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THE IMPLEMENTATION OF A HEALTH FINANCING SYSTEM THROUGH HEALTH PROMOTION IN INDONESIA

Yana Sylvana, Handar Subhandi Bakhtiar
Faculty of Health Law, Veteran National Development University of Jakarta
Email: sylvanavana@gmail.com / handar_subhandi@yahoo.com

Korespondensi:
dr. Yana Sylvana
Fakultas Hukum Kesehatan, Universitas Pembangunan Nasional Veteran Jakarta, Indonesia
Jl. Rs. Fatmawati, Pondok Labu, Jakarta Selatan, DKI Jakarta, 12450
Email: sylvanayana@gmail.com
HP: (+62) 878-8258-6379

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Abstract

Health development is a part of national development. In health development, the goal to be achieved is to increase the optimal level of public health. The principle of public healthcare prioritizes promotive and preventive services. Promotive services are efforts to improve public health for the better. While preventive services are efforts to prevent people from getting a disease. Health insurance applies to every individual (citizen), which should be the obligation of the state to fulfil it without distinguishing one citizen from another. The process of healthcare cannot be separated from health financing. Health costs are the number of funds provided to organize and/or utilize various health efforts needed by individuals, families, groups and communities. Strong, stable and sustainable health financing plays a very important role in the implementation of healthcare in order to achieve various goals of health development in a country. It includes the equal distribution of healthcare and access (equitable access to health care) and quality services (assured quality). This study used a research methodology that reviewed normative juridical carried out by a synthetic study. The deductive conclusions from statements in data sources such as library materials included journals, books, documents, and literature or secondary law such as laws, legal theories, court decisions, expert opinions that are relevant and related to the discussion in this journal. This study was a prescriptive-analytical study in which data synthesis, discussion and conclusions were analyzed qualitatively.

Keywords: Health Financing System; Health Promotion; Health insurance

A. Background of the Study

The main mistakes in health financing analysis so far are the neglect of careful and in-depth analysis of "what will be financed". Indonesia is classified as low in health spending based on “benchmarking” with other countries with similar economic levels. The suggestion to increase health spending actually applies to all countries globally, because everywhere the need for health spending continues to increase in line with population growth and transitions in disease patterns. However, the most important is to answer the question of what the additional spending is used for. Another fallacy is the partial trend in the analysis. Immediately, the shortage of health spending is related to the financing of Universal Health Coverage (UHC) in a narrow sense, namely health insurance. However, it is limited to increasing insurance premiums (National Health Insurance) so that Healthcare and Social Security Agency (BPJS) is able to pay for health facilities properly and on time and spur an increase in participation (demand side). While in the health insurance system, many other things require costs, such as the construction of health facilities, placement of health workers, and the development of a referral system (supply-side). This partial approach tends to ignore the need for funding for public health programs (Public Health Efforts) and programs to strengthen the health system (health system strengthening). This partial approach can plunge Indonesia into an uncontrollable escalation of costs while public health indicators do not improve. (1)

In this Health Sector Review (HSR), a review of health financing in Indonesia is presented. In the first part, a description of what will actually be financed is presented. This is a fundamental question in every budget preparation, whether in the scale of government programs, businesses, households and individuals. In the second part, to formulate recommendations for future financing policies, it is necessary to understand the existing financing policies. As will be stated, Indonesia is not “empty” in health financing policies. In the third section, an overview and problems faced in health financing are presented. Finally, in the fourth section, several recommendations are presented considered relevant and strategic to face the challenges of health development in the future, particularly the challenges of financing.

Public healthcare, in principle, prioritize promotive and preventive healthcare. Promotive services are efforts to improve public health for the better, and preventive services are efforts to prevent people from getting a disease. Therefore, public healthcare are focused not only on treating sick individuals but also on efforts to prevent (preventive) and improve health (promotive). Thus, the form of healthcare is not only the Public Health Center, but also other forms of activity, either directly to improving health and preventing disease, or

indirectly affecting health improvement. The promotive and preventive services should be given more attention, especially to support the implementation of National Health Insurance (JKN) organized by the Healthcare and Social Security Agency (BPJS). Any amount of health costs collected through contributions, of course, will run out if promotive and preventive efforts do not accompany it. The regulation of Minister of Health No. 71 of 2013 Article 13 concerning Healthcare in the National Health Insurance stated that "Every participant has the right to obtain healthcare which include promotive, preventive, curative and rehabilitative services including drug services and medical consumables in accordance with the necessary medical needs." (2)

Health promotion is a health program designed to bring about change, both in society itself and in organizations and their environment. Health promotion plays an important role in the community empowerment process, namely through learning from, by and with the community in accordance with the local socio-cultural environment so that people can help themselves in the health sector.

Excavation, allocation and expenditure of financial resources in the health financing sub-system are carried out to finance Public Health Efforts and Individual Health Efforts of the poor by mobilizing and from the community, government and public-private mix. As for the well-to-do population, public health financing is mainly from the community itself with a health insurance mechanism, both mandatory and voluntary. (3)

Research Question

This journal and article specifically discuss the main aspects that are the subject of discussion, namely:

1. How is the Health Financing System in Indonesia?
2. How is the implementation of State Responsibility for Health Financing in the Health Insurance program?
3. How is the Health Insurance Financing Model in Indonesia?
4. How is the implementation of the Health Financing System through Health Promotion in Indonesia?

A. Methodology

This study employed a research methodology that reviewed the juridical normative. Normative legal research was carried out by synthesizing deductive conclusions from statements contained in data sources such as library materials including journals, books, documents, and literature or secondary law such as laws, legal theories, court decisions, relevant expert opinions, and related to the problems discussed in this journal. The approaches used included statutory, conceptual and analytical approaches. This study was a prescriptive-analytical

study in which data synthesis, discussion and conclusions were analyzed qualitatively. (4)

B. Results and Discussion

1. Health Financing System in Indonesia

The Health System is a network of healthcare providers (supply side) and the people who use these services (demand side) in each region, country, and organization that produce these resources in human and material forms. In a broader definition, the health system includes other sectors such as agriculture and others. The health system is not limited to a set of institutions that regulate, finance, or provide services but also includes a group of various organizations that provide input on healthcare, especially human resources, physical resources (facilities and tools), and knowledge/technology. WHO defines a health system as all activities which have the primary purpose of promoting and maintaining health. Considering the above purpose, this includes formal healthcare and informal ones, such as traditional medicine. In addition to traditional public health activities such as health promotion and disease prevention, environmental and road safety improvement, health-related education is part of the system.

The health system has at least 4 main functions, namely healthcare, health financing, provision of resources and stewardship/regulator. These functions will be represented in the form of sub-systems in the health system, developed as needed. The development of the health system in Indonesia was started in 1982 when the Ministry of Health compiled a document on the health system in Indonesia. Then the Ministry of Health of the Republic of Indonesia in 2004 made an "adjustment" to the 1982 SKN. The document stated that the National Health System (SKN) is defined as an arrangement that brings together the efforts of the Indonesian people in an integrated and mutually supportive manner in order to guarantee the highest degree of health as a manifestation of the general welfare as referred to in the Preamble to the 1945 Constitution. (5)

According to the World Health Organization (WHO), to improve the health status of a community, a minimum budget of 5% - 6% of the total state budget of a country is required, while to achieve the ideal health status, a budget of 15% - 20% of the state budget is needed. This sizeable budget is indeed necessary because health costs are quite high, while health must still be a priority because it is an investment to improve the health and productivity of its citizens. One of the responsibilities of the state to society is the implementation of sustainable health development that can be felt fairly, equitably and utilized by the community. In order to fulfil these responsibilities, the state needs an adequate and clearly utilized budget prepared by the government and approved by the people's representatives. In an

effort to meet the budget allocation for health development, the government builds a sub-system called the health financing sub-system. This sub-system includes how the budget is obtained, allocated, and spent and all actions that do not violate existing laws and regulations.

Health development policy reforms have been completed as stated in the new Vision, Mission, Strategy and Paradigm of health development, popularly known as "In*donesia Sehat*" (English: Healthy Indonesia). The National Health System (SKN) reform has given a new direction for health development in Indonesia. If you pay attention to the new policies and systems resulting from the reform, it appears that many changes will be made, two of the most important of which are changes to the health effort sub-system and changes to the health financing sub-system. Excavation, allocation and expenditure of financial resources in the health financing sub-system are carried out to finance Public Health Efforts and Individual Health Efforts for the poor by mobilizing and from the community, government and public-private mix. As for the well-to-do population, public health financing is mainly from the community itself with a health insurance mechanism, both mandatory and voluntary. The process of healthcare cannot be separated from health financing. (6)

Health costs are the number of funds provided to organize and or utilize various health efforts needed by individuals, families, groups and communities. Based on this definition, health costs can be viewed from two points of view, namely:(7)

a. Health Provider is the number of funds that must be provided to be able to carry out health efforts, so it is seen from this understanding that health costs from the point of view of service providers are the main problem for the government and/or private parties, namely the parties who will carry out health efforts. The amount of funds for healthcare providers refers to all investment costs and all operational costs.
b. Health consumer is the number of funds that must be provided to be able to take advantage of the service. In this case, health costs are the main problem for service consumers, but within certain limits, the government also participates, namely in order to ensure the fulfilment of healthcare needs for people who need it. The amount of funds for service consumers refers more to the amount of money that must be spent (out of pocket) to be able to take advantage of a health effort.

Strong, stable and sustainable health financing plays a vital role in the implementation of healthcare to achieve various important goals of health development in a country, including equitable access to healthcare and access (equitable access to health care) and quality services (assured quality). Therefore, health policy reform in a country should

focus on health financing policies to ensure the implementation of adequacy, equity, efficiency, and effectiveness of health financing itself.

In Law No. 36 of 2009 concerning Health, several general policies regarding health financing are stated, namely "The purpose of health financing is to provide sustainable health financing in sufficient amounts, allocated equitably, and utilized effectively and efficiently to ensure the implementation of health development in order to improve the health status of the community as high as possible". "Health financing is carried out on the basis of adequacy, comprehensiveness, sustainability, effectiveness, efficiency, ensuring equity, fairness and transparency and accountability". Several key words in the quote of Law No. 36 of 2009 determine the direction, objectives, and principles of health financing, namely Adequacy, Sustainable, Fair allocation, Effective and efficient, Comprehensive, Ensure equity, Transparent and accountability. (8)

Health financing is one of the National Health System (SKN) functions, both according to the SKN format adopted according to Presidential Decree No. 72 of 2012 and according to WHO. Presidential Decree No. 72 of 2012 mentioned 7 interrelated functions in SKN, namely: Governance supported by information systems, Management of Health Human Resources, Management of drugs or medical devices and food/beverages, Research and Development, Community empowerment, Health financing, Service system/health efforts. (9)

Law Number 36 of 2009 stipulated 3 functions of health financing, namely Mobilization of financing sources, Health budget allocation, and Health budget utilization. Regarding mobilization, it mentioned sources of financing include government (State Budget Revenue and Expenditure/APBN and Regional Revenue and Expenditure Budget/APBD) and non-government (public and private) sources and other legitimate sources. Regarding the budget allocation, it is quite discrete, namely: (10)

1. Allocation for health is at least 5% of the state budget after deducting salary
2. Allocation for health is at least 10% of the APBD after deducting salaries
3. 2/3 of the allocation for health (from APBN and APBD) is allocated for public services.
4. Public services consist of finance, Public Health Efforts, and Individual Health Efforts. The APBN and APBD portions for Individual Health Efforts are limited to subsidizing medical expenses for the poor (e.g. PBI funds from the APBN or subsidies for the poor from the APBD). This means that the remaining two-thirds are for Public Health Efforts.
5. Because the poor/underprivileged are already covered by the APBN (funds for PBI), 2/3 of the APBD allocation should be for Public Health Efforts.

6. Law No. 36 of 2009 does not stipulate what one-third of the health allocation is.

The utilization of the health budget as regulated in Presidential Regulation No. 72 of 2012 stipulated that the priority of using the APBN and APBD is for healthcare that are "public goods". Moreover, it is stated that for healthcare that are "private goods" (treatment), the financing is prioritized through the insurance system, except for the poor who still need APBN and APBD subsidies.

According to Presidential Decree No. 72 of 2012 article 115, Individual Health Efforts finance stipulated that because Individual Health Efforts is "private goods", the financing is done through a health insurance mechanism and/or a tariff mechanism. Furthermore, Law No. 40 of 2004 stipulated the implementation of the National Social Security System, one of them is the National Health Insurance (JKN). Then, Law No. 24 of 2011 stipulates the Healthcare and Social Security Agency (BPJS) as the organizer of the JKN. The JKN budget comes from participant contributions (premiums). The contributions (premiums) for the poor cannot be borne by the government (PBI). The JKN budget is used to pay for primary, secondary and tertiary healthcare and individual health promotions; namely, health promotion that is Public Health Efforts, not Individual Health Efforts. (11)

2. The Implementation of State Responsibility for Health Financing in the Health Insurance Program

Indonesia is a dynamic legal state (welfare state) that has legal principles, including implementing the public interest. Based on this principle, all government officials are required to carry out activities that lead to implementing the public interest and provide legal protection for the community. As stated in the section considering letter a of the BPJS Law, “the national social security system is a state program that aims to provide certainty of social protection and welfare for all people". The consequence of the concept of the Welfare State is that the state is responsible for realizing the welfare of its people by participating in the affairs of its citizens from the cradle to the grave so that it is likened to no one side of the life of its citizens that is not interfered by the government. One of the forms of government intervention in people's lives is in the health sector to realize the highest degree of health, which is the government's responsibility.

The Strategic Planning of the Ministry of Health is an indicative planning document that contains health development programs to be implemented by the Ministry of Health. It becomes a reference in the preparation of annual plans. Health development in the 2015-2019 periods is the Healthy Indonesia Program to improve the community's

health status and nutritional status through health efforts and community empowerment supported by financial protection and equitable distribution of healthcare. The main targets of the 2015-2019 National Medium Term Development Plan (RPJMN) are: (12)

- Improved health and nutritional status of mothers and children
- Improved disease control
- Increased access and quality of basic healthcare and referrals, especially in remote, underdeveloped and border areas
- Increased coverage of universal healthcare through the Healthy Indonesia Card and the quality of SJSN Health management
- Fulfilment of the need for health workers, drugs and vaccines
- Increased responsiveness of the health system.

Health insurance applies to every individual (citizen), which should be the obligation of the state to fulfil it without distinguishing one citizen from another. In implementing the national health insurance program, the concept used is social health insurance that covers the entire community. All Indonesian people are obliged to become participants in this program. Each participant in the National Health Insurance program is set a fee for participants; in this case, the state divides into 2 (two) forms of participation, namely Contribution Assistance Recipients (PBI) and Non-Contribution Assistance Recipients (Not PBI). Contribution Assistance Recipients include people classified as poor and needy whose contributions are paid by the state, while Non-Recipients of Contribution Assistance (Not PBI) are participants who are not classified as poor and needy people whose contributions are not paid by the state. Based on this case, it can be seen that the state provides different treatment to its citizens in the implementation of health insurance, which should be the obligation of the state to fulfill it without distinguishing citizens from one another. In accordance with the ratification of Law Number 24 of 2011 concerning the stipulate of Healthcare and Social Security Agency (BPJS), it officially began operating on January 1, 2014. Therefore, BPJS has organized national health insurance for all Indonesian people, both rich and poor. However, in implementing the program, BPJS requires joint efforts with the government to improve the quality and affordability of the community to quality healthcare and equitable distribution of health financing. (13)

The low quality of public services is one of the highlights directed at the government bureaucracy in providing services to the community. The improvement of public services in the era/reform is the hope of the whole community, but the journey has not changed significantly. Various public responses show that various types of public

services are experiencing a setback, which is partly marked by the many irregularities in public services that are slow in providing services, which is also an aspect of public services that have been highlighted. In public services, efforts have been made to establish public service standards in realizing fast, cheap and transparent public service standards. This is related to implementing service systems and procedures that are less effective, convoluted, slow, not responding to customer interests, and others are a series of negative attributes delegated to the bureaucracy.

The implementation of the JKN program has not been maximized and comprehensive to the community because of the lack of socialization to the community regarding the importance of the program held by the government, so that people have assumed in advance that the services to be provided will be slow and convoluted. People prefer to spend their own money to finance treatment in health facilities; some even prefer not to go to health facilities at all due to factors from the government bureaucracy itself, whose improvements have not experienced a significant increase. (14)

3. Health Insurance Financing Model in Indonesia

Several models of health care financing systems run by several countries, based on the source of financing: (15)

- **Direct Payments by Patients**

The main characteristic of the direct payment model is that each individual directly bears the cost of healthcare according to the level of use. In general, this system will encourage more careful use of healthcare and competition between healthcare providers to attract consumers or a free market. Although it seems healthy, health transactions are generally unbalanced in that the patient as a consumer cannot recognize his problems and needs, so that the level of need and use of services is more directed by the provider. Therefore, the free market in healthcare does not always increase quality and efficiency but can lead to excessive use of therapy.

- **User payments**

In this model, patients directly pay the cost of public and private healthcare. The difference with the informal model is that the government and providers have formally regulated the amount and mechanism of payment and groups that are excluded. The most complex form is the number of fees that differ for each visit according to the healthcare provided (usually the case for private health care facilities). However, the model commonly used is the 'flat rate', where the cost per sick episode is fixed.

- **Savings based**

This model has the characteristic of 'risk spreading' in individuals, but there is no risk pooling between individuals. This means that the individual will bear the direct health costs according to the level

of use, but the individual gets assistance in managing the collection of funds (saving) and their use when they need healthcare. Usually, this model can only cover primary and acute healthcare, not healthcare that are chronic and complex, which usually cannot be borne by every individual, even with the saving mechanism. Therefore, this model cannot be used as a single model in one country; it must be supported by other models that bear other health costs and a wider group.

- **Informal**

The main characteristic of this model is that individuals make payments to formal health providers such as doctors, midwives, and other health providers such as orderly and traditional medicine; it is not carried out formally, or the amount, type and mechanism of payment are not regulated. The fees usually arise from an agreement or are largely regulated by the provider and can also be in the form of payment in kind. This model usually appears in developing countries where there is no health care system and financing that is able to cover all groups of people and types of services.

- **Insurance Based**

The financing system with the insurance approach has the main difference that individuals do not bear the direct costs of healthcare. The concept of insurance has two special characteristics, namely the transfer of the risk of illness to one individual in one group and the existence of sharing losses fairly. In simple terms, it can be described that a group of individuals has a risk of illness that has been calculated the type, frequency and amount of costs. The total amount of risk is calculated and divided among group members as a premium to be paid. If you are a group member, then the overall cost of healthcare as calculated will be borne from the funds that have been collected together. The insurance fund management organization determines the amount of the premium and the type of service covered, and the payment mechanism.

4. The Implementation of a Health Financing System through Health Promotion Conducted in Indonesia

Hospitals should carry out promotive efforts in accordance with Minister of Health Regulation No. 44 of 2018 included 5 levels of prevention of the basic concepts of public health, namely health promotion for healthy people, specific protection, early diagnosis and prompt treatment, disability limitation and recovery and rehabilitation. The benefits of implementing Health Promotion properly include providing and creating a good impact on improving literacy, satisfaction and health status of patients, the surrounding community, and providing high quality and safe services. In addition, it can reduce the incidence of patients being treated again. On the other hand, if it has not been implemented, the public will lose their right to receive balanced

and responsible health information and education in accordance with the mandate of Law no. 36 of 2009 concerning Health. (16)

Minister of Health Regulation Number 75 of 2014 concerning Public Health Centers stated that Health Promotion Activities are the first essential activities of public health efforts that Public Health Centers must carry out. The results of further analysis of the 2015 RPK data showed that 302 of the 305 Public Health Centers sampled in the 2015 RPK had organized health promotion and community empowerment activities. The diversity of perceptions of naming and coding of Public Health Center activities in the data collection process is a limitation in the RPK. It may be stated that not all RPK sample health centers have made Health Promotion activities mandatory. The increasing burden of the state budget in the health sector due to the triple burden of disease, the policy of the Minister of Health Number 75 of 2014 concerning the obligation to carry out health promotion activities at Public Health Center is in line with the appeal of the Ministry of Health of the Republic of Indonesia in 2016 so that the public maintains health. According to the Commission on Accreditation of Healthcare Management Education in Azrul (2010), money (costs) are the resources needed to carry out management and implement Health Promotion activities. (17)

Making a change in terms of increasing awareness of the importance of health in the community through health promotion must require a strategy, based on the Indonesian Ministry of Health in 2011 consisting of three (3) strategies, namely: (18)

1. Empowerment is the process of providing various information and assistance or guidance in terms of preventing and overcoming health problems as well as improving health continuously and intensely in order to be able to help individuals, families and community groups to go through the stages from being initially unconscious to being aware and from not knowing to know, then from not wanting to be willing to later from being unable to become able to practice PHBS to improve their health independently.
2. Atmosphere Building is the formation of a conducive environmental and social atmosphere where the atmosphere can encourage people to carry out PHBS and will create individuals or groups who can become role models for the community in the environment in adopting PHBS and preserving it, which will eventually become a style standard of community life in the environment.
3. Advocacy is an approach and motivation towards certain parties considered to be able to support the success of PHBS development both in

material and non-material terms that can create policies by them as policyholders themselves. However, it must be based on a partnership principle in the form of cooperation, whether it is cross-program, cross-sectoral and with community groups or private institutions in an open, equal and mutually beneficial way which is very much needed to launch health promotion programs in the community so that it will be more focused as explained in the previous points above regarding Coordination and Partnership.

The National Health System (SKN) is health management organized by all components of the Indonesian nation in an integrated and mutually supportive manner in order to ensure the achievement of the highest degree of public health. To achieve health development goals, health management is carried out through a health sub-system which is divided into several parts, namely health efforts, health research and development, health financing, human health resources, pharmaceutical preparations, medical devices, and food, management, information and health regulation, and community empowerment. The health system of a country is strongly influenced by health policies set by policymakers, both government and private. Health policy itself is influenced by the policy triangle, namely context (economic, socio-cultural, political factors), content, policy-making processes and actors who play a role (policy elites). SKN Indonesia has 3 foundations, including the ideal foundation, namely Five Principles of the Indonesian State, the constitutional basis, namely the Republic of Indonesia Constitution, especially articles 28 and 34, and the operational basis, namely Law Number 36 of 2009 concerning Health. Health System: Improving Performance establishes the normative goals of the health care system, namely:

- Improved health status (goodness of health)
- Improving the quality of healthcare (responsiveness)
- Improved equity in health financing (fairness of health financing)

One of the positive impacts of universal health insurance is an increase in service utilization. Still, it is suspected that it will result in moral hazard and a decrease in motivation on the part of service providers. The main problem encountered is usually the sustainability of the free medical treatment system due to the lack of budget requirements and weak cost control mechanisms. The free medical treatment policy is considered only a political policy to fulfill the 'election promise', which harms the health system. The purpose of planning and managing adequate health financing can help mobilize health financing sources, allocate them rationally and can be used effectively and efficiently. Health financing has a policy that prioritizes equity and focuses on the poor (equitable and pro-poor

health policy) that can help achieve universal health access. The health system in Indonesia is supported by government funding sourced from the central government and local governments. The budget from the central government is channelled through the DAU, DAK, non-physical DAK, and the National Health Insurance (JKN). While the budget from the regional government is in the form of support for the central program and financing the regional innovation program itself. The manager of the financing system in Indonesia includes the Ministry of Health as a regulator, monitoring and evaluating the health system's implementation. Meanwhile, the premium collection and distribution agency through capitation and INA CBG'S is BPJS. (19)

Problems arising from health financing include a lack of funds and an increase in funds. Lack of funds occurs due to inefficiency in financing management and the wrong allocation of funds. Meanwhile, what is meant by increased costs is the trend of increasing medical technology as a diagnosis base (evidence bases) which causes cost consequences, as well as the trend of supply-induced demand, which is currently rampant. In addition, it is dominated by financing with a fee for service mechanism and is still lacking in allocating resources and services themselves (poor management of resources and services). The health system in Indonesia is now heading in a better direction, although there are still many obstacles. This can be seen from the improvement in the health status of the community. However, despite the improvement in public health status, efforts are still needed to accelerate the achievement of health indicators in order to catch up with other countries, so that SKN still needs to continue to be evaluated and improved. Access to fair healthcare uses the principle of vertical justice. The principle of vertical justice emphasizes that the contribution of citizens in health financing is determined based on the ability to pay, not based on a person's health/illness condition. With vertical equity, lower-income people pay lower costs than higher-income people for the same quality health care. In other words, cost should not be a barrier to getting the healthcare needed (needed care, necessary care). (20)

C. Conclusions and Suggestions

In principle, health promotion is an effort to improve the ability of the community through learning from, by, for, and with the community, so that they can help themselves, as well as activities that are community resources, in accordance with local socio-cultural conditions and supported by health-oriented public policies. Strong, stable and sustainable health financing plays a vital role in the implementation of healthcare to achieve various important goals of health development in a country, including equitable access to healthcare and access

(equitable access to health care) and quality services (assured quality).

The health system in each country varies greatly. However, they have the same goal, namely to improve the health status of the community as high as possible. The health system from the past until now in every country has changed for the better. Every government of developing countries and developed countries is trying to cover health insurance for its people. The health financing system in each country is also different because each country has different characteristics of the population, state income, economy, and geography, which are very influential.

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