

ASSESSMENT ON INDONESIAN NATIONAL HEALTH INSURANCE INCLUSIVENESS FOR PERSONS WITH DISABILITY

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Bakground

- Jaminan Kesehatan Nasional (JKN =National Health Insurance) has been implemented since 1 January 2014
- A thorough assessment on the inclusiveness of JKN for persons with disability was not yet done → this research evaluated JKN inclusiveness for persons with disability
- This research was part of German bilateral co-operation with the Government of Indonesia, in improving the inclusion of persons with disability (PwDS) as part of its Social Protection Programme (SPP)

Methods

- Literature review:
 - JKN and BPJS Kesehatan legislations and policies
 - Disability: definition, rights and access to health
- Interviews:
 - Resource persons: DJSN officer, public and private hospital management, Ministry of Social Affairs officer, a person with disability who is also a disability activist, a family of person with disability
 - Issues: JKN inclusiveness for persons with disability, implementation of BPJS Kesehatan policies

Results

National Health Insurance:

- Legislations, some of them are:
 - Act no.40 year 2004 on Sistem Jaminan Sosial Nasional (SJSN = National Social Security System)
 - Act no. 24 year 2011 on Badan Penyelenggara Jaminan Sosial (BPJS = Social Security Management Body)
 - Government Regulation no.101 year 2012 on the Beneficiaries of Health Insurance Premium Assistance
 - Government Regulation no. 12 year 2013 on Health Insurance
 - Health Minister Regulation no.69 year 2013 on the Standard Tariffs for Health Services in Basic and Advanced Health Facilities for the National Health Insurance Implementation
 - Health Minister Regulation no.71 year 2013 tentang Pelayanan Kesehatan pada Jaminan Kesehatan Nasional.
- None explicitly mentioned the right of persons with disability to health

Results

National Health Insurance covered:

- Promotive, preventive, curative and rehabilitative health services at the basic and advanced health facilities
- medical devices:
 - 7 kinds: eyeglasses, hearing aids, limb prostheses, dental prostheses, spinal corset, neck collar, and crutches
 - Conditions: medical diagnosis, maximum claim, period for replacement

Results

- Disability:
 - complex, dynamic, and multi-dimensional (WHO and World Bank 2011).
 - medical perspective → social and environmental perspectives (Barnes 1991, McConachie 2006).
- 2001 WHO → ICF (International Classification of Functioning, Disability and Health): a multidimensional concept of disability:
 - Impairment: a problem in body function and structure
 - Limitations activity experienced
 - Restrictions on participation in all areas of life
- WHO DAS (Disability Assessment Schedule): current version 2.0 (2010)

Results

- World Report on Disability (2011): 15 % world population had a disability
- 2013 Riset Kesehatan Dasar (Basic Health Research):
 - 17% of Indonesia's population had difficulty in performing daily activities
 - 11% of the population had a moderate to severe disability
- 2013 Minister of Social Affairs:
 - 2.8 million Indonesian population had a disability (1.12% of 250 million projected Indonesian population in 2013)
- Possible cause for disparity: criteria to define disability
- 2014 Biro Pusat Statistik (BPS = Statistics Central Bureau) launched a standard instrument for disability data collection (persons with disability were involved in the instrument development)

Results

Disability

- Legislations, some of them are:
 - Act no.4 year 1997 on Disabled People → charity based
 - Act no.9 year 2009 on Social Welfare
 - Act no.11 year 2011 on Ratification of Convention on the Rights of Persons with Disability (CRPD) → rights based
 - Government Regulation no.43 year 1998 on Means to Improve the Social Welfare of Disabled People
 - Minister of Health Decree no.104 year 1999 on Medical Rehabilitation
 - Minister of Public Works Decree no.468 year 1998 on Technical Requirements for Accessibility in Public Buildings and Environment
 - Minister of Transportation Decree no.2 KM 71 year 1999 on Accessibility for Disabled People and the Sick to Transportation facilities and infrastructure

Discussion

National Health Insurance Legislation:

- None explicitly mentioned the right to health of persons with disability
- disability issues not yet included in the mainstream of development → including JKN

WHO Global Disability Action Plan 2014-2021 → 3 objectives:

1. To remove barriers and improve access to health services and programs:
 - Indicator of success no.1: X% of countries have national health policies that **explicitly mention** that persons with disabilities have the right to the enjoyment of the highest attainable standard of health
2. To strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation
3. To strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services

Discussion

Persons with Disability covered in JKN

- World Health Survey 2002-2004 (WHO): persons with disability had greater difficulty in obtaining health insurance
- Ministry of Social Affairs analyzed 2011 PPLS:
 - 1.4% people in PPLS data had some kind of disability (compared to 2013 Riskesdas data: 17 % Indonesian population had a disability)
- Disability and poverty had positive correlation:
 - Persons with disability could access health insurance mostly through Jamkesmas → JKN coverage of persons with disability was very likely to be low
- Possible causes:
 - Persons with disability did not have ID Card
 - Stigma from family and community
 - Ignorance: persons with disability also had medical needs

Discussion

Covered health services

- General Health Services were very important for persons with disability
 - World Health Survey (2002-2004): persons with disability had higher need of outpatient and inpatient services
 - persons with disability had lower levels of health (Rimmer et al 2008)
 - integration in primary health care should come before completing secondary health needs (Tomlinson et al 2009)
- JKN covered comprehensive basic and advanced health care → barriers:
 - physical accessibility: building, medical diagnostic and therapeutic equipments
 - Information accessibility: braille, simple language
 - Health workers' attitude and skills: perception about general health needs (not only medical rehabilitation needs), communication constraints

Discussion

Covered health services: Medical Rehabilitation Services

- BPJS Kesehatan covered medical rehabilitation in primary, secondary and tertiary health facilities → barriers:
 - Non existence of medical rehabilitation services close to home
 - Transportation problem: not available and inaccessible → 2013 Riskesdas: % population who could use public transport to get to the health center
 - 2.7% of households in urban
 - 0.9% in rural areas

Discussion

Covered health services: Health Education Program

- persons with disability needed health education:
 - mobility limitations led to less physical activity (Rimmer et al 2008)
 - higher risk of injury among persons with disability (Sinclair et al 2008)
 - Health promotion had positive impact on persons with disability (Drum et al 2009)
 - promotive and preventive health programs rarely incorporated persons with disability as program target (Rimmer et al 2008)
- BPJS Kesehatan had health education program:
 - Education materials were not accessible for persons with disability

Discussion

Covered health services: Outreach program or homecare

- BPJS Kesehatan only covered health services delivered inside health facilities
- Persons with mobility limitation, i.e. people in wheelchairs could miss healthcare
- BPJS program: PROLANIS paid home visits to patients with Type 2 Diabetes Mellitus and Hypertension → can BPJS Kesehatan cover homevisits for persons with special needs, i.e. mobility limitations?

Discussion

Covered health services: Medical Devices

- Limited kinds of medical devices, i.e. goggles for people with low vision, splints for people with drop foot, etc were not covered
- Limited claim package, i.e. maximum claim for hearing aid 1 million rupiahs, market price 4-6 million rupiahs
- Duration for replacement was too long, i.e. limb prostheses was 5 years, average age was 3 years, and children needed more frequent replacement due to body growth (Amputee Coalition)

Discussion

Covered health services: Medical Devices

- Medical device provision was linked to medical diagnosis:
 - persons who acquired disability after January 1, 2014 were entitled to medical devices and replacement
 - people who acquired disability prior to January 1, 2014 were not entitled medical devices under current BPJS Kesehatan scheme

Discussion

The proportion of guaranteed Health Costs

- National health insurance should not put people at risk of financial catastrophe
- World Health Survey in 2002-2004:
 - persons with disability in developing countries spent 15% of their total expenditure for health needs, while persons without disabilities only spent 11%
 - 28-29% of persons with disability in all countries experienced a financial catastrophe compared to 17-18% of people without disabilities
- Persons with disability were more vulnerable to financial catastrophe under JKN, i.e. plastic surgery was not covered by BPJS Kesehatan → persons with disability had to pay for plastic surgery after burn injuries to improve the limb function.

Discussion

Needs and availability of health services for persons with disabilities

- Ministry of Health developed JKN Roadmap 2012-2019:
 - a plan to fulfill the needs for personnel and health facilities all over Indonesia to support JKN
 - needs for some specialists and allied health personnel related to disability, medical rehabilitation facilities were not yet mapped
- BPJS Kesehatan covered basic medical rehabilitation in primary health facilities → rehabilitation personnel and facilities not available
- Medical devices: need to increase production capacity and quality

Conclusion and Recommendation

- No JKN related legislation explicitly mentioned the rights of persons with disability to enjoy the highest standard of health → legislation revision
- Improvement on data accuracy and standardized criteria to define disability was needed
- Percentage of persons with disability covered by BPJS Kesehatan was low → coverage increase and socialization to persons with disability
- Special scheme for persons with disability, both for the insurance premiums and health care benefits was needed

Conclusion and Recommendation

- Review and revision of medical devices coverage of BPJS Kesehatan was needed
- There was disparity of medical device entitlement between persons who acquired disability before and after 1 January 2014
- There was a need to develop a roadmap to implement JKN that is inclusive for persons with disability.