Promising Practice – Indonesia

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INDONESIA: PUSKESMAS AND THE ROAD TO EQUITY AND ACCESS

Indonesia, a geographically complex nation, faces the unique challenge of providing healthcare across approximately 1000 islands. In 1960, the country introduced puskesmas - community health centers - into its primary health care system. The puskesmas network has expanded over the last 50 years to include extensive outreach to remote areas and increased preventive, promotive, and curative services. More recently, Indonesia has focused on both strengthening its primary care human resources for health as well as aligning the puskesmas network with the rollout of universal health care. The puskesmas model is an example of continual improvement of the health care system and the ability to serve the changing needs of the population.

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Overview: PHC reform objectives

Strengthen primary health care human resources and align the *puskesmas* network – a network of community health centers – **with Indonesia's universal health care initiative** that was launched in 2014.

At-a-glance context

East Asia & Pacific

Lower – Middle Income

Jaminan Kesehatan Nasional **(JKN) Program, Indonesia's national health insurance program, was launched in 2014.**

At-a-glance context

GDP per capita ($PPP)	Human Development Index	Life expectancy at birth
$12.3K	0.69	69
Percentage of population living in rural areas	**Percentage of population living under $1.90 per day**	**Population**
45%	6%	270.6M

Overview: Key events

1960s Introduction of *puskesmas*, or community health centers, to address PHC gaps such as PHC delivery, population health management, and geographic and financial access

1980s Implementation of *pustus* to provide care at the village level, and *puslings*, or mobile clinics, for areas lacking formal health services

2008 Minimum Service Standards (MSS) for health established, focusing on PHC, referrals, epidemiology and prevention, health promotion, and community empowerment

2014 *Jaminan Kesehatan Nasional* (JKN), or the national health insurance program launched as part of a single payer environment; *puskesmas* mandated as JKN providers

Overview: Key characteristics of Indonesia's PHC system

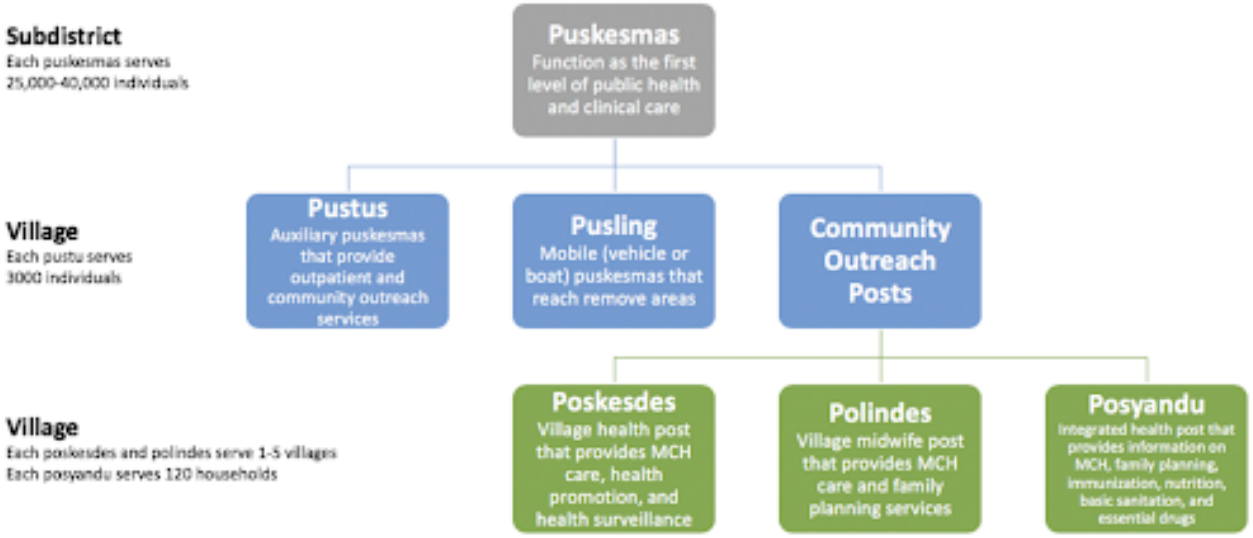
- **Indonesia has committed to providing citizens with access to PHC.** With the creation of *puskesmas*, or community health centers, Indonesia aimed to integrate preventive and curative medicine.

- **To improve geographic access across Indonesia's islands, the network of care has been extended** to include auxiliary *puskesmas* (*pustus*), integrated health posts (*posyandus*), mobile *puskesmas* (*pusling*), village-level labor/delivery posts (*polindes*), and village health posts (*poskesdes*).

- **The *puskesmas* network provides six essential services:** 1) Health promotion, 2) Communicable disease control, 3) Ambulatory care, 4) Maternal and child health and family planning, 5) Community nutrition, and 6) Environmental health.

- ***Puskesmas* are given management assistance from the national level**, in the areas of five-year development planning, monitoring and supervision, resource management, and leadership.

Overview: Diagram of *Puskesmas* Network in Indonesia



Indonesia's approach: Core strategies for improvement

This case focuses primarily on how **Indonesia used various strategies to improve Access, Population Health Management, and High-Quality Primary Health Care** to strengthen PHC.

Population Health Management

Population health management approaches have focused on empanelment; for example, individuals must register with a *puskema* or a local physician within three months of enrolling in Indonesia's universal health care program.

Access

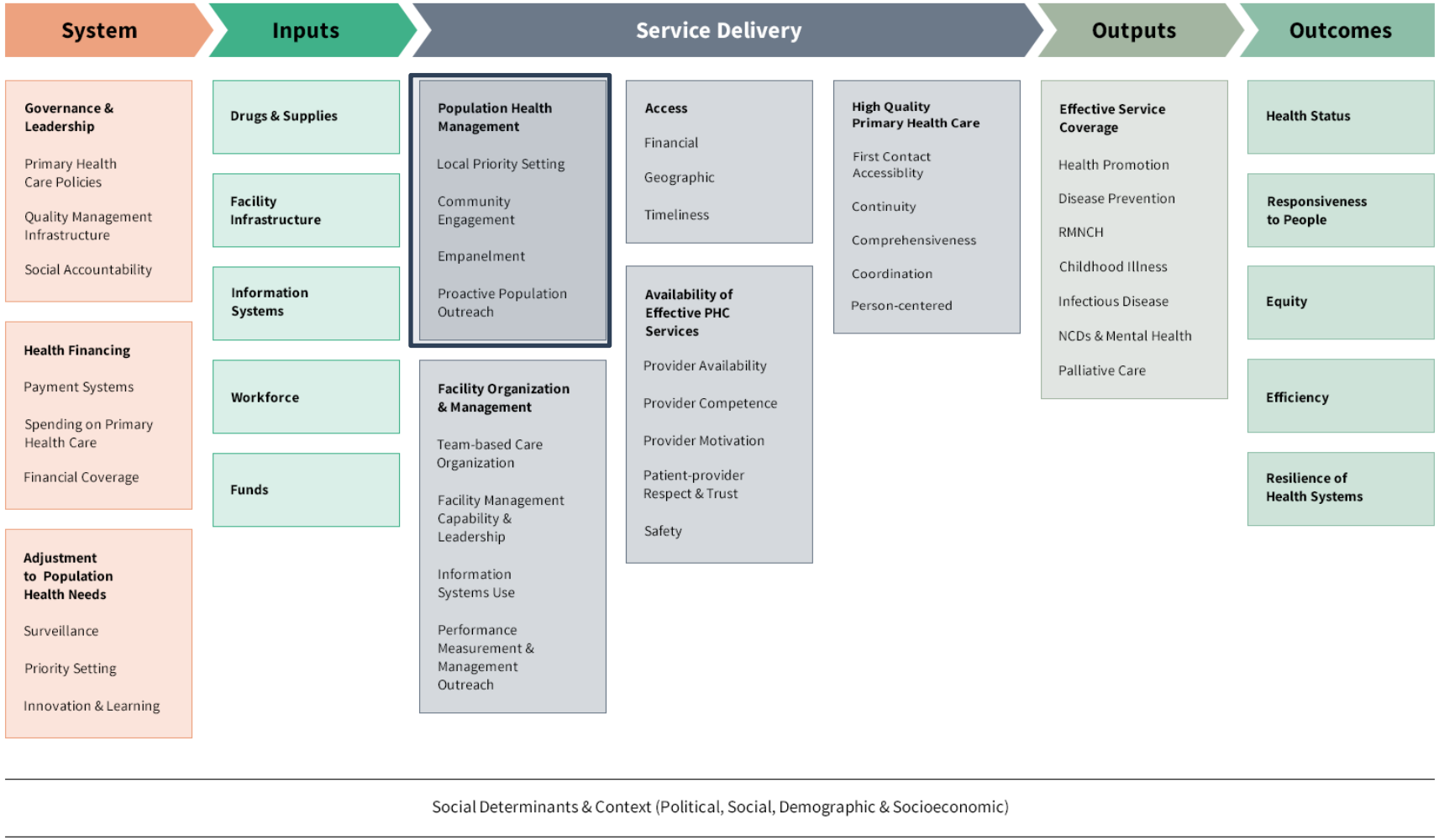
Indonesia transitioned to a single payer environment and established a national health insurance program with capitation payments. The nation also sent multidisciplinary teams to *puskesmas* in remote and border islands.

High-Quality Primary Health Care

Indonesia first introduced Minimum Service Standards for the delivery of primary health care in 2008 and delivers preventative and promotive care to family units through the Family Approach program.

Core strategies for improvement: Population Health Management

Population Health Management is an approach to PHC provision that integrates active outreach and engagement with the community in care delivery.

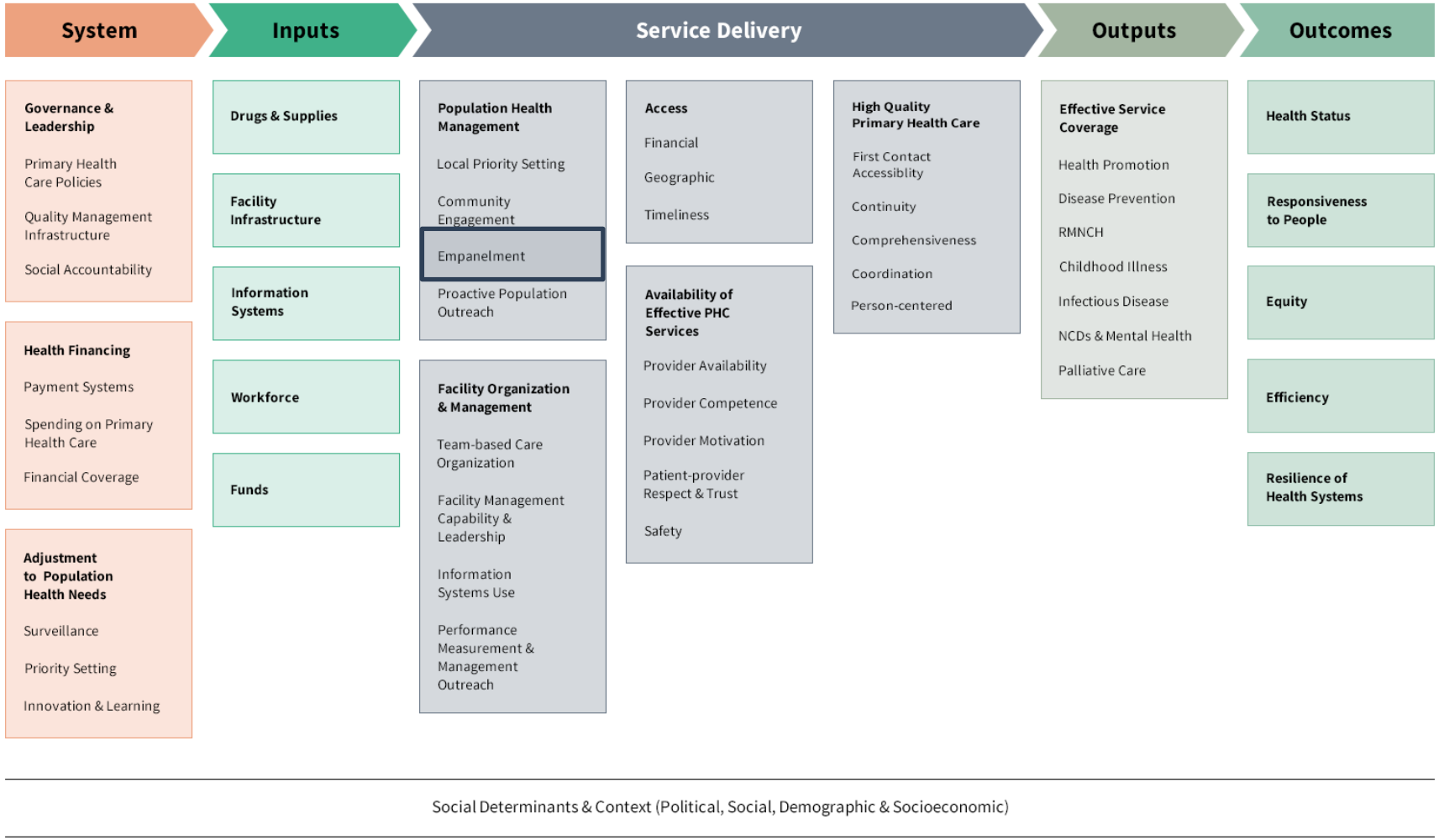


Core strategies for improvement: Population Health Management

Population Health Management is an approach to PHC provision that integrates active outreach and engagement with the community in care delivery.

Indonesia undertook reforms in one area related to Population Health Management:

- Empanelment



Core strategies for improvement: Voluntary Empanelment

How **Voluntary Empanelment** was integrated into reforms:

Voluntary empanelment prioritizes patient autonomy and allows patients to choose their provider or care team. It is often more adaptable to mixed private-public PHC markets.

- Recognizing that primary care teams and *puskesmas* and are central components to service delivery, **voluntary empanelment (also known as rostering) was a core strategy of the JKN program.**

- **All community members must register with their local *puskesmas*, PHC clinic, or local physician** within the first three months of enrollment to JKN with their PCP acting as a gatekeeper to receiving higher levels of care.

Bitton A, Pesec M, Benotti E, Ratcliffe H, Lewis T, Hirschhorn L, et al. Shaping tiered health care delivery system in accordance with People-Centered Integrated Care Model. Deepening Health Reform in China : Building High-Quality and Value-Based Service Delivery. World Bank Group; 2016.

Core strategies for improvement: Population Health Management

Outcomes and Impact

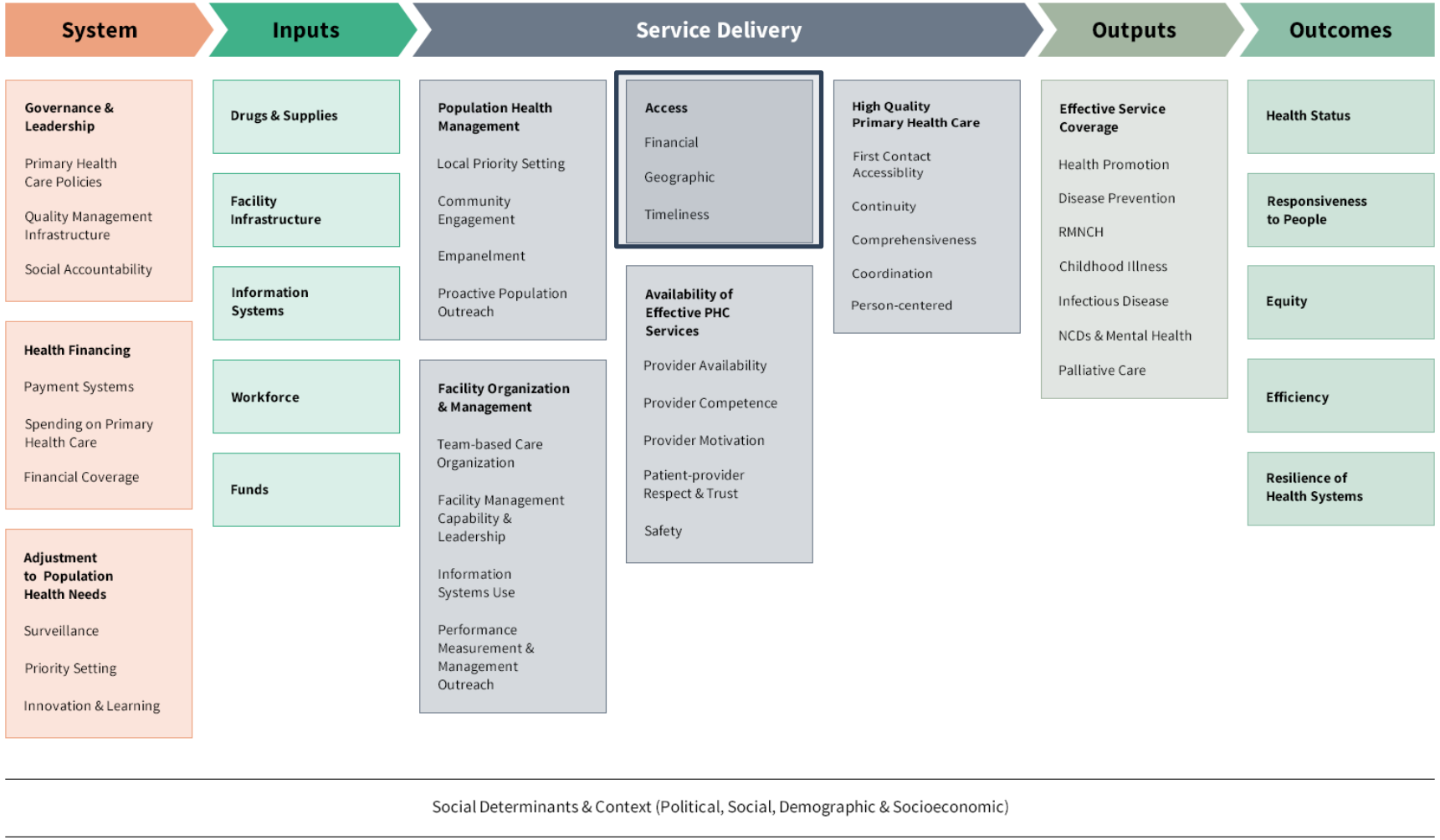
- **As of 2018, there are 9825 *puskesmas* that have a catchment area of 25,000-40,000 individuals**. This broad network of services and a model of care designed to provide empanelled team-based care has strengthened the capacity of community public and preventive health as well as health promotion efforts.

Hatt L, Cico A, Chee G, Ergo A, Fuad A, Gigli S, et al. RAPID ANALYTICAL REVIEW AND ASSESSMENT OF HEALTH SYSTEMS OPPORTUNITIES AND GAPS IN INDONESIA. Abt Associates Inc.; 2015.

World Health Organization. Primary health care systems (PRIMASYS): case study from Indonesia, abridged version. Geneva: World Health Organization; 2017.

Core strategies for improvement: Access

Access is a measure of whether, from the user's perspective, patients can reach a PHC facility and receive services in a manner that is affordable, timely, and geographically convenient.

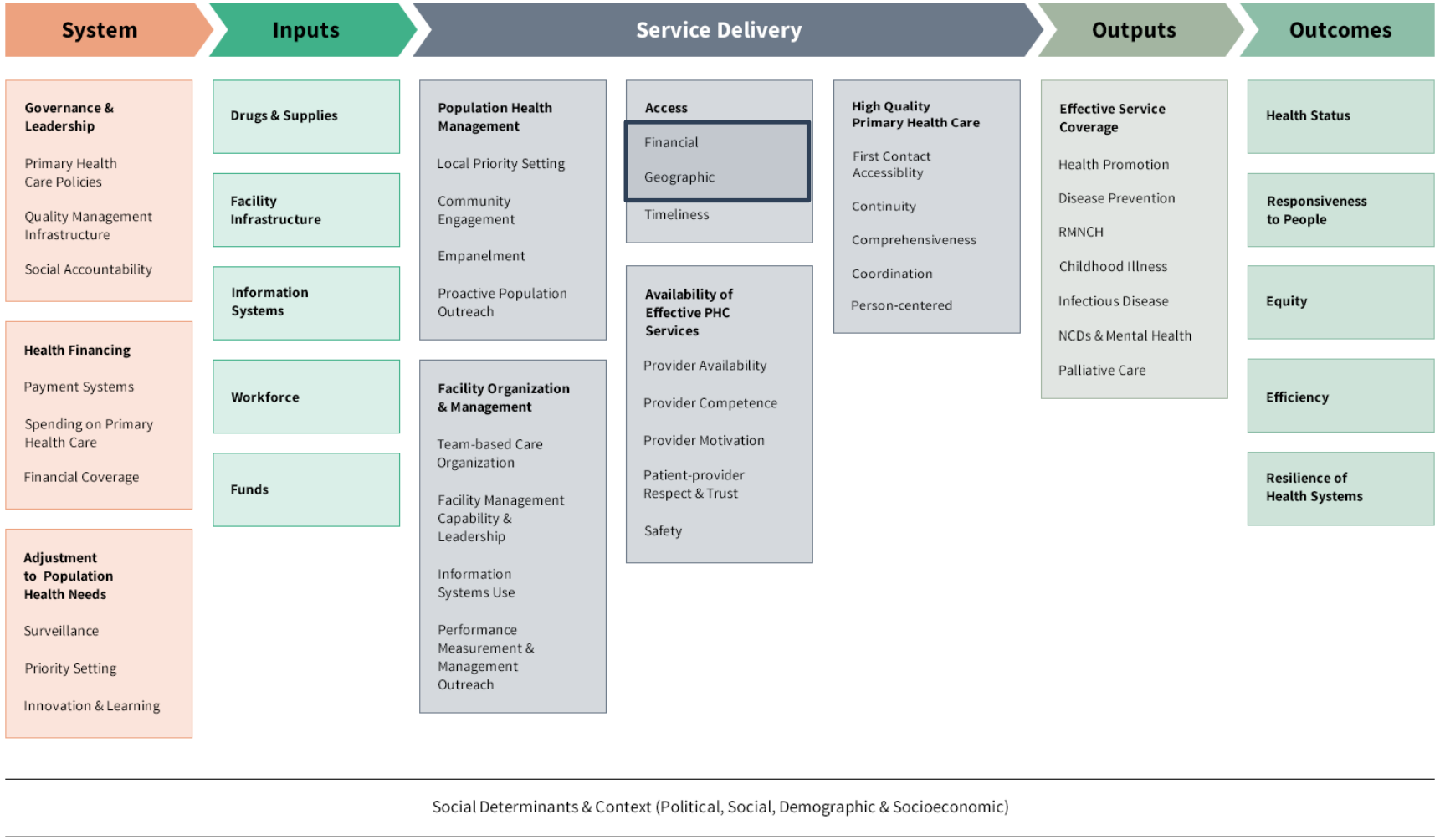


Core strategies for improvement: Access

Access is a measure of whether, from the user's perspective, patients can reach a PHC facility and receive services in a manner that is affordable, timely, and geographically convenient.

Indonesia undertook reforms in two areas related to Access:

- Financial Access
- Geographic Access



Core strategies for improvement: Financial Access

How **Financial Access** was integrated into reforms

- **Ensuring financial coverage through a National Health Insurance model:** The *Jaminan Kesehatan Nasional* (JKN) Program, Indonesia's single payer, universal health care program, was launched in 2014. *Puskesmas* were mandated by law to be JKN providers, while private providers had the option to join.

- **Quality-driven, provider payment reforms:** Through this contract, capitation payments were established to improve quality of service at the PHC level particularly within the *puskesmas* network. Examples of performance goals include number of visits, non-specialist to outpatient ratio, visits with patients with chronic diseases such as diabetes, and home visits.

Core strategies for improvement: Geographic Access

How **Geographic Access** was integrated into reforms:

- **Increasing access and continuity in rural, remote areas using team-based models of care:** In 2014, the government established the *Nusantara Sehat* (Healthy Archipelago) program, which deploys multidisciplinary health care teams to *puskesmas* in remote and border islands. *Nusantara Sehat* also focuses on continuity of care, empowering the community, creating integrated health care, and increasing equitable health services.

- **Employing Posting and Transfer policies to promote provider retention in underserved areas:** Each *Nusantara Sehat* Team (NST) consists of nine types of health care workers including doctors, nurses, midwives, dentists, laboratory specialists, technicians, pharmacists, nutritionists, and environmental and public health professionals. Teams remain in their location for two years; clinicians change facilities in order to share knowledge learned from the previous *puskesmas* and improve the next one.

Core strategies for improvement: Access

Outcomes and Impact

- As of July 2018, **approximately 2800 health workers have been deployed to nearly 500 *puskesmas***
- As of 2018, there are 9825 *puskesmas* that employ thousands of health care workers at the village level and that **generally have a catchment area of 25,000-40,000 individuals**

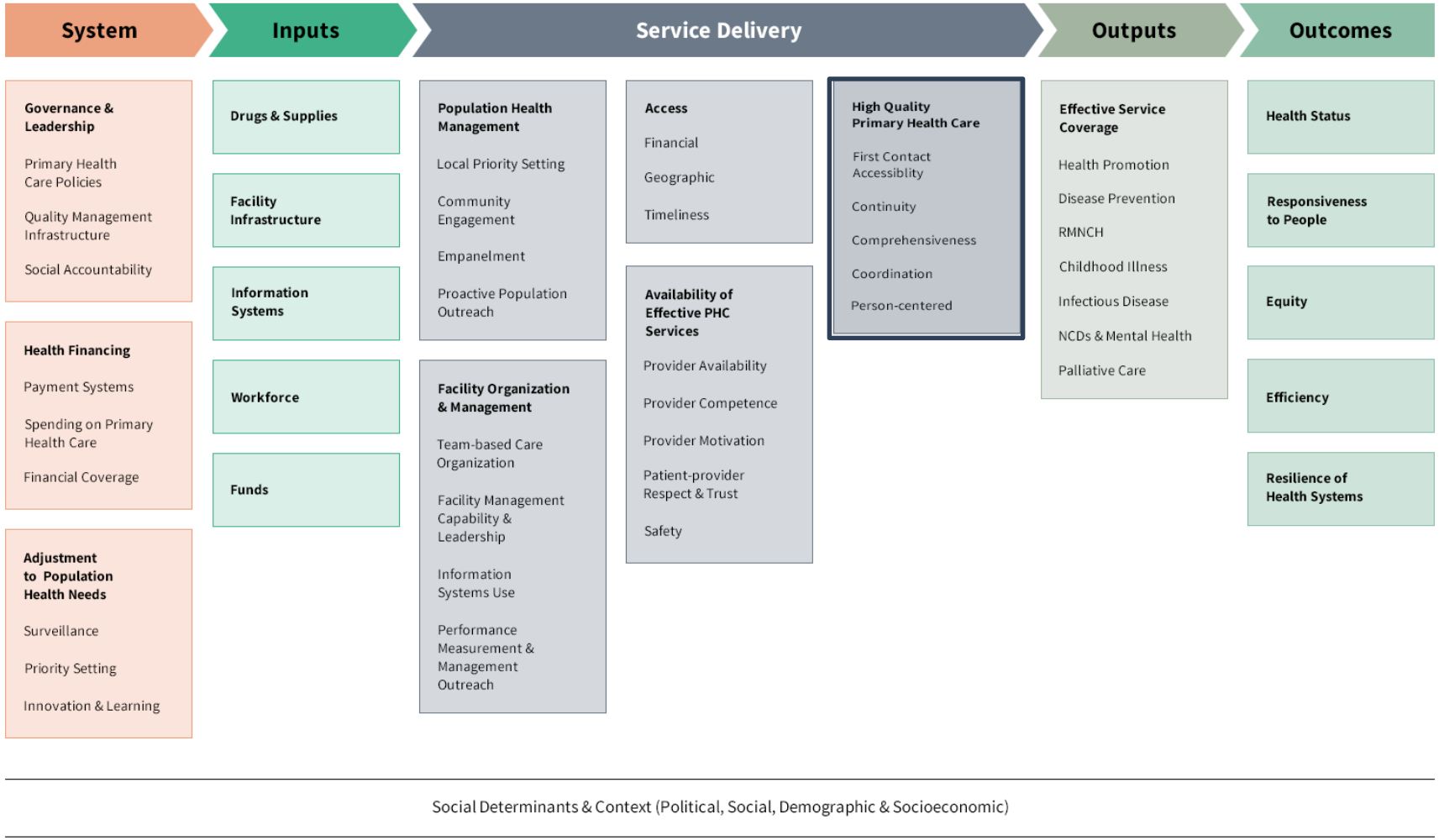
Hatt L, Cico A, Chee G, Ergo A, Fuad A, Gigli S, et al. RAPID ANALYTICAL REVIEW AND ASSESSMENT OF HEALTH SYSTEMS OPPORTUNITIES AND GAPS IN INDONESIA. Abt Associates Inc.; 2015.

Sustainable Development Goals: Goal 3 Ensure healthy lives and promote well-being for all at all ages [Internet]. The United Nations. 2015 [cited 2017 Sep 26]. Available from: http://www.un.org/sustainabledevelopment/health/

World Health Organization. Primary health care systems (PRIMASYS): case study from Indonesia, abridged version. Geneva: World Health Organization; 2017.

Core strategies for improvement: High-Quality Primary Health Care

High Quality Primary Health Care systems consistently deliver services that are trusted and valued by the people they serve and improve health outcomes for all.

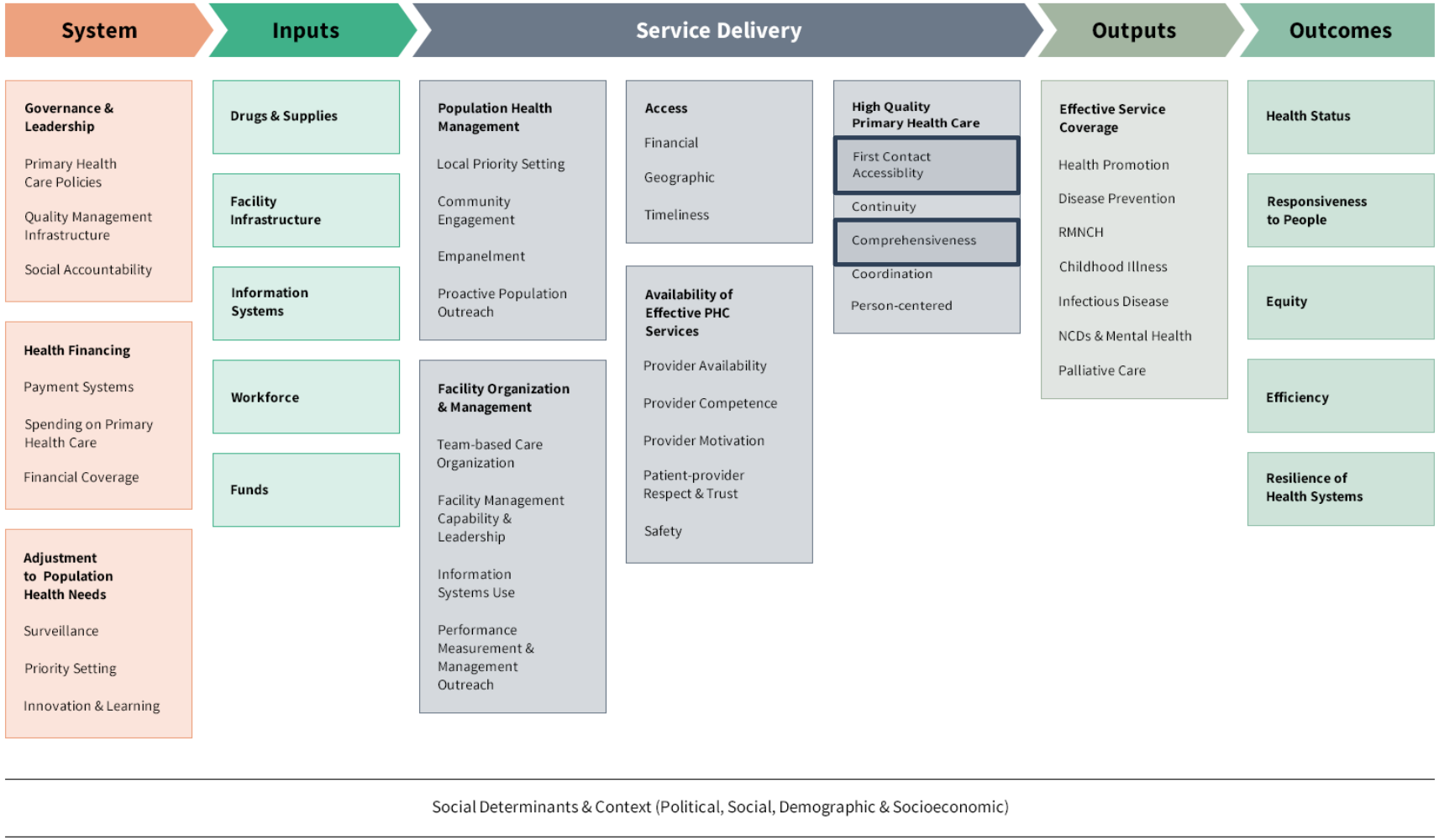


Core strategies for improvement: High-Quality Primary Health Care

High Quality Primary Health Care systems consistently deliver services that are trusted and valued by the people they serve and improve health outcomes for all.

Indonesia undertook reforms in two areas related to High-Quality Primary Health Care:

- First Contact Accessibility
- Comprehensiveness



Core strategies for improvement: First Contact Accessibility

How **First Contact Accessibility** was integrated into reforms

- **Increasing focus on PHC-based models of care via Minimum Service Standards:** In 2008, a set of Minimum Service Standards (MSS) for health were established and focused on primary health care, referrals, epidemiology and prevention, health promotion, and community empowerment. While the government tried to make the standards achievable for remote and urban areas, regional differences in achieving these goals were seen in communities where the income level was lower, thus making the standard unattainable.

- **Revising standards and implementing novel outreach strategies to ensure first contact access for all communities**: In 2016, the government revised and established new MSS that went into effect in 2019. With the new MSS model, coverage for each target group is set at 100% for all populations, and innovative community outreach strategies have begun, such as Flying Health Care for hard-to-reach communities.

Core strategies for improvement: Comprehensiveness

How **Comprehensiveness** was integrated into reforms

- **Strengthening preventative and promotive care for the family unit:** The Family Approach within the Healthy Indonesia Program aims to provide the family unit with preventive and promotive care, including:
  - Strengthening promotive and preventive care, and community empowerment
  - Improving access to health care through the optimization of the referral system with a focus on remote and border areas
  - The rollout of national health insurance

- **Increasing the scope of services offered during home visits:** Each household is assessed as a whole, so if one family member is unwell then the health index of the household may be affected. Volunteers visit families at their home, measuring indicators such as infant immunization and growth monitoring, hypertension therapy, mental illness monitoring and treatment, and smoking cessation.

Core strategies for improvement: High-Quality Primary Health Care

Outcomes and Impact

- Immunization coverage improved, with **measles vaccination increasing from 60% to 77% and similar improvement in DTP3 rates**
- **The infant mortality rate decreased** from 22/1000 live births in 2000 to 14/1000 live births in 2015, and maternal mortality dropped from 265/100,000 live births in 2000 to 126/100,000 live births in 2016
- Through the placement of hundreds of NST/NSI and the Healthy Indonesia Program workers that staff and augment *puskesmas*, **performance of PHC facilities within this network improved coverage in even the most remote areas**

Countdown to 2015. A Decade of Tracking Progress for Maternal, Newborn and Child Survival: Indonesia. 2015.

Sumantri U. Nusantara Sehat: Agent of Change for Health in Indonesia.

World Health Organization. 2017 Health SDG Profile: Indonesia. 2017.

Overview: Impact of reforms

- **With the creation of *puskesmas*, Indonesia mobilized its health care system** to aim to integrate preventive and curative medicine.

- *Puskesmas*, and the broad network of services and a model of care designed to provide empanelled team-based care, **have strengthened the capacity of community public and preventive health as well as health promotion efforts**.

- **Strengthening the primary care system in Indonesia is ongoing, and incremental**, yet important changes have occurred: Deliveries with skilled birth attendants nearly doubled and immunization coverage has improved.

Badan Pusat Statistik-Statistics Indonesia (BPS), ORC Macro. Indonesia Demographic and Health Survey 2002-2003. Calverton, Maryland, USA: BPS and ORC Macro; 2003.

Countdown to 2015. A Decade of Tracking Progress for Maternal, Newborn and Child Survival: Indonesia. 2015.

Mahendradhata Y, Trisnantoro L, Listyadewi S, Soewondo P, Marthias T, Harimurti P, et al. The Republic of Indonesia Health System Review. Hort K, Patcharanarumol W, editors. World Health Organization; 2017.

World Health Organization. State of Health Inequality: Indonesia. World Health Organization; 2017.

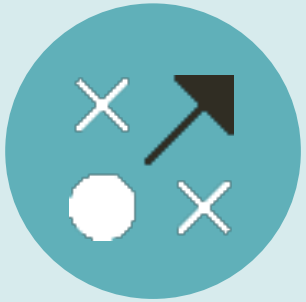
Overview: What supporting elements were in place

- **A strong, community-based model for the delivery of primary health care:** *Puskesmas* were first introduced in Indonesia more than 50 years ago. Leaders have remained committed to revising and updating the *puskesmas* model to meet the nation's changing healthcare needs.

- **Reduction of population and financial barriers through a national single payer environment**: *JKN*, Indonesia's national health insurance program, was established in 2014. The program requires patients to connect with either a *puskesma* or local provider and reimburses providers based upon performance goals.

- **A commitment to improvement:** In addition to the continued revision of the *puskesmas* model of primary health care delivery, the Indonesian government revised the Minimum Service Standards for health to ensure that both urban and rural areas had 100 percent coverage.

Overview: Continued and future challenges



Continued and future challenges

Despite the continued revisions to the *puskesmas* model, the **functioning of *puskesmas* within the JKN program remains highly variable. Out-of-pocket spending also remains high:**

- Despite an increase in *puskesmas* facilities since their inception and the *Nusantara Sehat* program, Indonesia's diverse population spanning thousands of islands creates both transportation obstacles and differences in culture and language that make access to care more difficult.
- Even though *puskesmas* act as the first point of contact, clinicians provide acute treatment more often than longitudinal preventive care.
- Indonesia faces emerging health challenges as its population ages: Chronic diseases such as hypertension, cancers, and diabetes are on the rise while there remains ineffective control of infectious diseases like malaria and drug-resistant tuberculosis.

Mboi N. Indonesia: on the way to universal health care. Health Systems & Reform. 2015 Feb 17;1(2):91–7.

Overview: Ways forward

Ways forward: Sustainable scale

Indonesia has already undertaken a **number of reforms to address the challenges that emerge as its population ages** including:

- **Expanded scope to treat non-communicable diseases:** *Puskesmas* are trying to meet the growing health needs, and their scope has expanded to include coverage of noncommunicable and other chronic diseases.

- **Creation of a National Non-Communicable Disease (NCD) Prevention Unit:** *Puskesmas'* efforts to expand their scope is supported nationally through the creation of a national NCD prevention unit and posbindus to allow for community participation to detect and monitor those with NCD risk factors.

Overview: Ways forward

Ways forward: Sustainable scale

- **Indonesia plans to address persistent disparities in access and quality through filling the remaining gaps in care coverage**, and improving quality of care through the *puskesmas* network.
- **Indonesia's commitment to building primary care services for all and the capacity to learn and evolve has continued to be evident** through the series of financial reforms, ongoing efforts to address the growing demands from chronic disease and the threat of reemerging diseases and creative approaches to expand physical access
- **Workforce efforts to build and expand the reach of skilled, motivated NST multidisciplinary teams will need to continue** in order to meet growing demands and meet UHC and SDG targets.