COUNTRY FACTSHEET: INDONESIA 2020

Strategic Purchasing for Primary Health Care (SP4PHC) is a multi-country project implemented by ThinkWell with support from the Bill & Melinda Gates Foundation. Its purpose is to improve how governments pay providers for primary health care (PHC) services, with a focus on family planning (FP) and maternal, newborn, and child health (MNCH). The project is implementing programs of work in Burkina Faso, Indonesia, Kenya, the Philippines, and Uganda. We developed factsheets for each of the five countries that serve as a data reference for the strategies we chose within each.

Demographic & Socioeconomic Characteristics

<table>
<thead>
<tr>
<th>Indicator (2019)</th>
<th>Indonesia</th>
<th>Philippines</th>
<th>East Asia &amp; Pacific*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (millions)</td>
<td>270.6</td>
<td>108.1</td>
<td>N/A</td>
</tr>
<tr>
<td>Population growth (annual %)</td>
<td>1.1</td>
<td>1.4</td>
<td>0.6</td>
</tr>
<tr>
<td>Urban population (% of total population)</td>
<td>56.0</td>
<td>47.1</td>
<td>56.6</td>
</tr>
<tr>
<td>Total fertility rate (births per woman)</td>
<td>2.3 (2018)</td>
<td>2.6 (2018)</td>
<td>1.9 (2018)</td>
</tr>
<tr>
<td>Poverty headcount ratio at $1.90 a day (% of population)</td>
<td>4.6 (2018)</td>
<td>6.1 (2015)</td>
<td>N/A</td>
</tr>
<tr>
<td>Human Development Index Rank (out of 189)</td>
<td>111</td>
<td>106</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Excluding high-income countries

Indonesia has a moderately high modern contraceptive prevalence rate (mCPR) and low birth rate. Private providers are the primary source for the most popular family planning methods.

Trends in mCPR and unmet need for FP, comparing Indonesia and Southeast Asia (2012-2019)

Source: FP2020
Family planning methods used (% of all women of reproductive age, 2017)

![Pie chart showing the distribution of family planning methods among women.]

- Injectable (50.7%)
- Male condom (4.4%)
- LAM* (0.2%)
- Female sterilization (6.8%)
- Implant (8.2%)
- IUD* (8.5%)
- Pill (21.1%)

*LAM = Lactational Amenorrhea Method
IUD = Intrauterine Device
Source: Indonesia DHS 2017

Family planning indicators by age (% of women age 15-49 who reported receiving family planning information from a health worker, 2017)

![Bar chart showing the percentage of women aged 15-49 who reported receiving family planning information from a health worker by age group.]

*HW = Health worker
Source: PMA 2020
Provider source for women accessing family planning by method type (2017)

Source: Indonesia DHS 2017
Key Maternal, Newborn, and Child Health Indicators

Coverage of key services has risen over the last few decades but maternal mortality has not reduced in kind and certainly not to Sustainable Development Goal (SDG) target levels.


Note: Data on MMR for 2002 and 2007 were not available
Source: Indonesia DHS, 1987-2017

Proportion of women receiving MNCH services across the continuum of care (2017)

Source: Indonesia DHS 2017
The private sector plays a significant role in MNCH service delivery, especially through private midwives.

Percentage of deliveries by provider type (2017)

- Home (20%)
- Public hospital (15%)
- Private hospital (17%)
- Private GP*/midwife (28%)
- PHC Center (10%)
- Clinic (public/private) (5%)
- Village midwife (4%)
- Village health post (1%)

*GP = General Practitioner
Source: Indonesia DHS 2017

Percentage of deliveries by provider type and wealth quintile (2017)

Source: Indonesia DHS 2017
Health Financing Indicators

Current health expenditure (CHE) per capita in Indonesia in 2017 was lower than the regional average for Southeast Asian countries of US$423.5. Total health expenditure (THE) has increased, with the proportion from social health insurance and subnational purchasers taking up a larger proportion due to the recent introduction of the national health insurance scheme (Jaminan Kesehatan Nasional - JKN). However, out-of-pocket (OOP) payments still remain a challenge, as it continues to comprise a large proportion of THE.

<table>
<thead>
<tr>
<th>Indicator (2017)</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current health expenditure per capita (US$)</td>
<td>115.0</td>
</tr>
<tr>
<td>Domestic general government health expenditure as % of current health expenditure</td>
<td>48.4</td>
</tr>
<tr>
<td>Current PHC expenditure as % of current health expenditure</td>
<td>54.9*</td>
</tr>
</tbody>
</table>

*Estimated by ThinkWell using Indonesia’s National Health Accounts 2014 report and the WHO definition for PHC expenditure indicators.
Source: World Bank 2020

Trends in health spending (2010-2018)

Trends in OOP expenditure as a percentage of CHE, comparing Indonesia and countries in the same region and a similar income classification

Source: Center for Health Financing and Security – Ministry of Health  2019

Source: World Bank 2020
The table below provides key details about the main purchasers of health services in Indonesia.

<table>
<thead>
<tr>
<th>PURCHASER ATTRIBUTES</th>
<th>National Government</th>
<th>Local Government</th>
<th>National Health Insurance (JKN)</th>
<th>Social Scheme for Maternity (Jampersal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources of revenue (e.g. taxes, contribution)</td>
<td>Tax, loan, &amp; grant</td>
<td>Local tax, transfer from national government, grant, &amp; loan</td>
<td>Contribution (% wages for formal sector &amp; flat rate for informal sector), tax subsidy for targeted population &amp; general tax</td>
<td>Transfer from national government</td>
</tr>
<tr>
<td>Population covered</td>
<td>General public</td>
<td>General public in local area</td>
<td>Formal and Informal sector covered after contribution; poor are automatically covered without contribution</td>
<td>Uninsured pregnant women</td>
</tr>
<tr>
<td>Benefits/services covered (PHC, hospitalization, inpatient, outpatient)</td>
<td>Promotive and preventive programs, TB, Malaria, and HIV; operational fund for PHC and hospital; special fund allocation for facility infrastructure at subnational level</td>
<td>Services offered depend on variable local fiscal capacity and commitment; promotive and preventive program, etc.; operational funds for public PHC facilities and hospitals</td>
<td>FP services (counseling &amp; methods), ANC, deliveries, c-sections, postnatal care</td>
<td>FP counseling, maternal services, transportation to health facilities</td>
</tr>
<tr>
<td>Types of facilities included (referral hospitals, health centers, health posts, etc.)</td>
<td>Only public PHC facilities and public referral hospitals; automatic contracting</td>
<td>Only public PHC facilities and public referral hospitals</td>
<td>PHC facilities and referral hospitals (public and private); nearly 60% contracted are private providers, via selective contracting</td>
<td>Public PHC facilities and public hospitals</td>
</tr>
<tr>
<td>Provider payment methods (with FP and MNH specifics)</td>
<td>Line-item budget; National Population and Family Planning Board buys the FP commodities and distributes subnational to public healthcare facilities</td>
<td>Line-item budget; Local authority buys additional FP commodities, distributes to public facilities</td>
<td>Capitation to PHC facilities; non-capitation rates (quasi-fee-for-service) to PHC facilities for FP and MNH services; case-based groups for referral hospitals</td>
<td>Fee-for-service reimbursement method</td>
</tr>
</tbody>
</table>
The SP4PHC strategies in Indonesia largely focus on JKN. The indicators in this section reflect health financing and JKN, the primary focus of SP4PHC’s strategies in Indonesia. While JKN coverage is increasing, costs are also rapidly increasing, especially at referral hospitals for services like c-sections. The private sector plays a substantial role at all levels of care. The government of Indonesia is looking to utilize strategic purchasing mechanisms to incentivize more affordable access of higher quality FP and MNCH services at the most appropriate levels of care across its mixed health system.

<table>
<thead>
<tr>
<th>Indicator (2018)</th>
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<tbody>
<tr>
<td>Population covered by JKN (proportion of total population)</td>
<td>208,054,199 (79%)</td>
</tr>
<tr>
<td>Number that are subsidized low-income members (PBI) of JKN (proportion of total JKN members)</td>
<td>92,107,598 (44%)</td>
</tr>
<tr>
<td>Total Revenue, IDR (USD)</td>
<td>81,975,180,000,000 (5,800,000,000 USD)</td>
</tr>
<tr>
<td>Total paid claims, IDR (USD)</td>
<td>94,296,845,000,000 (6,700,000,000 USD)</td>
</tr>
</tbody>
</table>

Source: BPJS 2018

Member distribution of JKN (2018)

*Non-workers include government pension beneficiaries
Source: BPJS 2018
Fund and service flows under JKN

**Note:** BPJS-K = Badan Penyelenggara Jaminan Sosial – Kesehatan (Social Insurance Administering Body for Health). BPJS-K oversees JKN.

PBI = Members who are listed as poor and vulnerable and their coverage is subsidized by the government

CBG = Case-based groups are set reimbursement rates for health services

DAU = General funds that are allocated by the national government to subnational governments

The black lines represent tax or budget allocations, the checkered red lines represent contributions, the solid red lines represent payments or claims, and the green lines represent health services

The blue boxes represent member types, purple boxes represent government funding sources, yellow boxes represent providers, and green boxes represent the government entities who oversee JKN.
Proportion of PHC facilities contracted with JKN (2018)

- Private General Practitioner/Doctor: 23.5% (5,475)
- Private Clinic: 42.6% (9,933)
- Dentist Clinic: 5.3% (1,226)
- Class D Pratama Hospitals: 23.2% (5,415)
- Police Clinic: 2.8% (660)

Note: Class D Pratama hospitals focus on providing secondary health care to patients in the lowest service tier. They mostly operate in remote areas.
Source: BPJS 2018

Proportion of referral hospitals contracted with JKN (2018)

- Private Hospital: 63% (1,536 Total)
- Central hospitals: 29% (722 Total)
- Regional hospitals: 8% (197 Total)
- Ministry: 48 (4 Ministry Total)
- Police: 42 (107 Military Total)
- Military Clinic: 722 (582 Provincial Total)

Source: BPJS 2018
Number of PHC and referral facilities contracted with JKN to provide MNCH services, by facility ownership (2017)

<table>
<thead>
<tr>
<th># of PHC facilities</th>
<th># of Referral Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,155</td>
<td>919</td>
</tr>
<tr>
<td></td>
<td>1,536</td>
</tr>
</tbody>
</table>

Source: BPJS 2019

Amount paid for MNCH services, by facility ownership (2017)

<table>
<thead>
<tr>
<th>Amount paid for MNCH by JKN (in billions)</th>
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<tbody>
<tr>
<td>IDR 584</td>
</tr>
<tr>
<td>IDR 4,392</td>
</tr>
</tbody>
</table>

Source: BPJS 2019


36% of deliveries covered by JKN were C-sections.

Source: BPJS 2017

<table>
<thead>
<tr>
<th>Type of provider that JKN reimbursed for FP services claims (2017)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>842,891</td>
</tr>
<tr>
<td>Secondary &amp; Tertiary</td>
<td>86,624</td>
</tr>
</tbody>
</table>

Source: BPJS 2019

Recommended citation