (2019)**

Sumber: WHO, Bank Dunia

Transformation of health financing to ensure financing is sufficient, fair, effective and efficient

1 ***National Health Account* (NHA)**

- Accelerating the production of NHA from T-2 to T-1 so that it can be used **for sharpening health financing planning and interventions.**

2 ***Health Technology Assessment* (HTA)**

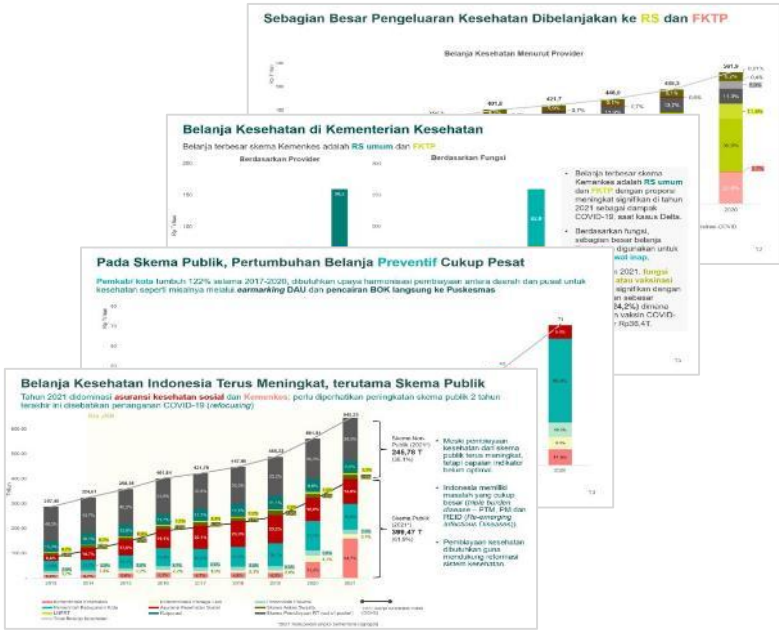
- Increase HTA implementation to **ensure evidence-based quality and cost control** for more effective and efficient health services.

3 ***Annual Review Tariff***

- Annual review of hospital and health center service rates in the National Health Insurance (JKN) **to maintain the quality of service to JKN participants**

4 **Consolidation of Health Payment**

- Consolidation of central and regional government health financing, JKN and the private sector for **a stronger** and **more effective synergy of health financing sources in achieving health development goals**



OUTLINE

1. Indonesia's Health Landscape
   - Overview of Indonesia's Health Profile
   - Major Health Challenges in indonesia
2. The Need for Health System Transformation
   - Rationale
   - Goals of Health System Transformation
3. The Six Pillars of Health System Transformation Achievements
   - Strengthening Primary Health care
   - Enhancing Secondary Health care
   - Building Health System Resilience
   - Sustainable Health Financing
   - Human Resources for Health Development
   - Digital Health and Technology
4. Conclusion & Way Forward
   - Recap of key Messages
   - Call to Action

Kemenkes

Recap of Key Messages:

1. Indonesia, as the fourth most populous nation, is actively transforming its health system to address global health issues and national challenges.

2. A comprehensive health system transformation is critically needed to close existing health gaps, particularly for underserved vulnerable populations.

3. Indonesia's health system transformation rests on six pillars: strengthening primary and secondary healthcare, building system resilience, ensuring sustainable financing, developing human resources, and leveraging digital health.

4. Indonesia's health improvements serve as a model for developing nations, strengthening global health security and inspiring sustainable development.

Kemenkes

Golden Indonesia 2045

A Sovereign, Advanced, and Sustainable Archipelago

Call to Action

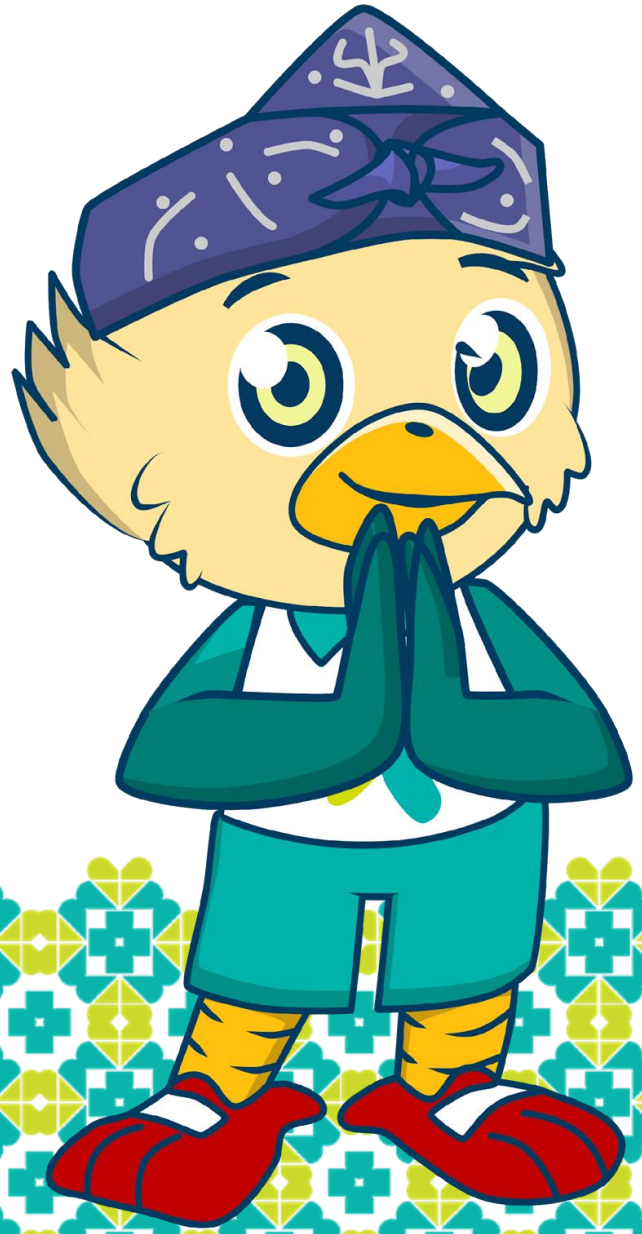
Development and Strengthening the Health System through:

Implementation of Health System Transformation → Achievement of National Development Goals → Achievement of SDGs 2030

Global Health Cooperation Optimization

1. Actively optimize global health cooperation to support Indonesia's health system transformation and contribute to achieving National and Sustainable Development Goals (SDGs)
2. Encourage all relevant stakeholders and partners to actively support and participate in the comprehensive health system transformation efforts.
3. Continue and strengthen Indonesia's leadership and innovative contributions within the global health arena.

Kemenkes



Terima kasih...

Kementerian Kesehatan

Badan Kebijakan Pembangunan Kesehatan

Jalan Percetakan Negara Nomor 29
Jakarta Pusat 10560
(021) 4261088 (hunting)
https://badankebijakan.kemkes.go.id

Lessons from Indonesia's Strides Towards Universal Health Coverage over the Last Decade

Sunday July 20th, Full day session

Program

07:30	Presenters/delegates arrive at Orchid room (BICC)
08:25	First Informal group photo with everyone already present
08:30-08:45	Welcome and goals of the day *Igna Bonfrer, Ph.D., Associate Professor Global Health Economics, Erasmus University and Director Rotterdam Global Health Initiative*
08:45-09:15	Indonesia's health system reform over the last decade *Prof. Asnawi Abdullah, PhD. Director General of Health Policy Agency, Ministry of Health* *Prastuti Soewondo, S.E., M.P.H., Ph.D. Senior Advisor to the Minister of Health*
09:15-09:30	A decade of Indonesia's National Health Insurance Jaminan Kesehatan Nasional (JKN) *Prof. dr. Ali Ghufron Mukti, M.Sc., Ph.D., AAK, President Director of BPJS Kesehatan, Indonesia's Social Security Administrator for Health*
09:30-10:00	Questions from the audience to the Senior Advisor to the Minister of Health and to the Director of BPJS Kesehatan *Guided by Somil Nagpal, Lead Health Specialist, World Bank Indonesia*

Kemenkes