

Synergy of Government and Regional Government Authority in Providing Health Guarantee for Communities in Indonesia

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Abstract

The main idea of the government was to form a special institution to handle social security for the community in 2004, which was through the Social Security System Act. With the provisions of this law, in 2011, the Republic of Indonesia Law No. 24 of 2011 concerning the Social Security Organizing Agency (BPJS) and implementing regulations. On another aspect, the social security system is certainly difficult to implement if the system is not integrated between the central government and regional governments. With an integrated system, a social security system in the health sector will be built, this is in line with Law No. 23 of 2014 concerning Regional Government, where one of the concurrent affairs in the health sector. The purpose of this research is to analyze the synergy of the authority of the government and regional governments in implementing social security in the health sector by using qualitative methods and normative juridical approaches.

Keywords: *Health Insurance, Synergy, Government*

Introduction

Social and economic development as one of the implementation of national development policies has produced a lot of progress, including increasing the welfare of the people. The welfare must be enjoyed sustainably, fairly and equally to reach all people. ⁽¹⁾ In opening the 1945 Constitution of the Republic of Indonesia it was mandated that the aim of the state was to improve the welfare of the people. In the Fourth Amendment to the 1945 Constitution of the Republic of Indonesia, the objective was further emphasized by developing a social security system for the welfare of all people. ⁽²⁾ One form of social security provided in the health sector.

In order to improve health protection for the people of Indonesia, it is necessary to review the health service system, where health services are a mandatory part of responsibility Country given to the community. Health service is one of the fundamental rights of the

community whose provision must be carried out by the government as mandated in the 1945 Constitution article 28 H paragraph (1) Every person has the right to live in physical and spiritual prosperity, to live and have a good and healthy living environment and has the right to receive health services. Service is an activity that is invisible (cannot be touched) that occurs as a result of interactions between consumers and caricatures or other things provided by service providers that are intended to solve the problems of consumers or customers. ⁽³⁾ In the administration of government, which is based on the provisions of Law No. 21, 2014 regarding Regional Government, in general, the administration of health in the field of health is carried out jointly between the government and regional government, then jointly between the government and regional government, making the obligation for the government and local governments to fulfill the health of every citizen, especially for the poor.

In the provisions of Chapter II Determination of Criteria and Data Collection of the Poor and Poor People.

Section 2:

(1) The criteria for the poor and disadvantaged are determined by the Minister after coordinating with the

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minister and / or leaders of the relevant institutions.

(2) Criteria for the Poor and Poor People as referred to in paragraph (1) shall be the basis for the institutions conducting government affairs in the field of statistics to conduct data collection.”

Section 3

“The results of the data collection of the poor and disadvantaged people carried out by institutions that carry out government affairs in the field of statistics are verified and validated by the Minister to be integrated data.”

With an integrated system, it is expected that the management of the health service system can be carried out significantly by the State.

Research Methodology

In research, the object of research is one of the instruments that needs to be the basis for efforts to determine the research method to be carried out by a researcher. In general, the research method used is doctrinal with normative juridical approaches.

Findings and Discussion

Fulfillment of the constitutional rights of every State in the field of health is an attempt by the State to carry out its obligations. Law Number 24 of 2011 which stipulates that social security is administered by the Social Security Assistance Agency (BPJS) consisting of BPJS Health, which is implemented from January 1, 2014, the National Health Insurance (JKN) as a health insurance system for all Indonesian citizens is carried out throughout health service agents ranging from hospitals to puskesmas aimed at all levels of society.⁽⁴⁾ With this institution, it is expected to be able to provide maximum health services to the community,⁽⁵⁾ so that the level of community welfare can be achieved.

The existence of BPJS Health as an Implementing Body is a public legal entity formed to organize a health insurance program for all Indonesians. The purpose of the implementation of the National Health Insurance program is to meet the proper public health needs provided to everyone who has paid contributions or whose contributions have been paid by the Government. With the Law No. 40 of 2004 concerning the National Social Security System, in 2011 PT Askes (Persero) was officially appointed as the Health Social Security

Administering Board (BPJS) which covers the health insurance of all Indonesians as stipulated in Law No. 24 of 2011 concerning BPJS. The National Health Insurance Program (JKN) organized by BPJS Health has started to be implemented since January 1, 2014.⁽⁶⁾ This period is the period of integration of the health system in Indonesia organized by the government through the Social Security Management Agency (BPJS) and the Regional Government through its Regional Stuan Organization Organization, namely the Health Office.

In the period of 2015 the implementation of the National Health Insurance Program in Indonesia has been carried out, but for 1 Year 3 months the implementation of JKN there are still a lot of homework that must continue to be addressed by the government and all parties involved. To achieve the National Social Health Insurance (JKSN / AKN) for all residents a comprehensive mapping is needed covering aspects of regulation, membership, health services, benefit packages, service networks, funding, management, and other resources. In the end, the progress of the JKN program will highly depend on public confidence in the performance of the BPJS as the main implementer of the JKN program. Complaints from participants, doctors, and other health facilities must also be accommodated.⁽⁶⁾ By accommodating the interests of all, it is expected to be able to provide health services based on public service standards and synergize government and local government policies.⁽⁷⁾

Law No. 40 of 2004 concerning the National Social Security System (SJSN) is the effort of the Republic of Indonesia in the field of legislation in ensuring the fulfillment of the right to health for the entire population. The law states that the government is responsible for the availability of services, the availability of access to both facilities and information, the availability of equal resources, and the seeking of feasibility and affordability in the health sector. Furthermore, the government is also responsible for administering health insurance through the national social health insurance system for each of its citizens. Sustainability of Law No. 40 of 2004 concerning SJSN is the issuance of Law of the Republic of Indonesia No. 24 of 2011 concerning the Social Security Organizing Agency (BPJS). The law explains BPJS consists of BPJS Health and BPJS Employment. BPJS Health is a government policy program to organize National Health Insurance. BPJS Health has been implemented since January 1, 2014. In the implementation of the BPJS program, there are many

obstacles faced by one of them the potential funding deficit which increases every year. Based on data from the Health BPJS in 2014 the BPJS experienced a deficit of 1.94 Trillion, at the end of 2015 the BPJS had a deficit of 5.85 Trillion and according to the Director of Development Planning BPJS Mundiharno the potential for deficit in 2016 was around 9.2 Trillion.⁽⁸⁾

In implementing the SJSN Law and the BPJS Law, the government implemented its policies through Government Regulations and Presidential Regulations, one of which is Presidential Regulation No.12 / 2013 on Health Insurance which experienced three changes, the first change being Presidential Regulation No. 111 of 2013, the second amendment to Presidential Regulation No. 19 of 2016 concerning Health Insurance and the third amendment to Presidential Regulation No. 28 of 2016 concerning Health Insurance. The second amendment to Presidential Regulation No. 19 of 2016 was carried out with the spirit to improve the conditions of the implementation of the National Health Insurance, among others, to meet the adequacy of contributions, regulate membership, regulate fines, regulate fraud prevention. However, in its implementation only within a period of not more than thirty days the Presidential Regulation was changed to Presidential Regulation No. 28 of 2016. Presidential Regulation No.19 of 2016 concerning Health Insurance has not yet had time to be implemented, it has been changed to Presidential Regulation No.19 of 2016 concerning Health Insurance. In the system theory described by Easton, a policy-making process begins with an input process that describes all requests that require a problem-solving solution, resources and support from the existing environment, all variables in the input process will be processed in a process to make a policy where in the process there will be dynamics of the policy making process and the interaction of the various actors involved² and produce its output in the form of a solution that becomes public policy. A policy analysis needs to be done to be able to see why the output of the policy change is happening so fast, because this process can perfect these National Health Insurance policies and can be implemented properly and in accordance with the constitutional and statutory mandates. The purpose of this study is to analyze the rapid changes in JKN policy; Presidential Regulation No. 19 of 2016 concerning Health Insurance becomes Presidential Regulation No. 28 of 2016 concerning Health Insurance.⁽⁸⁾

In essence, social security in the health sector, began to be developed. Countries in the world through

international health agencies WHO has agreed to achieve Universal Health Coverage (UHC) in 2014. UHC is a health system that ensures every citizen in the population has fair access to services quality promotive, preventive, curative and rehabilitative health at an affordable cost that includes two core elements in it namely access to fair and quality health services for every citizen, and protection of financial risks when citizens use health services where the Indonesian state is currently located in the transition to coverage of universal health services.⁽⁹⁾ With this system, public health can be achieved.

In Indonesia the understanding and capability of the regions in managing Jamkesda are still different from one another, especially in the framework of achieving Universal Health Coverage, as evidenced by only 4 provinces that have achieved Universal Health Coverage (UHC). The number of provinces that only guarantee non-Jamkesmas poor participants reached 27 provinces (81.81%), and 2 provinces (6.06%) using SKTM (Certificate of Disability).⁽¹⁰⁾

In order to provide health protection to the community through the Indonesia Health Card-Health Insurance Program (JKN-KIS), the role of the Regional Government is expected to be present in efforts to improve the quality of the JKN-KIS program in accordance with the mandate of Law Number 40 of 2004 concerning the National Social Security System. At present the Regional Government integrating the regional health insurance program (Jamkesda) into the JKN-KIS Program has increased and it is hoped that all Regional Governments can do the same, in addition to many other things that can be done by the Regional Government in supporting the implementation of the JKN-KIS Program continuous. "BPJS Health together with local and regional governments and other stakeholders can work together to achieve 100% participation or targeted universal coverage to be realized on January 1, 2019. At present the coverage of JKN-KIS participants in Indonesia has reached 170.9 million or around 70%. The local government can optimize the Jamkesda budget and be integrated with the JKN-KIS Program. The legal basis or Jamkesda integration policy (population registered by the Regional Government) is clear, in accordance with, Presidential Regulation No. 12 Number 111 of 2013, Presidential Regulation Number 74 of 2014 concerning Guidelines for the Preparation of a Social Security and Employment Sector Road Map, Perpres Number 19 Year 2016 jo. Perpres 28 of 2016 concerning Health Insurance, Letter of the Minister of

Home Affairs number 440/3890 / SJ dated October 19, 2016.

The number of Jamkesda integration participants as of November 2016 is 15,151,350 people. Of the 34 provinces 32 provinces have integrated part or all of the District / City Jamkesda in their regions. There are 15 provinces that contribute through sharing of contributions / participants in Jamkesda integration financing with varying patterns, for example 40% of contributions are paid by the provincial government, 60% by Pemkab / Pemkot. The 15 provinces are Aceh, North Sumatra, Riau, West Sumatra, Bengkulu, Bangka Belitung, Jakarta, Banten, Central Java, West Java, Central Kalimantan, NTB, West Sulawesi, Gorontalo, South Sulawesi. Referring to BPJS Health data, 378 Jamkesda districts / cities have been integrated into the JKN-KIS program. Then, there are 4 provinces which can be categorized as Universal Health Coverage (UHC) or JKN-KIS membership of the population > 95%, namely DKI Jakarta Province, Aceh Province, West Papua Province, Gorontalo Province.⁽¹¹⁾ A good management system for social security institutions in the form of BPJS Health is as an effort to provide protection to the community in the health sector.

Conclusion

The social security system established is to provide social protection to the community. Law No. 40 of 2004 concerning SJSN is the issuance of Law of the Republic of Indonesia No. 24 of 2011 concerning the Social Security Organizing Agency (BPJS). The law explains BPJS consists of BPJS Health and BPJS Employment. BPJS Health is a government policy program to organize National Health Insurance. Being an effort to create a social security system in the health sector, synergy efforts are needed, therefore concurrent affairs in the health sector can be carried out jointly between the government and the regional government and the Health Social Security institutions formed based on legislation. In this case, there are certainly many elements that must be addressed, so that in order to realize effective and efficient improvements, it may be necessary to take action steps based on scientifically determined priority sequences, for example based on difficulty and usefulness.⁽¹²⁾

Ethical Clearance: Yes

Conflict of Interest: No

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