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# ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: INDONESIA

**July 2015**

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## **The Health Finance and Governance Project**

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, \$209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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*Photo: A mother carries her child in Tumpang Village, Malang, Jawa Timur province, Indonesia.  
Credit: © 2010 Aman Rochman/ AFP, Courtesy of Photoshare*



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# ACRONYMS

<b>EPHS</b>	Essential Package of Health Services
<b>JKN</b>	Jaminan Kesehatan Nasional
<b>RMNCH</b>	Reproductive, maternal, newborn and child health



# ABOUT THE ESSENTIAL PACKAGES OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Packages of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.



# THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN INDONESIA

The Republic of Indonesia has specified an EPHS through its regulatory process.

Regulation No. 75/2014 lists health services that must be provided through community health centers, or *puskesmas*; mobile health clinics; and community midwives. The list of services roughly translates from Bahasa into English as “essential public health services.”

In 2008, the Republic of Indonesia established a list of indicators, called Minimum Service Standards (Regulation No. 741/2008), which district governments and municipalities were required to meet by certain deadlines. (District governments and municipalities oversee health care implementation in Indonesia.) Per this regulation, the deadline for meeting each Minimum Service Standard was set in either 2010 or 2015.

Prior to Regulation No. 75/2014, the Minimum Service Standards established in 2008 were the health standards that best fit our definition of Indonesia’s EPHS. However, the Ministry of Health for the Republic of Indonesia later promulgated numerous regulations that set detailed quality standards for care delivery, and the 2014 regulation refers to these more specific regulations, so these specific regulations may be considered part of Indonesia’s EPHS.

These are a few citations of regulations that have established detailed quality of care standards for RMNCH services (titles of the regulations have been roughly translated into English):

No. 42/2013, “Implementation of Immunization”

No. 70/2013, “Operation of Hospital-Based Management of Childhood Illness”

No. 51/2013, “Guidelines for the Prevention of Mother-to-Child Transmission”

No. 53/2014, “Essential Health Services for Newborns”

No. 25/2014, “Child Health Services”

No. 61/2014, “Reproductive Health Services”

Annex A includes a rough, unofficial translation from Bahasa to English of the Minimum Service Standards that were established in 2008, and the “essential public health services,” promulgated through regulation in 2014. The latter shall be considered Indonesia’s official EPHS, while the former are for informational purposes only. The “essential public health services” include only high-level service categories, and are not specified interventions.

## Priority Reproductive, Maternal, Newborn and Child Health Interventions

It was not possible to perform a comprehensive comparison of Indonesia's EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions under the scope of this study. The government regulations that specify actual health care interventions are not available in English.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included..	Not possible to determine
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	Not possible to determine
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	Not possible to determine
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	Not possible to determine

## Use of Selected Priority RMNCH Services

The table below presents the country's data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)				
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2011		72.7	32.3
BCG immunization coverage among one-year-olds (%)	2013	97		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	92		
Median availability of selected generic medicines (%)—private				
Median availability of selected generic medicines (%)—public				

Source: Global Health Observatory, World Health Organization.

## How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

Health services are provided through public or private sector facilities, but the public sector generally takes the more dominant role, particularly in rural areas and for secondary levels of care. In the public sector, provision is decentralized to the district level (Harimurti et al. 2013).

Indonesia's EPHS is delivered through a network of community health centers, or *puskesmas*; mobile health clinics; and community midwives (Ministry of Health/Government of Indonesia, Regulation No. 75/2014). About a third of the country's *puskesmas* also provide inpatient care, and the government is working to improve the capacity of *puskesmas* to ensure the availability of high-quality primary and secondary care across the country's dispersed archipelago of over 17,000 islands (Harimurti et al. 2013).

Secondary care services are provided through secondary care hospitals; in 2010 about half of these were public and half were private. Most of the country's tertiary care hospitals and centers of excellence are public. Legally, *puskesmas* should provide referrals to secondary and tertiary public hospitals. However, in practice, the gatekeeping and referral functions of *puskesmas* are not strong, and there are no penalties for self-referring to a higher-level facility. In reality, RMNCH services from the EPHS are often provided through referral facilities.

## Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ▶ women, and
- ▶ rural populations.

See Annex B for the World Health Organization's full health equity profile of Indonesia based on data from a 2012 Demographic and Health Survey.

Key findings from the health equity profile include:

- ▶ There is some evidence of inequity of health service coverage in the country. For example, only about 60% of births among families in the poorest wealth quintile are attended by skilled health personnel while coverage of this service among the wealthiest approaches 100%.
- ▶ Education level of mothers appears to have a stronger association with immunization and maternal health services coverage than wealth quintile or rural versus urban residence, but education level of mothers does not show a strong association with coverage of reproductive health services.
- ▶ Indicators suggest that rural versus urban residence is not a factor in health-seeking behavior for children under five years old.

The government of Indonesia has stated that one purpose of decentralizing the responsibility for health care provision to the districts was to accelerate the realization of public welfare by empowering communities to improve services (Ministry of Health/Government of Indonesia, Regulation 65/2005). Decentralization is intended to ensure that all populations, including remote and hard-to-reach

populations, can obtain basic health services. Districts have the autonomy to determine how health budgets are spent, and can use different service delivery mechanisms such as mobile health clinics and community midwives.

Additionally, maternal and child health, family planning, and elderly care services are all specified in Regulation No. 75/2014 in their own distinct category under the specified EPHS.

## Providing Financial Protection for the EPHS

- ✓ The government sponsors health insurance for civil servants.
- ✓ The government sponsors or regulates health insurance for nongovernmental formal sector employees.
- ✓ The government sponsors health insurance for informal sector employees (through a national insurance fund, through subsidies to community-based health insurance, etc.).
- ✓ Community-based insurance is available in parts or all of the country.

Health care services from the EPHS are provided through public sector facilities, and are financed through government subsidies to the facilities and supplemented through user fees based on a tariff schedule.

The government of Indonesia is currently implementing a massive health reform effort, which intends to attain universal health coverage by 2019 through mandatory health insurance enrollment. At this time, health care services covered under the various insurance options are not well specified, but appear to be quite comprehensive. One may therefore assume that the services included in the country's defined EPHS are covered under the various insurance schemes at this time, which means that enrollees have financial protection for services in the EPHS.

Indonesia's health reform effort is to implement a new scheme known as Jaminan Kesehatan Nasional (JKN), or National Health Insurance, in which Indonesia's multiple social health insurance schemes will be united under a single agency called the Social Security Organizing Body. The three social health insurance schemes sponsored by the government include Jamkesmas, which provides subsidized coverage for the poor and near-poor; Askes, which covers civil servants; and Jamsostek, which covers formal sector employees. JKN allows those citizens (mainly middle-class self-employed or informal sector workers) not covered by one of those three schemes to purchase subsidized health insurance through JKN.

Prior to the implementation of JKN, many provinces and districts set up community health insurance-type schemes to complement or sometimes substitute for Jamkesmas. The future of these schemes under JKN is now unclear (Harimurti et al. 2013)



# SOURCES

Harimurti, P., E. Pambudi, A. Pigazzini, and A. Tandon. 2013. *The Nuts & Bolts of Jamkesmas: Indonesia's Government-Financed Health Coverage Program for the Poor and Near-Poor*. UNICO Studies Series 8, The World Bank.

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# ANNEX A. INDONESIA'S EPHS

## Minimum Service Standards, Health

Source: Ministry of Health, Republic of Indonesia. Regulation No. 741/2008

### a. Primary Health Care:

- 1) Coverage of pregnant women who have four antenatal care visits: 95% in 2015;
- 2) Coverage of obstetric complications treated: 80% in 2015;
- 3) Coverage of deliveries assisted by skilled birth attendants: 90% in 2015;
- 4) Coverage of postpartum care: 90% in 2015;
- 5) Coverage of newborns with complications who received care: 80% in Year 2010;
- 6) Coverage of baby visit: 90%, in 2010;
- 7) Child immunization: 100% in 2010;
- 8) Coverage of care for children <5: 90% in 2010;
- 9) Coverage of provision of complementary foods for children aged 6-24 in poor families: 100% in 2010;
- 10) Coverage of malnourished children who received treatment: 100% in 2010;
- 11) Coverage of network of elementary student health: 100% in 2010;
- 12) Coverage of active family planning users: 70% in 2010;
- 13) Coverage of disease diagnostics and management: 100% in 2010;
- 14) Coverage of primary health care for the poor: 100% in 2015.

### b. Health Care Referral:

- 15) Coverage of patient referral health care for the poor: 100% in 2015;
- 16) Coverage of level 1 emergency services provided in health facilities (hospitals) in District / City: 100% in 2015.

### c. Epidemiology and Prevention:

- 17) Unusual investigation / outbreak coverage / Village experiencing outbreaks: 100% of epidemiological investigations starting <24 hours in 2015.

### d. Health Promotion and Community Empowerment:

- 18) Coverage of 80% of villages in 2015.

## Essential Public Health Services

Source: Ministry of Health, Republic of Indonesia. Regulation No. 75/2014

- I. Health Promotion Services
  - A. Community empowerment related to health
  - B. Mental health and drug abuse services
  - C. Mental health counseling for pregnant and lactating mothers
  - D. Mental health and drug abuse counseling for at-risk populations (elderly, children, adolescents)
  - E. Hygiene promotion
  - F. Dental health promotion throughout the life cycle
  - G. Promotion and outreach on childhood immunizations
  - H. Reproductive health counseling for teens
  - I. Prevention of HIV/AIDS and sexually transmitted diseases
  - J. Education and community prevention of diarrhea, typhoid and hepatitis
  - K. Education and counseling for feeding infants and children (including breastfeeding, complementary feeding, and promotion of care for malnourished children)
  - L. Nutrition education and counseling
  - M. Prevention of drug abuse
  - N. Home-based/community-based care network
  - O. Rational drug use
  - P. Train health care workers on self-care and home-based care
  
2. Health Services and the Environment
  - Q. Food management and water monitoring
  
3. Maternal and Child Health and Family Planning
  - R. Immunization services
  - S. School health screening
  - T. Extension of family planning in accordance with government programs on fertile age groups and community
  
4. Nutrition Services
  - U. Early detection of malnourishment in the community
  - V. Nutrition surveillance
  - W. Malnutrition care
  
5. Disease Control and Prevention
  - X. Prevention and treatment of non-communicable diseases
  - Y. Prevention and control of infectious diseases:
    - i. Filariasis
    - ii. Worms
    - iii. Dengue Fever
    - iv. Malaria
    - v. Zoonotic Diseases
    - vi. HIV/AIDS
    - vii. Sexually transmitted diseases

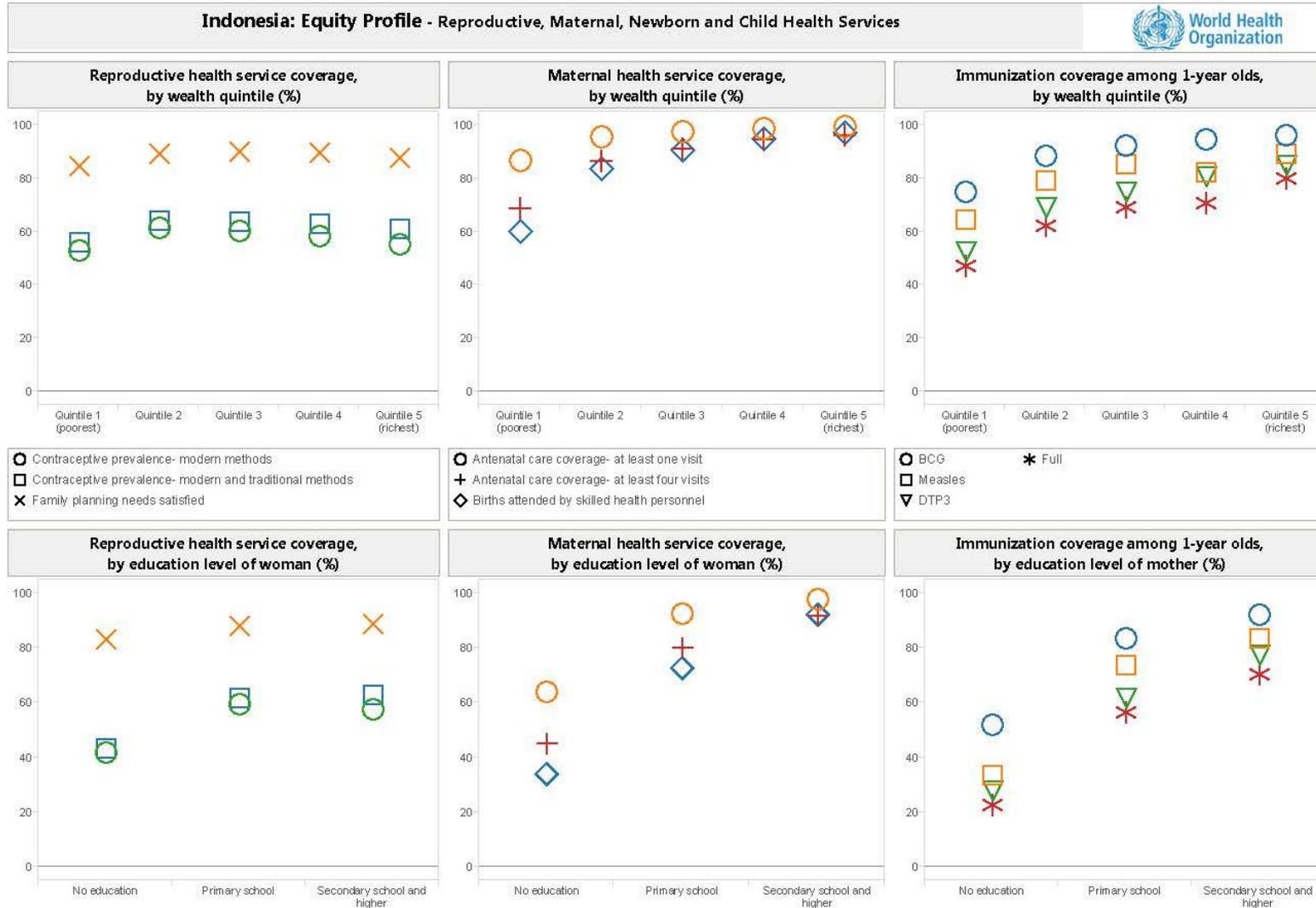
viii. Diseases that can be prevented through immunizations

6. Public Health Services
  - Z. Substance abuse counseling
  - AA. Reporting of narcotics abusers
  - BB. Dental health promotion
  - CC. Dental health services for pregnant women, children <5, early childhood, and the elderly
  - DD. Traditional, complementary and alternative medicine
  - EE. Use of medicinal plants
  - FF. Immunization of school children
7. Care of the Elderly
8. Occupational Health

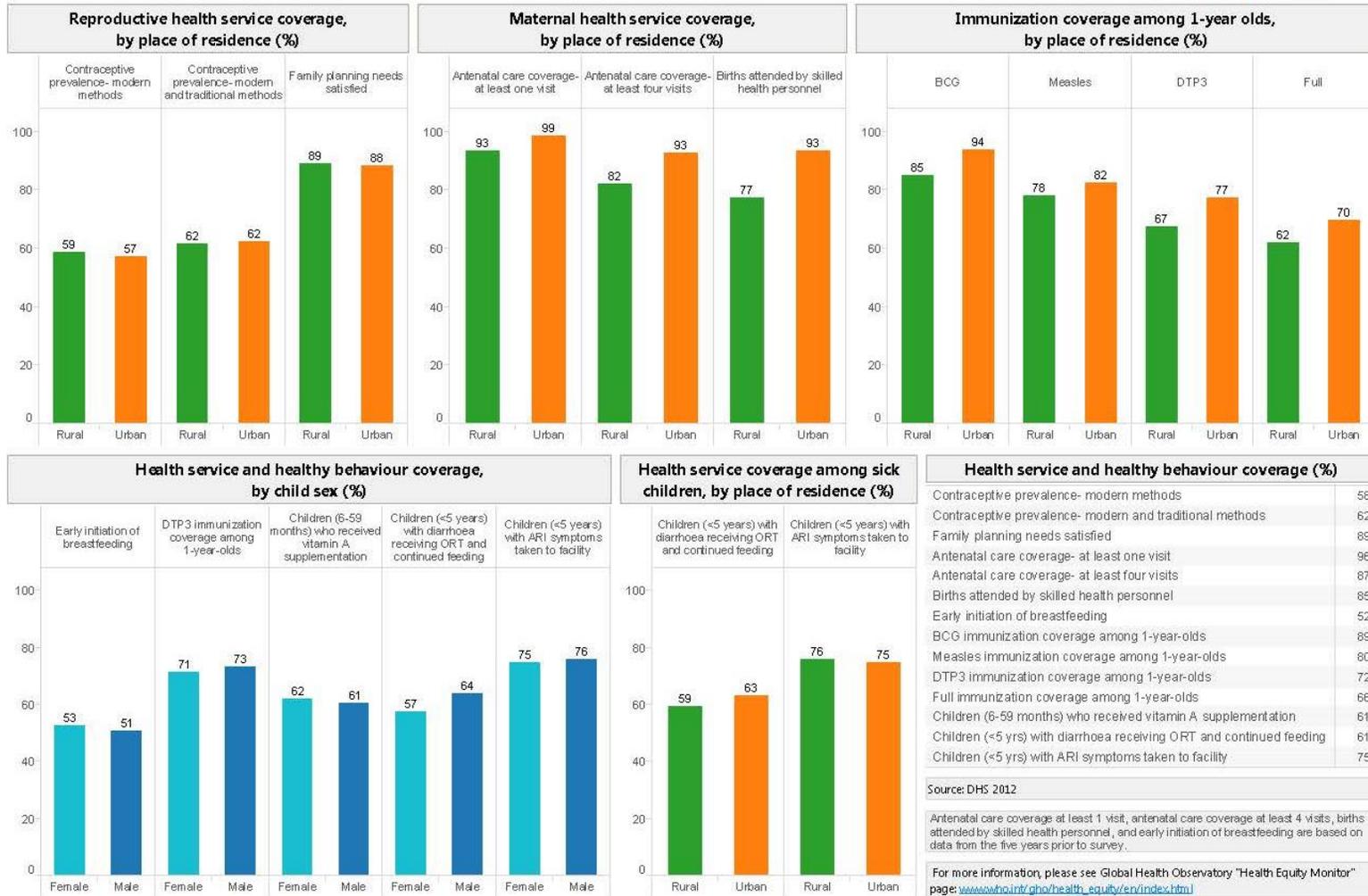




# ANNEX B. INDONESIA HEALTH EQUITY PROFILE



Indonesia: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services







BOLD THINKERS DRIVING  
REAL-WORLD IMPACT