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INDONESIA HEALTH SECTOR FINANCING PROJECT

**RECOMMENDATIONS FOR UPDATING  
INDONESIA'S GOVERNMENT HEALTH  
EXPENDITURES DATABASE:  
1986 - 1990**

**Report 43**

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## **LIST OF ACRONYMS**

<b>APBD</b>	<b>Provincial Budget</b>
<b>BLN</b>	<b>Foreign assistance (Bantuan Lunar Negeri)</b>
<b>CHC</b>	<b>Community Health Centers</b>
<b>DIK</b>	<b>Routine budget (Daftar Isian Kegiatan)</b>
<b>DIP</b>	<b>MOH Operational Budget (Daftar Isian Pembangunan)</b>
<b>DINAS</b>	<b>Regional administrative level in the Ministry of the Interior</b>
<b>GDP</b>	<b>Gross Domestic Product</b>
<b>HEPAU</b>	<b>Health Economics and Policy Analysis Unit</b>
<b>INPRES</b>	<b>Presidential Grant (Instruksi Presiden)</b>
<b>MOF</b>	<b>Ministry of Finance</b>
<b>MOH</b>	<b>Ministry of Health</b>
<b>MOHA</b>	<b>Ministry of Home Affairs</b>
<b>MOI</b>	<b>Ministry of the Interior</b>
<b>PDB</b>	<b>Brut Domestic Product</b>
<b>PKTK</b>	<b>Health Insurance Fund for Private Workers (Pelayanan Kesehatan Tenaga Kerja)</b>

## **I. RECOMMENDATIONS FOR UPDATING INDONESIA'S HEALTH EXPENDITURE DATABASE**

### **Preface**

The purpose of this paper is to report the findings from a consultancy by Dr. Glenn Melnick to the Health Economics and Policy Analysis Unit (HEPAU) within the Ministry of Health (MOH) of Indonesia. The purpose of the assignment visit was to study the existing database on national health expenditures in Indonesia and recommend ways of updating the database on an on-going basis. After reviewing numerous documents and meeting with both the architects of the database and users of the database, including policy makers and researchers, a number of summary findings are offered, including:

- The existing health expenditures database provides a fairly comprehensive and reliable picture of the sources and uses of funds in the Indonesian health sector;
- There is tremendous interest by both policy makers and researchers in having this database updated on a routine basis;
- The on-going system should provide data on three basic questions:
  - Where funds for health come from;
  - Where funds go; and
  - How funds are used.
- The complexity of the governmental budgetary process requires a multi-level, primary data collection methodology; and
- A mixed-sampling approach of comprehensive data collection at some levels and sampling at others appears desirable.

It is important to note that this report focuses exclusively on the recommended approach for updating that portion of the database that covers government sponsored health expenditures. A subsequent paper will describe the approach necessary to estimate private sector health expenditures on an on-going basis.

## **II. BACKGROUND AND PURPOSE**

An essential component of the health policy analysis process is a database describing the sources and uses of funds in the health sector. To meet this need, the HEPAU undertook a project to assemble such data in Indonesia for the first time. This project, which spanned several years and required extensive primary data collection, was successfully completed in mid-1987. The resulting database provided the MOH and other health policy makers and researchers with detailed data on the flow of funds within the health sector of Indonesia. The existing database covers 1982-86, with projections available for 1987.

- In the short period of time since completion of the database, it has already been used extensively by policy makers and researchers alike. Indeed, it is difficult to find a recent publication on health care in Indonesia which does not utilize or reference this database in one way or another. As a consequence of the obvious importance and the growing reliance on this database, there is tremendous demand for similar data covering a more recent period. By updating the existing database, policy makers and researchers could assess changes in performance in the health sector over time and begin to assess the effects of policy changes that have been implemented in recent years. It is one of the few databases that is available to assess health sector performance in Indonesia and indeed, the only one for assessing trends in the financing of the health sector.

The purpose of this paper is to describe the recommended approach for updating that portion of the database that covers government sponsored health expenditures. A subsequent paper will describe the approach necessary to estimate private sector health expenditures on an on-going basis. In designing the approach for up-dating the government expenditures portion of the database, it is necessary to review some of the lessons learned in building the initial database.

### **The Government Budgetary Process**

In order to track the flow of government expenditures on health programs in Indonesia, it is necessary to understand the structure of the government budgetary process.

The process begins with allocations from the central government budget to budgets of the different ministries. The relevant ministries for health care include the Ministry of Health (MOH) and the Ministry of Home Affairs (MOHA). The MOH oversees the allocation of funds from a variety of different budgetary sources including:

- Development Budget
- Routine Budget
- INPRES Budget
- SBBO
- SDO

The MOH allocates these funds directly to a variety of health related programs, including:

- Vertical Health Programs (e.g., CDC, MCH, etc.)
- Health Services (e.g., hospitals, health centers, etc.)

These services can be delivered at a variety of geographic levels, including Central, Provincial, District and Sub-Districts. In order to track these funds, it is necessary to gather data from the various central government budgets.

In addition to funds from the central budget, health programs receive funds from both the Provincial and District government budgets. Governments at these levels receive funds from several central level budgets (e.g., MOI) but also generate their own revenue through a variety of sources. For example, regional governments can raise revenue through value added taxes and from user fees from government owned facilities, including health facilities. District government also have their own unique sources of revenue, including user fees from government owned facilities. This is summarized in Table 1.

In order to track these expenditures, it is necessary to have data which report the amount of spending at each level of government and the specific programs that are funded. There are two sources of data available to track spending by provincial governments. One source is a series of reports filed with the MOI by each provincial government following the close of each fiscal year (March 31). These reports are required by the MOI and are generally available at the central government office of the MOI within 120 days after the close of the fiscal year. These reports filed with the MOI should provide a list of all the different projects (e.g., hospital, health center, etc.) funded by the Provincial government in the prior year and how each of those projects used the funds (e.g., salaries, materials, etc.). The reports filed with the MOI provide detail on actual spending for programs that are financed by revenue generated by provincial governments through their own sources — so-called “pure province revenue”. In addition, these reports indicate how funds from allocated from central level budgets to the provincial level are spent at the provincial level.

**Table 1**  
**SOURCE OF FUNDS FOR HEALTH PROGRAMS IN INDONESIA**

LEVEL OF EXPENDITURE	SOURCE OF FUNDS									
	CENTRAL						PROVINCE		DISTRICT	
FACILITIES OWNED BY	DIP	DIK	INPRES	SBBO	SDO	BLN	DIP	DIK	DIP	DIK
Central	X	X	X			X				
Province	X		X	X	X	X	X	X		
District	X		X	X	X	X			X	X

In summary, the approach must be designed to take into account the flow of funds between the central government and the province and district governments and the ability of the province and district level governments to generate additional sources of funds for health programs. Data are to be collected at three levels:

- Central level;
- Province or regency level; and
- District level.

- The characteristics of the available data at each of these levels are described below.

### **Characteristics and Collection of Available Data**

#### **Location of Source Data — Central Level**

There are several flows of funds from the central level that must be captured by the data collection system. The funds emanate from different budgets which are located in different ministries. Table 2 summarizes the budgetary source of funds and the office from which they flow and where data pertaining to these budgets can be obtained.

In all cases actual expenditures (realization) data will be collected for the years 1986-87 to 1988-89. Allocations for the year 1989-90 will also be collected. The necessary forms for collecting the data from these different sources have developed and will be pretested. A team of people from the central office of MOH will be trained to use these forms. This team will be dispatched to each of these offices to collect the data over a several month time period. The data will be returned to the project office and data entry will begin while additional data are being collected.

**Table 2**  
**BUDGETARY SOURCE AND LOCATION OF CENTRAL LEVEL DATA**

<b>Budgetary Source</b>	<b>Ministry</b>	<b>Location of Data</b>
DIP	MOH	Bureau of Planning Office
DIK	MOH	Bureau of Finance
INPRES	MOHA	DG of Community Health Services
SBBO	MOHA	DG of Medical Services — MOH
SDO	MOF	Director General of Budgeting
BLN	MOH	BOP

#### **Level of Detail**

Ideally, one would like to have detailed data on the use of funds both in terms of the programs being funded and the mix inputs into each program as well as information on the outputs and effects of each program. The data collection system is designed to capture as much detail as available at each budgetary source. Table 3 summarizes the level of detail available from each of the data sources within the central level. For example, data on the DIP available from the central Bureau of Planning within the MOH will

cover both the specific program that is receiving funds from that budget, as well as how those funds were used by the project, in terms of salaries, supplies, etc. In addition, it will then be possible to identify how much of the central DIP is being spent in each Province. On the other hand, the SDO data at the central office do not indicate which programs are receiving subsidies under the SDO program nor whether the programs are in the health sector or some other sector such as agriculture. All that is available from existing SDO budgetary sources at central level are the total SDO funds given to each province. The proposed data collection methodology is designed to estimate the health sector and health program portion of these totals using data from other levels within the system.

**Table 3**  
**CHARACTERISTICS OF LEVEL OF DETAIL FOR CENTRAL DATA**

<b>LEVELS OF DETAIL</b>				
<b>Central Level Budgetary Source</b>	<b>Program (1-13)</b>	<b>Project</b>	<b>Province</b>	<b>District</b>
DIP	Yes	Yes	Yes	No
DIK	Yes	Yes	Yes	Yes
INPRES	Yes (n=3)	Limited	Yes	Yes
SBBO	Yes (n=1)	Yes	Yes	Yes
SDO	No	No	No	No
BLN-Incomplete	Yes	Yes	Yes	Yes

### **Province Level and District Level**

Because the provincial governments have numerous sources of revenue, it is necessary to collect data at the province level for each province. Similarly, the most detailed information on each district is only available from source documents located in the district offices. As can be observed in Table 4, the detailed data pertaining to each district can only be obtained at the district level. Table 5 contains level of detail characteristics for MOHA data on provinces.

The proposed system uses a combination of province level staff from a sample of nine provinces who will collect detailed data for their province as well as all the districts in their province. Data for the remaining provinces will be collected by central level staff from the MOH. The staff will visit each province to

gather detailed data for the 19 provinces and summary data for their districts. By gathering district level data at the province level, for these 19 provinces, only total health expenditures at the district level will be captured, without actual detailed data on the allocation of these funds among projects (i.e., hospitals vs. health centers). The proportions calculated using data from the sample of other districts for which detailed data are available, will be used to apportion these totals.

**Table 4**  
**CHARACTERISTICS OF LEVEL OF DETAIL**  
**FOR PROVINCIAL AND DISTRICT DATA**

<b>Levels of Detail</b>				
<b>Budgetary Source</b>	<b>Program (1-13)</b>	<b>Project</b>	<b>Province</b>	<b>District</b>
<b>Province Level</b>				
<b>APBD1-DIP</b>	Yes	Yes	Yes	No
<b>APBD1-DIK</b>	Yes	Yes	Yes	No
<b>District Level</b>				
<b>APBD2-DIP</b>	Yes	Yes	Yes	Yes
<b>APBD2-DIK</b>	Yes	Yes	Yes	Yes

**Table 5**  
**CHARACTERISTICS OF LEVEL OF DETAIL IN**  
**MINISTRY OF HOME AFFAIRS DATA ON PROVINCES**

<b>Levels of Detail</b>				
<b>Budgetary Source</b>	<b>Program (1-13)</b>	<b>Project</b>	<b>Province</b>	<b>District</b>
<b>DIP-Totals Only</b>	Yes	Yes	Yes	No
<b>DIK1-Detail by Budget Category</b>	Yes	Yes	Yes	No

### **III. DETAILED RECOMMENDATIONS FOR UPDATING THE GOVERNMENT HEALTH EXPENDITURES DATA BASE**

#### **1. Capturing Multiple Sources of Funding at Each Level**

The approach is designed to take into account the flow of funds between the central government and the province and district governments and the ability of the province and district level governments to generate multiple sources of funds for health programs.

Data are to be collected at three levels:

- Central Level;
- Province or Regency Level; and
- District Level.

#### **2. Preservation of Detail**

The data collection procedures are designed to capture as much detail at each level as possible in terms of:

- Allocation of Funds Among Different Health Projects
  - Hospitals;
  - Health Centers; and
  - Administration of Government Office.
- Allocation of Funds Among Different Functional Categories
  - Salaries;
  - Operations and Maintenance; and
  - Drugs and Other Supplies.

#### **3. Use of Central MOH Staff to Collect Central Level Data.**

In all cases actual expenditures (realization) data will be collected for the years 1986–87 to 1988–89. Allocations for the year 1989–90 will also be collected. See Table 2.

#### **4. Necessity for Province and District Data to Estimate SDO**

- It will be necessary to confirm that all salaries are paid by SDO funds.
- If so, then salaries of the province and district level can be used to estimate SDO.

– **5. Suggested Revisions in the Forms Currently Under Pre-Test**

- Capture sources of funds at each level for:
  - Carryover; and
  - “Pure” funds.
- Capture an estimation at district level of the allocation of salaries, specifically:
  - Ask for percentage distribution between DINAS and other uses; and
  - Evaluate whether allocations are necessary given that we will have actual expenditures (realization).

**6. Need to Gather Data from both the Province and District Levels this Year**

Because the provincial governments have numerous sources of revenue, it is necessary to collect data at the province level for each province. Similarly, the most detailed information on each district is only available from source documents located in the district offices.

**7. Training for Province Staff in Nine Provinces to Collect the Data for their Provinces and Districts**

- The 6 largest Provinces
- The 3 CHIPPS Provinces

**8. Use of Central Staff to Collect Province and District Data at the Province Levels for the Remaining Provinces**

- Province offices have detailed data for the province.
- Province offices have summary data for the districts.
- Propositions from other Districts will be used to allocate the summary district data (N=121).

**9. Requirements for Data from the Central and Province Level in the Off-Years**

- Summary data on each district are available.
- Allocations between programs can be estimated.
- The budget will be less than 50% of the budget for the comprehensive approach.

## **10. Development of Detailed Edit Routines during the Data Processing Phase**

Detailed routines to edit the data will be developed during the data processing phase.

## **11. Building Several Quality Checks into the System**

- Cross-Check with MIO Data on Provinces
  - Feedback on forms; and
  - Feedback on Province and Central Staff.
  
- Verification of District Data with sample source documents.

**APPENDIX A**  
**TASKS, BUDGET AND SCHEDULE FOR UPDATING**  
**GOVERNMENT EXPENDITURE DATABASE, 1986-90 (PRELIMINARY)**

<b>TASK</b>	<b>AMOUNT* (MILLIONS OF RUPIAH)</b>	<b>PERCENTAGE</b>	<b>START DATE</b>	<b>COMPLETE DATE</b>
<b>Staff Training</b>	20,992	20.9	April 15	May 30
<b>Data Collection</b>				
<b>Central</b>	3,200	3.2	April 25	May 25
<b>Provinces (N=9)</b>	4,005	4.0	May 27	June 10
<b>Districts (N=177)</b>	30,185	30.1	June 13	July 15
<b>Provinces (N=19)</b>	10,079	20.0	June 1	June 30
<b>Data Entry, Editing and Reporting</b>	14,361	14.3	June 1	August 15
<b>Overhead</b>				
<b>Consultants</b>	7,740	7.4		
<b>TOTAL</b>	100,292	100.0*		

\* The sum of all entries in this column does not equal 100.0 due to rounding.

**APPENDIX B**  
**NEXT STEPS — SYSTEM DEVELOPMENT AND IMPLEMENTATION**

1. Finalize draft report and circulate to MOH and other staff.
2. Revise draft report based on comments and finalize.
3. Finalize forms.
4. Prepare and implement training program.
5. Implement and monitor data collection.
6. Implement and monitor keypunch.
7. Generate reports — Mr. Amakk, Dr. Ridwan in Los Angeles.
8. Write-up and distribute findings.

**APPENDIX C**  
**CONTENT ANALYSIS OF EXISTING REPORTS**  
**OF HEALTH EXPENDITURES IN INDONESIA**

In developing the system for updating the current database on health expenditures in Indonesia, a comprehensive review of the existing reports from that database was conducted. Specifically, each report and was examined the specific variables contained in each report were identified. Two sets of reports were reviewed:

1. A. Ridwan Malik, Health Expenditures and Financing in Indonesia, Presented on October 5, 1987.
2. Bureau of Planning, Ministry of Health of Indonesia. "National Health Expenditure Review: Fiscal Year 1982-83 to 1986-87, July 1987.

The contents of each of the reports are summarized in detail on the following pages. These reports will serve as the basis for the development of future reports from an updated database.

**Table 1: National Health Expenditure Trends In Indonesia**

Variables	<ol style="list-style-type: none"> <li>1. Government</li> <li>2. Private Sector</li> <li>3. Total: <ul style="list-style-type: none"> <li>— nominal</li> <li>— constant price</li> </ul> </li> <li>4. Per Capita <ul style="list-style-type: none"> <li>— nominal</li> <li>— constant</li> <li>— \$US</li> </ul> </li> </ol> <p style="margin-left: 40px;">by fiscal year and average annual change</p>
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**Table 2a: National Health Expenditures as Percentage of Brut Product Domestic (PDB)**

Variables	<ol style="list-style-type: none"> <li>1. Total Health Expenditure</li> <li>2. PDB</li> <li>3. Health Expenditure % to PDB</li> <li>4. Government Health Expenditure as % to PDB</li> <li>5. PDB growth (%) — constant price</li> <li>6. Population growth by fiscal year with average annual change</li> </ol>
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**Table 2b: Health Expenditures as a percentage of Gross Domestic Product (GDP)**

- **Table 3: Government Health Expenditures by Source of Funds**

Variables	<ol style="list-style-type: none"> <li>1. Sources           <ol style="list-style-type: none"> <li>A. Central               <ol style="list-style-type: none"> <li>i) Development budget</li> <li>ii) Routine budget</li> <li>iii) Special funds</li> <li>iv) Subsidy for hospitals</li> </ol> </li> <li>B. Provincial Budget               <ol style="list-style-type: none"> <li>i) Development</li> <li>ii) Routine</li> </ol> </li> <li>C. District               <ol style="list-style-type: none"> <li>i) Development</li> <li>ii) Routine</li> </ol> </li> <li>D. State Enterprise Production Drugs</li> <li>E. Non-MOH               <ol style="list-style-type: none"> <li>i) ABRI</li> <li>ii) P2K</li> </ol> </li> <li>F. Foreign Assistance</li> </ol> </li> <li>2. Totals           <ol style="list-style-type: none"> <li>A. Total government expenditures</li> <li>B. Central Public Health Expenditures as percentage of Central Government Budget</li> <li>C. Percentage of public expenditures on health to GDP</li> <li>D. Population</li> <li>E. Per capita</li> </ol> </li> </ol>
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**Table 4: Percentage of Government Health Expenditure by Source of Funds**

Variables	<ol style="list-style-type: none"> <li>1. Central</li> <li>2. Provincial</li> <li>3. District</li> <li>4. Enterprises</li> <li>5. Non-MOH</li> <li>6. Foreign assistance by fiscal year</li> </ol>
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**Table 5: Percentage Annual Change of Government Health Expenditure by Source of Funds**

Variables	<ol style="list-style-type: none"> <li>1. Sources           <ol style="list-style-type: none"> <li>A. Pusat</li> <li>B. Province</li> <li>C. District</li> <li>D. State enterprises</li> </ol> </li> </ol>
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- E. Non-MOH
- 2. Total
- 3. GDP
- 4. Health expenditures as percentage of GDP
- 5. Per capita by fiscal year

**Table 6: Government Health Expenditures by Source of Funds (Nominal and Constant Prices)**

Variables	<ul style="list-style-type: none"> <li>1. Central           <ul style="list-style-type: none"> <li>A. Nominal</li> <li>B. Constant (1983)</li> </ul> </li> <li>2. Province           <ul style="list-style-type: none"> <li>A. Nominal</li> <li>B. Constant (1983)</li> </ul> </li> <li>3. District           <ul style="list-style-type: none"> <li>A. Nominal</li> <li>B. Constant (1983)</li> </ul> </li> <li>4. State Enterprise           <ul style="list-style-type: none"> <li>A. Nominal</li> <li>B. Constant (1983)</li> </ul> </li> <li>5. Non-MOH           <ul style="list-style-type: none"> <li>A. Nominal</li> <li>B. Constant (1983)</li> </ul> </li> <li>6. Foreign Assistance           <ul style="list-style-type: none"> <li>A. Nominal</li> <li>B. Constant (1983)</li> </ul> </li> <li>7. Total           <ul style="list-style-type: none"> <li>A. Nominal</li> <li>B. Constant (1983) by fiscal year</li> </ul> </li> </ul>
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**Table 7a: Private Sector Health Expenditures By Source**

Variables	<ul style="list-style-type: none"> <li>1. Out of pocket</li> <li>2. Employer</li> <li>3. Insurance by fiscal year with average annual change</li> </ul>
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**Table 7b: Expenditure On Health Per Capita By Non-Government Sources Of Finance**

Variables	Source of funds <ul style="list-style-type: none"> <li>1. Household expend (out of pocket)</li> <li>2. Companies/employers expenditures (private and state owned)</li> <li>3. Health insurance (Husada Bhakti, Asbri, PKTK, etc.)</li> </ul>
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**Table 8a: Government Health Expenditures by Source of Funds and Type of Services**

Variables	<ol style="list-style-type: none"><li>1. Type of Services<ol style="list-style-type: none"><li>A. Hospital care</li><li>B. Puskesmas</li><li>C. Public health program</li><li>D. Drugs</li><li>E. Private sector</li></ol></li><li>2. Provider of Service<ol style="list-style-type: none"><li>A. Specialist MD</li><li>B. Paramedical Staff</li><li>C. Midwife</li><li>D. Community Cadre</li><li>E. Training</li><li>F. Other by fiscal year 1982-82, 1985-86 — government, private, total and percentage.</li></ol></li></ol>
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**Table 8b: Government Hospital Expenditures (by fiscal year with average change).**

**Table 8c: Government Hospitals Financing by Source**

Variables	<ol style="list-style-type: none"><li>1. Central government</li><li>2. Provincial government</li><li>3. Regional government</li><li>4. Other ministries</li><li>5. Foreign assistance in %'s by fiscal year</li></ol>
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**Table 9: Government Health Expenditures by Program/Type Of Services**

Variables	<ol style="list-style-type: none"><li>1. Hospital</li><li>2. Health center</li><li>3. Manpower</li><li>4. Programs</li><li>5. R&amp;D</li><li>6. Administration</li><li>7. Other health units</li><li>8. Drug production state enterprise</li></ol>
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**Table 10: Government Health Expenditures by Facility and Programs**

- Variables
1. Hospital
    - A. Central
    - B. Province
    - C. District
    - D. Foreign Assistance
    - E. State Enterprises
    - F. Non-MOH
  2. Health Center  
(A,B,C,D,E,F, as above)  
(3,4,5,6,7,8 as in table 9)

**Table 11a: Government Health Expenditures by Source of Payment (community/private) by Type of Service**

- Variables
- Col 1. Service type
  - Col 2. Out of pocket
  - Col 3. State enterprise
  - Col 4. Insurance
  - Col 5. Total
  - Col 6. Percentage
  - Row 1. Hospital care
  - Row 2. Health center
  - Row 3. Drugs
  - Row 4. Private sector
    - A. Specialist MD
    - B. Paramedical Staff
    - C. Midwife
    - D. Community Cadre
  - Row 5. Training
  - Row 6. Other

**Table 11b: Expenditure on Community Service — Health Centers by Source of Finance**

1. Central Government
2. Provincial Government
3. Regional Government
4. Foreign Assistance

- **Table 11c: Expenditures on the Community Health Program by Source of Finance**

1. Central Government
2. Provincial Government
3. Regional Government
4. Foreign Assistance

**Table 11d: Drug Purchases and Production by the Government by Source of Finance**

1. Purchase of drugs by the government
2. Production of drugs by the government
3. Purchase of drugs by the public

**Table 12: Government Health Expenditures for Investment by Type of Expenditure**

1. Activity
  - A. Investment
    - i) Land
    - ii) Central
    - iii) Province
    - iv) District
  - B. Equipment
    - i) APBN
    - ii) APBD TK. I
    - iii) APBD TK. II
  - C. Construction
    - i) APBN
    - ii) APBD TK. I
    - iii) APBD TK. II
  - D. Other Equipment

**Table 13a: Government Operational Health Expenditures by Type of Expenditure**

- Variables**
1. Type of Expenditure
    - A. Operational
      - i) Salaries — central, province, district, other department, state enterprise
      - ii) Drugs — central, province, district II, other department
      - iii) Other materials — central, province, district, state enterprise
      - iv) Travel — central, province, district
      - v) Maintenance — central, province, district, state enterprise
      - vi) Other — central, province, district, state enterprise

- 2. Non-Classification
  - A. BLN
  - B. Other departments

**Table 13b: Nominal and 1983 Constant Government Health Expenditures by Type**

- 1. Type of Expenditure
  - A. Investment — nominal and constant
  - B. Maintenance and operational — nominal and constant
  - C. Ratio
    - Investment — maintenance and operational

**Table 13c: Spending for and Cost of Various Health Services**

Type of Expenditure

- 1. Health Services for Individuals
  - A. Curative
    - Treatment of patients through hospitals, CHCs, sub-centers, private practitioners including TBAs, etc.
    - Purchase of medicines
  - B. Preventive
    - Mother's and child's health care; immunization; nutrition improvement
- 2. Health Services for the Public
  - A. Prevention of diseases
  - B. Motivation
  - C. Improvement of the living environments, etc.

**Table 13d: Government Health Expenditures on Child Survival**

Program/Budget

- 1. Total government budget
- 2. Program CHC
- 3. Child survival budget
- 4. Percent of child survival budget from total

**Table 13e: Expenditure per capita on Health of each Province**

- 1. Finance from central government — Minimum, maximum, mean, percentage of total
- 2. Finance from provincial government — Minimum, maximum, mean, percentage of total
- 3. Finance from the regional government — Minimum, maximum, mean, percentage of total

**ADDENDUM TO APPENDIX C  
PUBLIC HEALTH EXPENDITURE  
RELATED TO MINISTRY OF HEALTH -  
PROVINCIAL LEVEL INFORMATION FOR 1983-84**

Col 1.	Provinces — all 27
Col 2.	People — population
Col 3&4.	Central — total and per capita
Col 5&6.	Province — total and per capita
Col 7&8.	District — total and per capita
Col 9&10.	Total — total and per capita

**Table A: Projected Growth of the GDP**

Variables	1. Growth of GDP
	2. Gross national product
	3. Gross national income

**Table B: Projected GDP by:**

1. Population
2. GDP 5
3. DGP per capita

**Table C: Estimate of finance for health (scenario) by:**

1. Government sources
2. Public

**Table D: Estimate of finance for health (scenario 2) by:**

1. Government sources
2. Public

**Table E: Financing to Enable Good Performance in Providing Service**

- |        |                     |
|--------|---------------------|
| Col 1. | Facility/program    |
| Col 2. | Financing needed    |
| Col 3. | Financing available |
| Col 4. | Deficit             |

**Facility/Programs**

1. Hospital
2. Community Health Center
3. Eradication

**Table F: Financing of and Revenues/Fees Returned by Hospitals and Community Health Centers in 85/86**

- Col 1. Facility  
Col 2. Financing by government  
Col 3. Returns by  
Row 1. Hospitals  
Row 2. CHCs

**Table G: Financing of Health by Public/Private Sector**

- Col 1. Source of finance  
Col 2. Population  
Col 3. Total  
Col 4. Expenditure per capita  
Row 1. Private/State owned companies  
Row 2. Insurance  
Row 3. Out of pocket

**Table H: Reallocation — Financing of Health in a Number of Types of Services**

**Table I: Trends in National Expenditures Fiscal Years 1982-83 to 1986-87**

- Health Expenditure (\$)  
Per capita (Rp)  
Annual Change (%)  
Annual Change of GDP (%)

**Table J: Trends in National Expenditures Converted to \$US, Fiscal Years 1982-83 to 1986-87**

- Health Expenditure (\$)  
Per Capita (\$)  
Annual Change  
Annual Change of GDP (%)  
(price index to 1973)

Rp to \$US conversion 1977-87

**Table K: Percentage of Distribution Among Sources of Financing, Fiscal Years 1982–83 to 1986–87**

**Government Budget**

Central

Provincial

Regency

**Private**

Household Payed

Employer

Insurance

**Foreign Assistance**

**Table L: National Health Expenditures by Type in Indonesia**

**Total**

**Personal Health Care**

Hospital Care

Primary Care

Private practitioner

**Public Health Care**

Drugs

Training, Education, Research

Other

**Table M: Percentage of Hospital Care Expenditures**

**Total**

**Public**

Central Budget

Provincial Budget

District Budget

**Private**

Personal Payment

Employer

Insurance

**Table N: Percentage of Primary Care Expenditures by Source of Financing, Fiscal Year 1985–86**

**Total**

**Public**

**Central Government**

**Provincial**

**District**

**Private**

**Personal Payment**

**Employer**

**Insurance**

**Table O: Percentage of Primary Care Expenditures by Source of Financing, Fiscal Year 1985–86**

**Total**

**Public**

**Central Government**

**Provincial**

**District**

**Private**

**Table P: Percentage of Drug and Medical Supplies Expenditures by Source of Financing**

**Total**

**Public**

**Central Government**

**Provincial**

**District**

**State Enterprises**

**Private**

**Personal Payment**

**Employer**

**Insurance**

**Table Q: Percentage of Training and Education Funding by Source, Fiscal Year 1985-86**

**Total**

**Public**

Central

Provincial

District

Private

**Table R: Other Health Spending by Source of Financing, Fiscal Years 1985-86 and 1982-83**

**Total**

**Public**

Central

Provincial

District

**Private**

Insurance

**Table S: Distribution of MOH Related Public Expenditures — By Input Category**

**Total**

**Capital**

**Recurrent**

Personal Compensation

Drug

Other Operational Costs

## BIBLIOGRAPHY

- A Survey of Private Companies' Expenditures on Health Security for their Workers in Indonesia.*  
Communication Book from International Workshop on Using Economic Concepts for Health Services Development.
- Abel-Smith, Brian. "Global Perspective on Health Service Financing." *Soc Sci Med* 21(9) 957-963 (1985).
- Bureau of Planning, Ministry of Health, Republic of Indonesia. *National Health Expenditure Review: Fiscal Year 1982/83 - 1986/87.* July 1987.
- Bureau of Planning, Ministry of Health, Republic of Indonesia and the Demographic Institute, School of Economics, University of Indonesia. Evaluation and Analysis of Hospital Costs. 1980.
- Carrin, Guy. "Economic Evaluation of Health Care Interventions: A Review of Alternative Methods," *Soc Sci Med* 19(10) 1015-1030 (1984).
- Chernichovsky, Dov and Oey Astra Meesook. "Utilization of Health Services in Indonesia," *Soc Sci Med* 23(6) 611-620 (1986).
- Expenditure and Financing Issues in the Health Sector in Indonesia* (draft). December 5, 1983.
- Griffiths, Adrian and Michael Mills. "Health Sector Financing and Expenditures Surveys," *The Economics of Health in Developing Countries*, pp. 43-63.
- Hunter, Harold R. and Kartini Binol. *Health Care Financing in Indonesia: USAID/Jakarta.* AID Contract No: DPE-5927-C-00-5068-00. Arlington, VA: The Resources for Child Health Project, September. 1986.
- Malik, A. Ridwan. *Health Expenditure and Financing in Indonesia.* Presented on October 5, 1987.
- Ministry of Health, Republic of Indonesia. *Utilization of Some District Hospitals and Health Centers in Indonesia: An Evaluation.* Health Economics and Policy Report Series. January 1989.
- Ministry of Health, Republic of Indonesia. *An Inventory of Health Economics Studies in Indonesia.* Health Economics and Policy Report Series. February 1989.
- Ministry of Health, Republic of Indonesia. *Health Development Financing in Indonesia,* Presented at the conference on public-private partnership, Kuala Lumpur. February 28 - March 1, 1989.
- Musgrove, Philip. "What Should Consumers in Poor Countries Pay for Publicly-Provided Health Services?" *Soc Sci Med* 22(3) 329-333 (1985).
- Office of Population and Health, USAID/Indonesia. *Health and Population: Sector Review and Assessment.* August 1987.
- Prescott, Nicholas, John Akin, Howard Barnum, et al. *Indonesia: Issues in Health Planning and Budgeting.* Report no. 7291-IND. August 26, 1988.
- Prescott, Nicholas and David de Ferranti. "The Analysis and Assessment of Health Programs" *Soc Sci Med* 20(12) 1235-1240 (1985).
- Republic of Indonesia. "The Budget and its Realization: 1984/85 - 1986/87".
- School of Public Health, University of Indonesia. and Planning Bureau, Ministry of Health, Republic of Indonesia., Jakarta. *Data Collecting on Health Cost, Government Sector, in Special Province Aceh, West Sumatra, and East Nusa Tenggara.*
- Siagian, Berlian T. P. *Cost and Financial Management Evaluation System in Indonesian Public Health Sector,* Ministry of Health Republic of Indonesia. Jakarta 1987.

- Sorkin, Alan L. "Financing Health Development Projects: Some Macro-Economic Considerations," *Soc Sci Med* 22(3) 345-349 (1986).
- Stevens, Carl. *A Methodology for the Private Sector Resource Mobilization Study*. AID Contract No: PDE-5927-C-00-5068-00. Arlington, VA: The Resources for Child Health Project. December 1986.
- Summary of Health Sector Financing Project for Indonesia (497-0354).
- The World Bank, Asia Regional Department. *Indonesia Adjustment, Growth and Sustainable Development*, Report No. 7222-IND. May 2, 1988.
- The World Bank Medical Association, Inc. Status of World Medical Association Infant Health Program. June 1988.
- U.S. Agency for International Development. *Project Paper — Indonesia: Health Sector Financing (497-0354)* February 8, 1988.
- Wasisto, Broto, Ridwan Malik, Paramita Sudharto, et al. *Health Care Financing in Indonesia*, Presented at the ADB Regional Seminar on Health Care Financing, Manila. July 27 - August 4, 1987.
- Wheeler, Mark. *Financing Health Services*, Report to H.E. the Minister of Finance, Government of Indonesia. December 1980.
- World Health Organization. "Appropriate Technology Activities: July - December 1988".