



# World Bank: Opening IHEA Congress

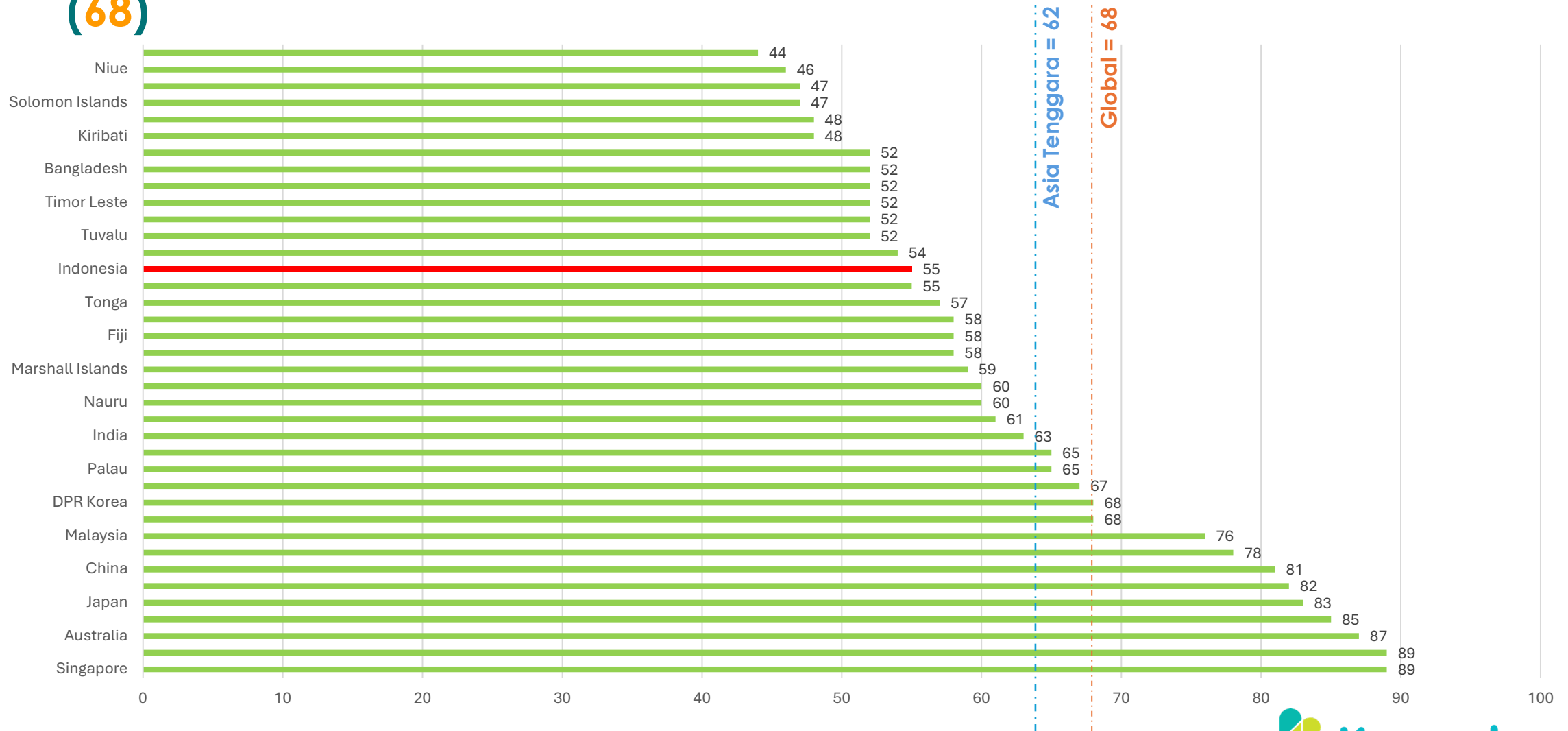
20 July 2025



**MINISTRY OF HEALTH  
REPUBLIK INDONESIA**



Despite a high membership coverage rate, Indonesia's Universal Health Coverage (UHC) **Service Coverage Index** was only **55** (WHO, 2021), below the average of the Southeast Asia (**62**) and the global (**68**)



# UHC improves people's access to healthcare facilities

"UHC means that **all people** have **access to the full range** of **quality health services** they need, **when** and **where** they need them, **without financial hardship**" – WHO Action Framework



## All People;

have the same right to:



## Timely, quality, and affordable access;

to essential health services, and this must be ensured

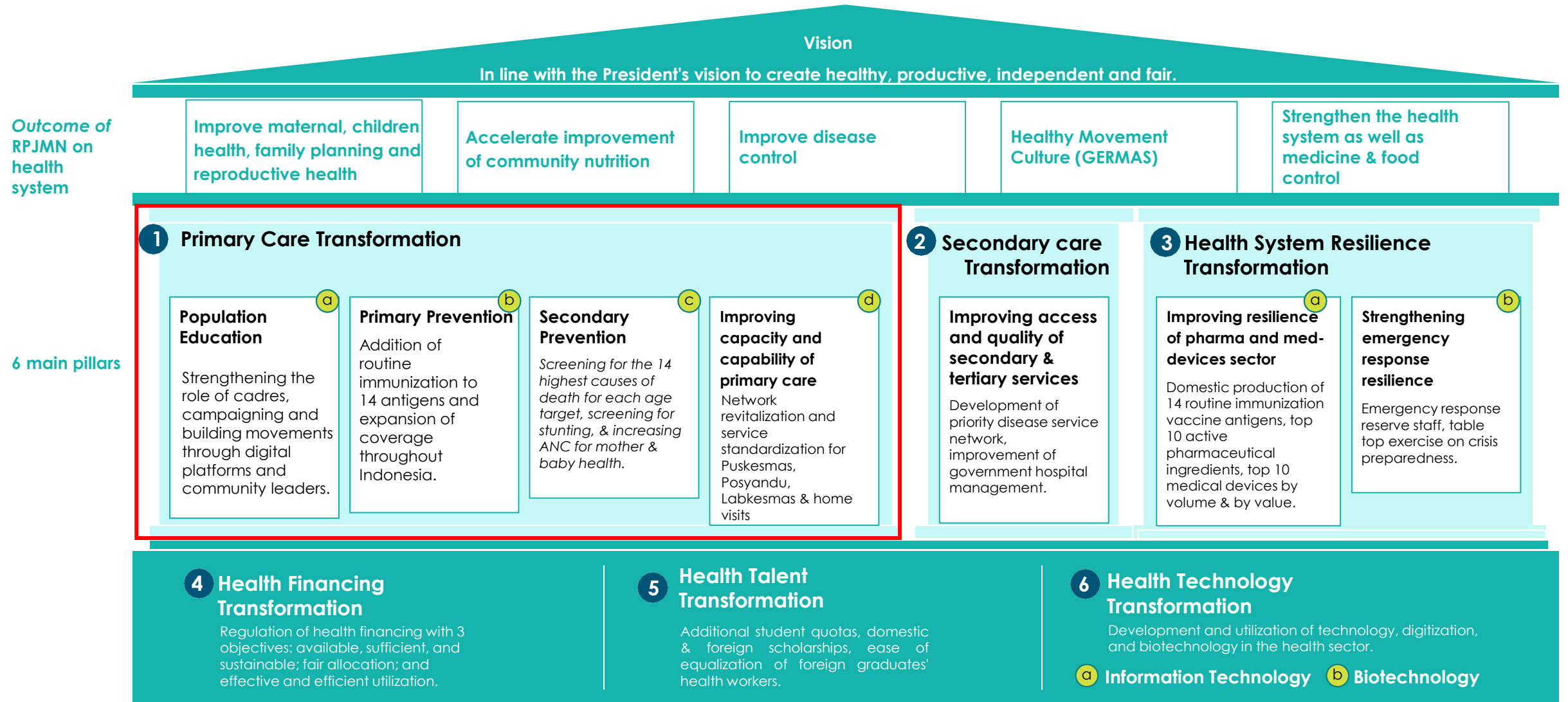


## Financial protection

in the face of major health conditions

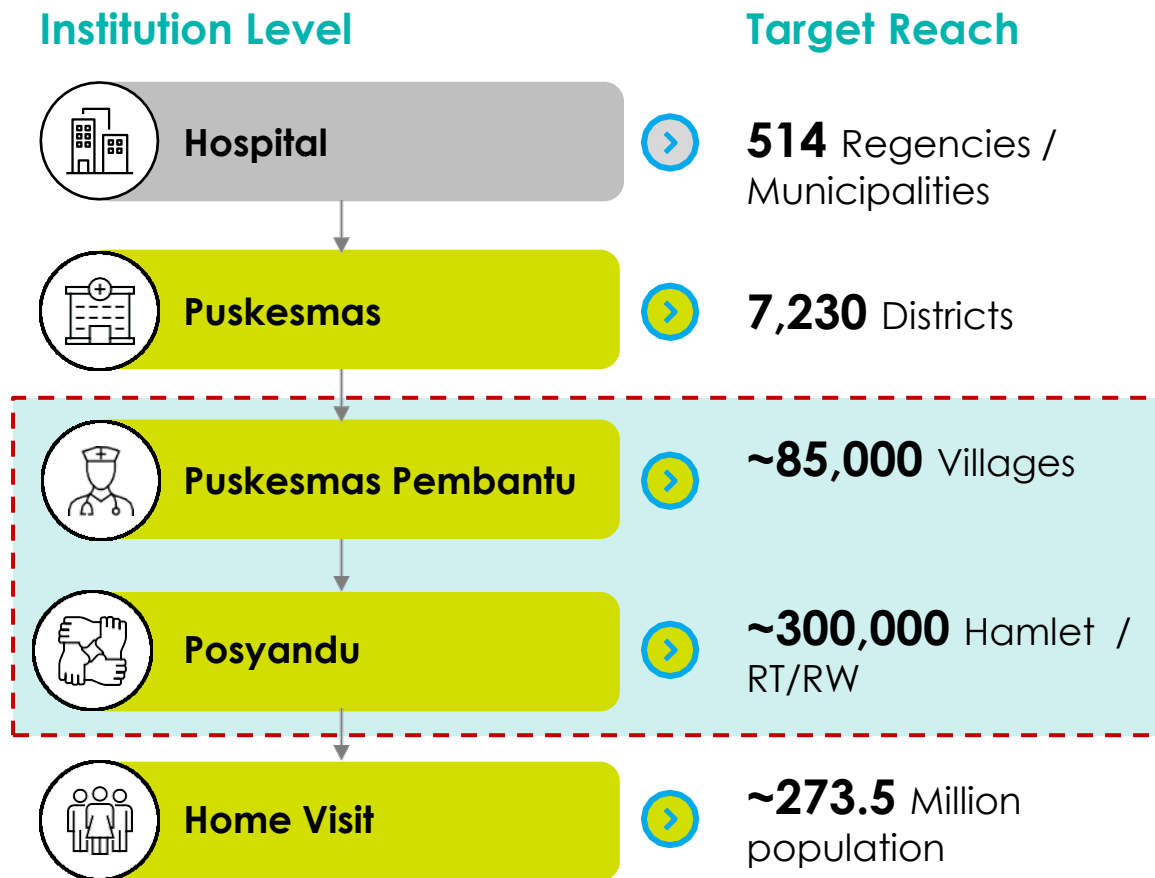
# MoH is committed to implementing a health system transformation

The 6 pillars of transformation supporting the Indonesian health system:



# Strengthening the Primary Care: Revitalizing the structure and network of primary health services and public health laboratories

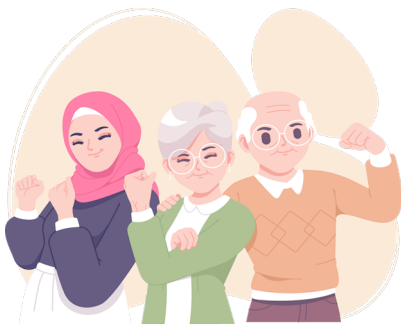
## The levels of primary service facilities



## Levels of health laboratories, referring to WHO standards

Level of laboratory	Number of Lab
<b>5 NATIONAL LABORATORY</b> National Lab of Prof. dr. Sri Oemiyati dan B2PVRP	<b>2</b>
<b>4 REGIONAL LABORATORY</b> BBTKL, BBLK, EKS BALAI LITBANGKES	<b>23</b>
<b>3 PROVINCIAL LABORATORY</b>	<b>38</b>
<b>2 REGENCIES/MUNICIPALITIES LABORATORY</b>	<b>514</b>
<b>1 PUSKESMAS LABORATORY</b>	<b>10.416</b>

# Birthday PKG is divided according to the life cycle and is carried out at Community Health Centers and Private Clinics



Life cycle	Examination		
<b>Newborn</b>	<ol style="list-style-type: none"> <li>1. Congenital Hypothyroid</li> <li>2. G6PD Enzyme Deficiency</li> <li>3. Congenital Adrenal Hyperplasia</li> <li>4. Critical Congenital Heart Disease</li> <li>5. Biliary Tract Disorder</li> <li>6. Growth (Weight)</li> </ol>		
<b>Toddler and Preschool</b>	<ol style="list-style-type: none"> <li>1. Growth</li> <li>2. Development</li> <li>3. Tuberkulosis</li> <li>4. Ears</li> <li>5. Eyes</li> <li>6. Teeth</li> <li>7. Thalassemia (Blood test at age 2 years only)</li> <li>8. Blood Glucose (Blood test at age 2 years only)</li> </ol>		
<b>Adult and Elder</b>	<table> <tr> <td> <ol style="list-style-type: none"> <li>1. Smoking</li> <li>2. Physical Activity</li> <li>3. Nutritional Status</li> <li>4. Teeth</li> <li>5. Blood Pressure</li> <li>6. Blood Glucose</li> <li>7. Stroke, Heart (<math>\geq 40</math> year)</li> <li>8. Kidney Function (<math>\geq 40</math> year)</li> <li>9. Tuberculosis</li> <li>10. Chronic Obstructive Pulmonary Disease (PPOK)</li> <li>11. Breast Cancer (<math>\geq 30</math> thn)</li> <li>12. Cervical Cancer (<math>\geq 30</math> thn)</li> </ol> </td><td> <ol style="list-style-type: none"> <li>13. Lung cancer (<math>\geq 45</math> thn)</li> <li>14. Colon Cancer (<math>\geq 50</math> thn)</li> <li>15. Eyes</li> <li>16. Ears</li> <li>17. Mental health</li> <li>18. Liver (Hep B, C, Cirrhosis)</li> <li>19. Bride/Groom to be (Anemia, Syphilis, HIV)</li> <li>20. Geriatric (<math>\geq 60</math> thn)</li> </ol> </td></tr> </table>	<ol style="list-style-type: none"> <li>1. Smoking</li> <li>2. Physical Activity</li> <li>3. Nutritional Status</li> <li>4. Teeth</li> <li>5. Blood Pressure</li> <li>6. Blood Glucose</li> <li>7. Stroke, Heart (<math>\geq 40</math> year)</li> <li>8. Kidney Function (<math>\geq 40</math> year)</li> <li>9. Tuberculosis</li> <li>10. Chronic Obstructive Pulmonary Disease (PPOK)</li> <li>11. Breast Cancer (<math>\geq 30</math> thn)</li> <li>12. Cervical Cancer (<math>\geq 30</math> thn)</li> </ol>	<ol style="list-style-type: none"> <li>13. Lung cancer (<math>\geq 45</math> thn)</li> <li>14. Colon Cancer (<math>\geq 50</math> thn)</li> <li>15. Eyes</li> <li>16. Ears</li> <li>17. Mental health</li> <li>18. Liver (Hep B, C, Cirrhosis)</li> <li>19. Bride/Groom to be (Anemia, Syphilis, HIV)</li> <li>20. Geriatric (<math>\geq 60</math> thn)</li> </ol>
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# PKG for School Age Children and Adolescents and implemented in Schools during the **New Academic Year in July 2025**



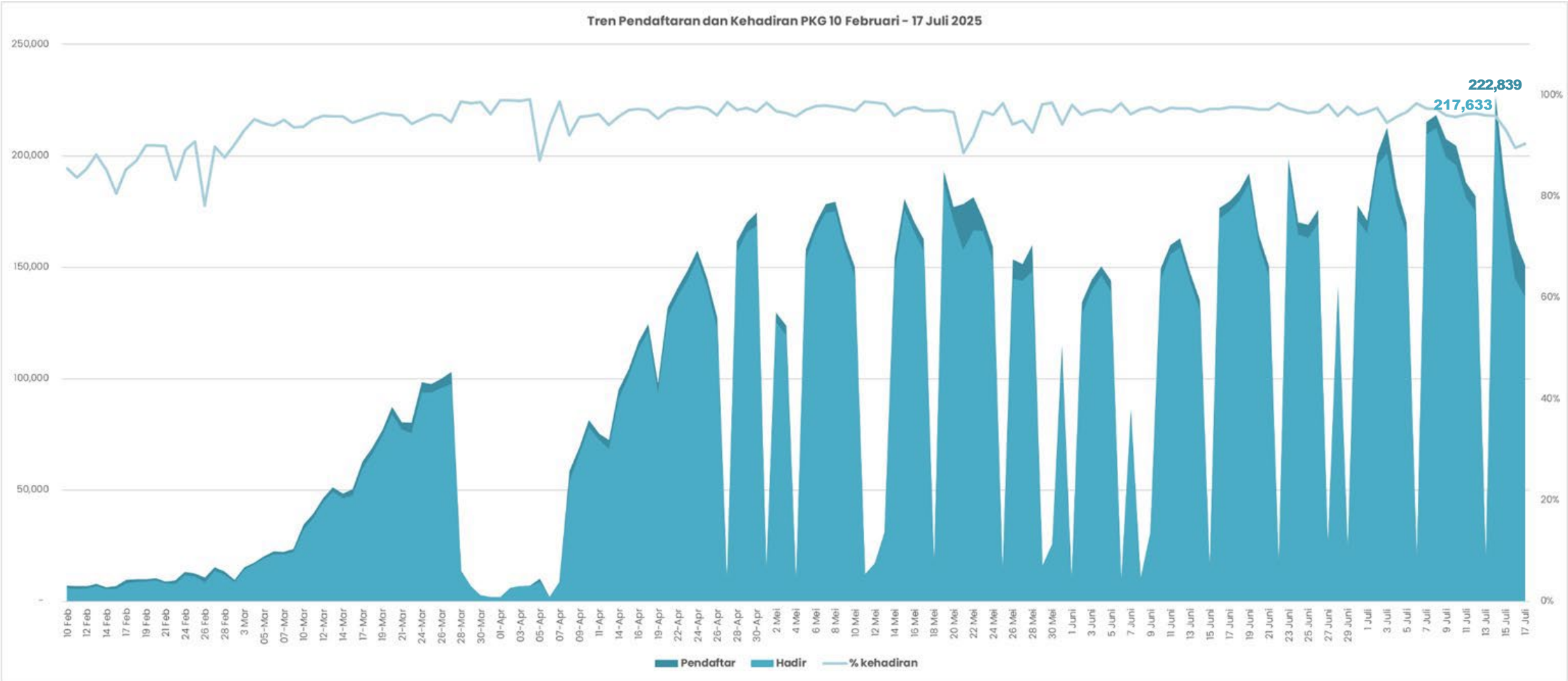
\* **Hepatitis B in Elementary School Children and Hepatitis B + C in Middle School to High School Children**

\*\* **Once in a lifetime, for ages 7-12 years if they have a family history**

School Grade	Examination	
<b>Elementary School (7 - 12 year)</b>	<ol style="list-style-type: none"> <li>1. Nutritional Status</li> <li>2. Smoking (grade 5-6)</li> <li>3. Physical Activity (grade 4-6)</li> <li>4. Blood Pressure</li> <li>5. Blood Glucose</li> <li>6. Tuberculosis</li> <li>7. Ears</li> <li>8. Eyes</li> <li>9. Teeth</li> <li>10. Mental health</li> <li>11. Liver (Hepatitis B)*</li> </ol>	
<b>Junior High School (13 - 15 year)</b>	<ol style="list-style-type: none"> <li>1. Nutritional status</li> <li>2. Smoking status</li> <li>3. Physical Activity</li> <li>4. Blood Pressure</li> <li>5. Blood Glucose</li> <li>6. Tuberculosis</li> <li>7. Thalassemia** (grade 7 students)</li> <li>8. Anemia in Adolescent Girl (grade 7 students)</li> </ol>	<ol style="list-style-type: none"> <li>9. Ears</li> <li>10. Eyes</li> <li>11. Teeth</li> <li>12. Mental health</li> <li>13. Liver (Hepatitis B and C)*</li> </ol>
<b>Senior High School (16 - 17 year)</b>	<ol style="list-style-type: none"> <li>1. Nutritional status</li> <li>2. Smoking status</li> <li>3. Physical Activity</li> <li>4. Blood Pressure</li> <li>5. Blood Glucose</li> <li>6. Tuberculosis</li> </ol>	<ol style="list-style-type: none"> <li>7. Anemia in Adolescent Girl (grade 10 students)</li> <li>8. Ears</li> <li>9. Eyes</li> <li>10. Teeth</li> <li>11. Mental Health</li> <li>12. Liver (Hepatitis B and C)*</li> </ol>

# PKG Registration and Attendance Trends (10 Feb-17 Juli 2025)

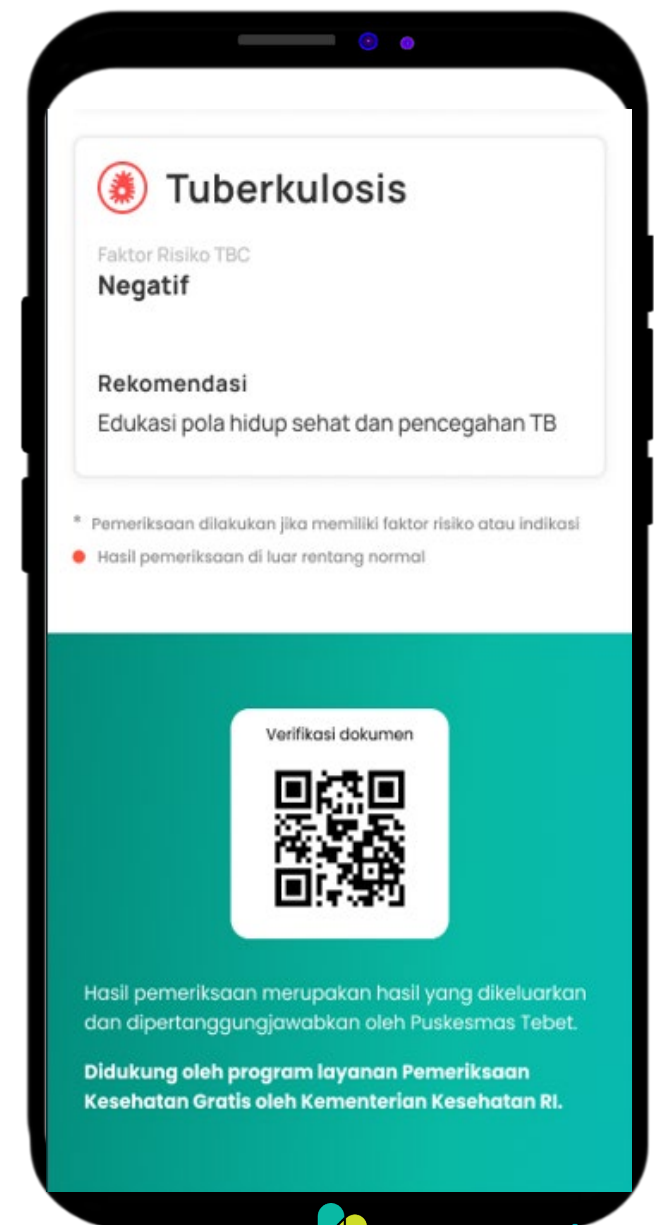
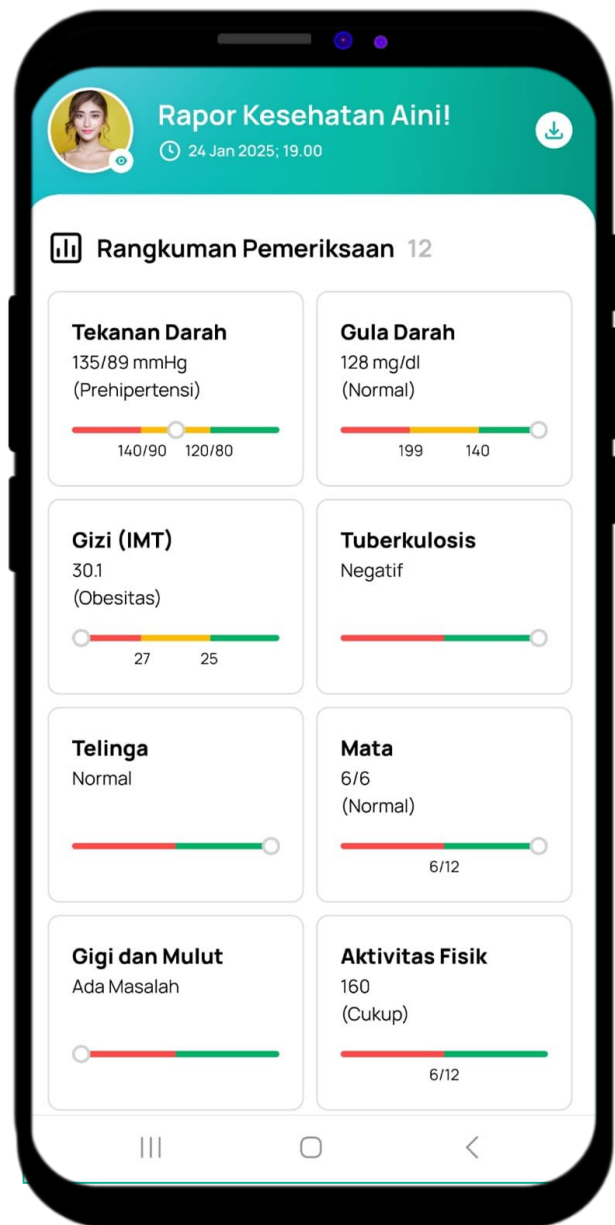
PKG Registrants reached 222.839/day (14 July) with Attendance at 217,633/day (14 July)



Data update: 18 Juli 2025 pukul 08.20 WIB



# Health Report



# Fulfillment of laboratory equipment for disease detection and health risk factors

with special allocation funds (DAK) and other funding sources until 2027

No.	Group of Laboratory Equipment	Tier				
		2	3	4	5	Total
1	Hematology, Blood Chemistry, and Immunology Equipment	4.179	197	130	7	4.513
2	Biological Molecular Equipment	4.433	305	326	49	5.113
3	Microbiology Equipment	6.435	452	244	19	7.150
4	Environmental Health Equipment	47.476	3.520	714	21	51.731
5	Clinical and Environmental Toxicology	804	120	103	9	1.036
6	Vector and Reservoir Equipment	29.390	4.035	495	32	33.952
7	Calibration Equipment	-	980	12	-	992
8	Supporting equipment, Storage, and others	5.143	305	914	136	6.498
<b>TOTAL</b>		<b>97.860</b>	<b>9.914</b>	<b>2.938</b>	<b>273</b>	<b>110.985</b>

Example of laboratory equipment

## Biological Molecular



NGS (High throughput)



Digital PCR



Oligosynthetizer



Super  
Bioinformatic  
Computer

## Hematology, Blood Chemistry, and Immunology (including newborn screening)



Newborn screening  
(TSH, G6PD, CAH)



Hematology  
analyzer



Kimia  
analyzer



Enzyme Immuno  
Assay (EIA)

## Microbiology



ID/AST



Automatic Culture



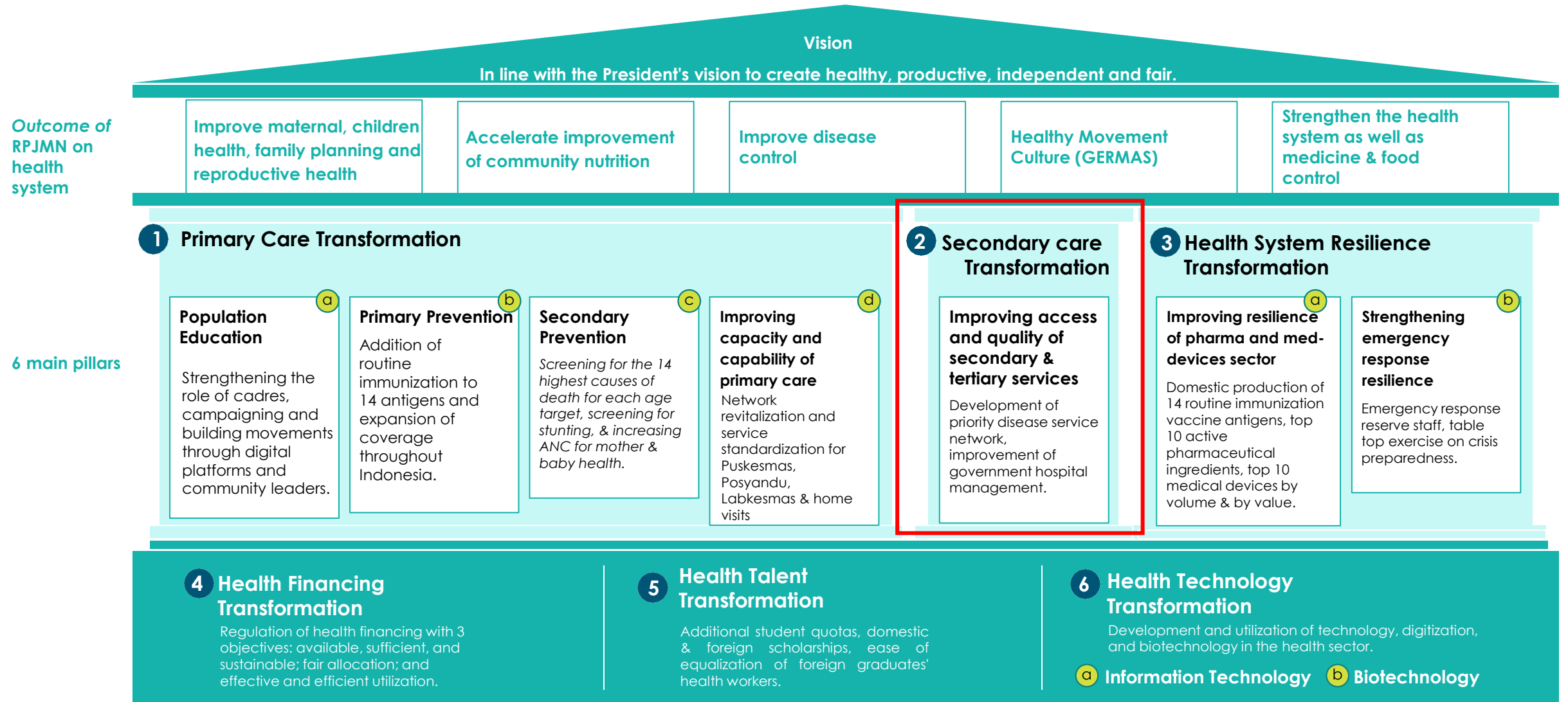
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GCMS

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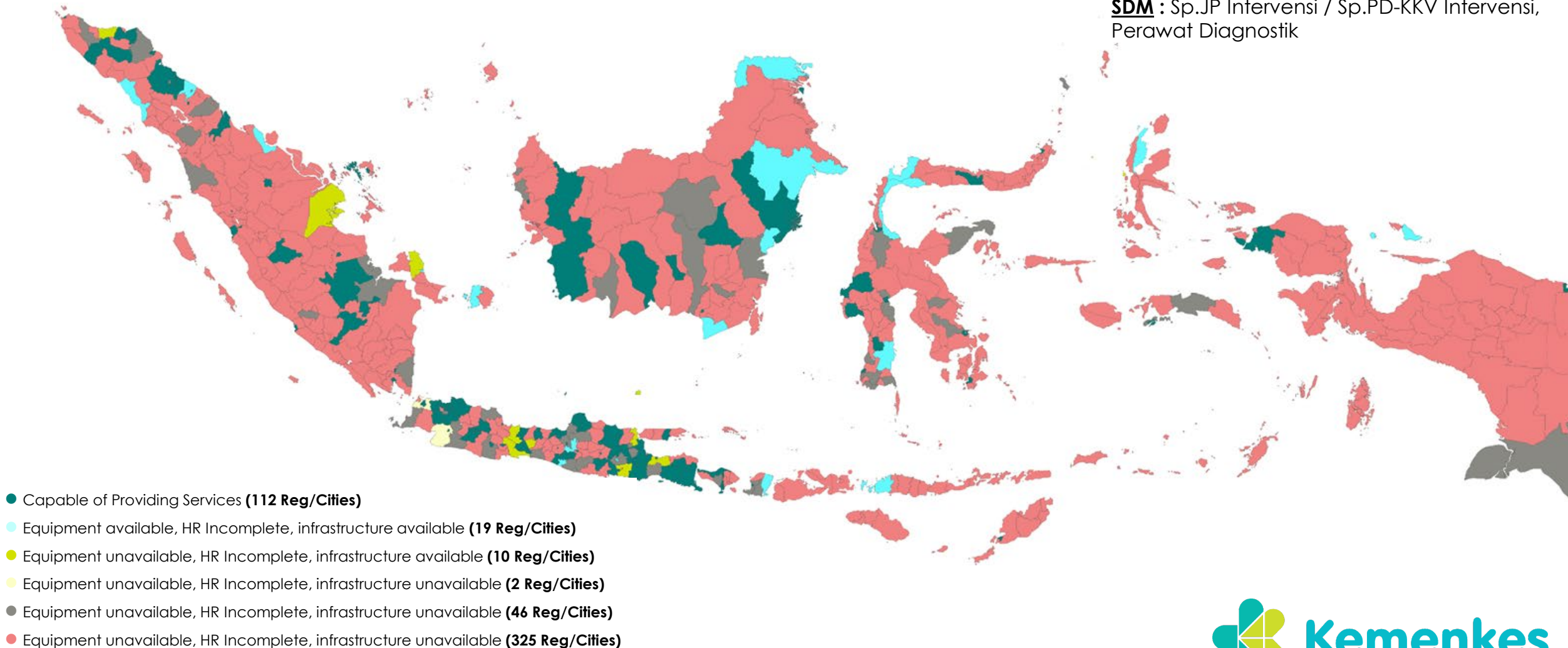


# Update on Cardiac Catheterization Service Capability

## Distribution of Regencies/Cities with Cardiac Catheterization Service Capability

**Alat** : Cathlab

**SDM** : Sp.JP Intervensi / Sp.PD-KKV Intervensi,  
Perawat Diagnostik



# Provinces with Coronary Artery Bypass Graft (CABG) Services in 2012

**Equipments :** HLM, Set Bedah CABG, ICU

**HR:** Sp.BTKV, Sp.An-KIC, Sp.An-KAKV, Cardiac Surgical Nurses, Perfusionists

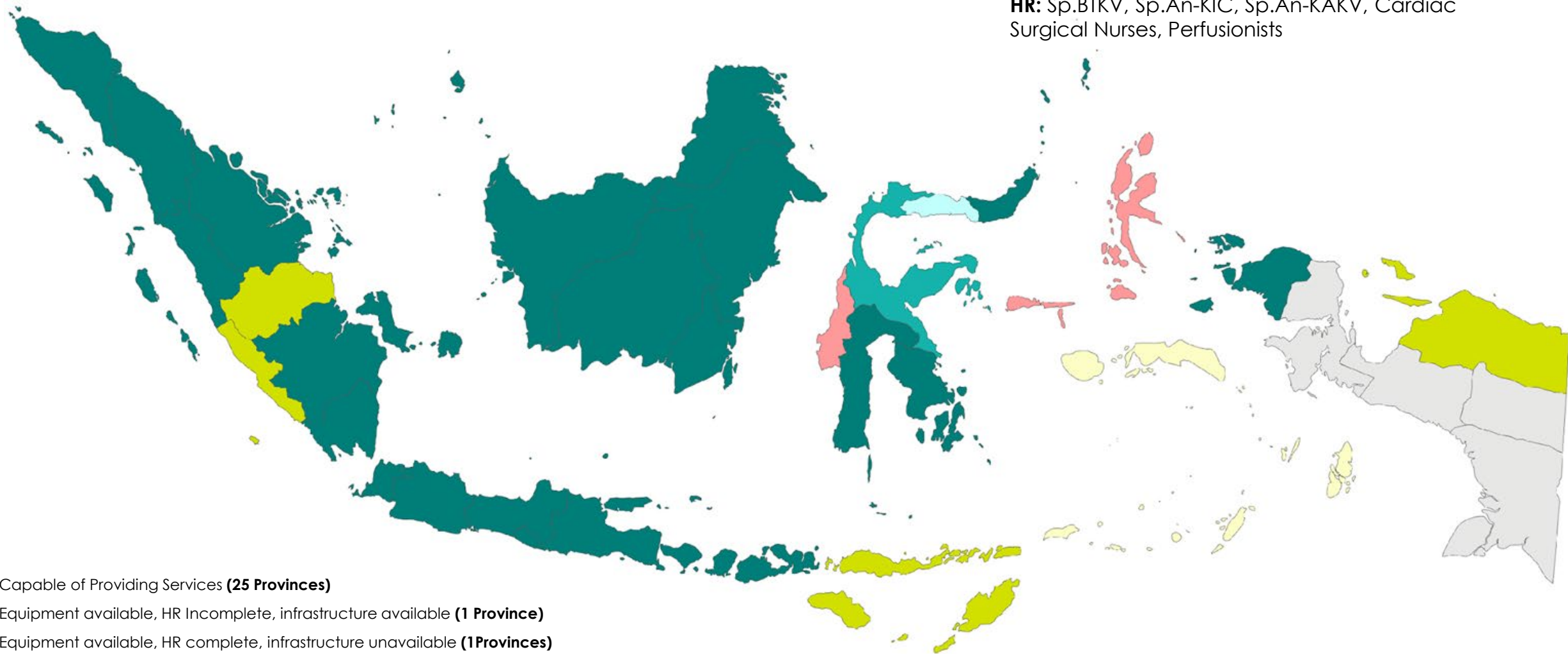




# Distribution of Provinces with Open-Heart Surgery Services in 2025

**Equipments :** HLM, Set Bedah CABG, ICU

**HR:** Sp.BTKV, Sp.An-KIC, Sp.An-KAKV, Cardiac Surgical Nurses, Perfusionists



# Improving access: the Ministry of Health supports the allocation of medical equipment for priority disease services by providing 9,740 medical equipment units valued at ~IDR 27.3 trillion (SIHREN)

	Special Allocation Fund (DAK) and Grants (Banper)		SIHREN			
5 Top High Value Alkes	2022	2023	2024*	2025	2026	2027
PET CT	2	-	-	8	3	2
MRI <i>(1,5 &amp; 3T)</i>	9	5	-	13	2	1
CT Scan <i>64 Slice</i>	28	46	-	153	114	39
Linac	2	12	-	12	9	2
Cathlab <i>(monoplane &amp; bi-lane)</i>	13	42	-	124	261	53
Sub-Total Top 5 High Value	54	105	-	310	389	97
Total Equipment (All Types)	465	234	-	8308	1246	186

\* : 2024 allocations were shifted to 2025 due to licensing and procurement processes

# Peningkatan kuota fellowship dilakukan untuk percepatan pemenuhan dokter spesialis layanan prioritas KJSU tahun 2024 - 2027



## Heart

### Layanan Kateterisasi Jantung

- **Alat:** Cath lab (569)\*
- **SDM:** Sp.JP Intervensi / Sp.PD KKV Intervensi

**569** RS membutuhkan...  
Fellow Intervensionis Jantung

**132** Telah tersedia

**437** Kekurangan



## Stroke

### Layanan Trombektomi & coiling

- **Alat:** Cath lab (571)\*
- **SDM:** Sp.N Neurointervensi / Sp.BS Vaskular / Sp. Rad Neuroradiologi Intervensi

**571** Fellow Intervensionis RS membutuhkan...  
Stroke

**110** Telah tersedia

**461** Kekurangan



## Cancer

### Layanan Terapi Sistemik Kanker (kemoterapi)

- **Alat:** Cytotoxic drug safety cabinet (570)\*
- **SDM:** Sp.PD Fellow Onkologi

**570** RS membutuhkan...  
Internist Fellow Onkologi

**88** Telah tersedia

**482** Kekurangan



## Uronefrologi

### Layanan Hemodialisis dewasa\*

- **Alat:** USG Doppler dan Mesin HD
- **SDM:** Sp.PD Fellow Dialisis

**512** RS membutuhkan  
Internist Fellow Dialisis

**190** Telah tersedia

**322** Kekurangan

\*Jumlah RS Jejaring tahun 2024-2027



# Ditjen Nakes & Koordinator Pengampuan KJSU melakukan kunjungan kerja ke **India** dan **RRT** untuk peningkatan **kuota Fellowship**



India, 23 – 27 Juni 2024

## 8 Private Hospitals 2 Gov't Institution\*

1

### Bangalore

1. Narayana Hospital
2. HCG Hospital

2

### Hyderabad

1. AIG Hospital
2. Nephroplus
3. Apollo Hospital
4. KIMS Hospital<sup>1</sup>

3

### New Delhi

1. Max Hospital
2. Ministry of Health and Family Welfare India\*
3. National Medical Commission\*

4

### Kerala <sup>2</sup>

Baby Memorial Hospital

<sup>1</sup>Extended visit (RSPON, Dharmais, Tenaga Ahli Menkes)

<sup>2</sup>Extended visit (RSPON)



Stroke



Kanker



Jantung



RRT, 5 – 9 Agustus 2024

## 6 Public Hospitals 1 Govt. Centre\*

1

### Shanghai

1. Shanghai Chest Hospital
2. Ruijin Hospital

2

### Ningbo

Ningbo Clinical Pathology Diagnosis Centre\*

3

### Hangzhou

Second Affiliate University, Zhejiang University

4

### Nanjing

1. Zhongda Hospital
2. Jiangsu Provincial Hospital

5

### Henan

Henan Provincial People's Hospital



Stroke



Uronefro



Jantung

# Jantung, Layanan Kateterisasi Jantung

Alkes utama: Cath lab

SDM user: Sp.JP Intervensi / Sp.PD KKV Intervensi



RRT 2 25

- Shanghai Chest Hospital: 5
- Ruijin Hospital: 5
- Zhejiang University Hospital: 5
- Zhongda Hospital<sup>1</sup>: 5
- Jiangsu Provincial Hospital: 5



India 20\*

45/tahun



<sup>1</sup> Tambahan kuota training **perawat kardiologi**: 5/tahun

	Dalam Negeri	Luar Negeri	Total
<b>Sebelum</b> Produksi /tahun	<b>44</b> Dari 14 Centre Pendidikan	<b>98</b> • Japan : 4 • RRT 1 : 94	<b>142/th</b>
<b>Setelah</b> Produksi /tahun	<b>58</b> Dari 14 Centre Pendidikan	<b>143</b> • RRT 2 : 25 • India : 20	<b>201/Th</b>
<b>Target Produksi</b> di tahun 2027	<b>174</b>	<b>429</b>	<b>603</b>

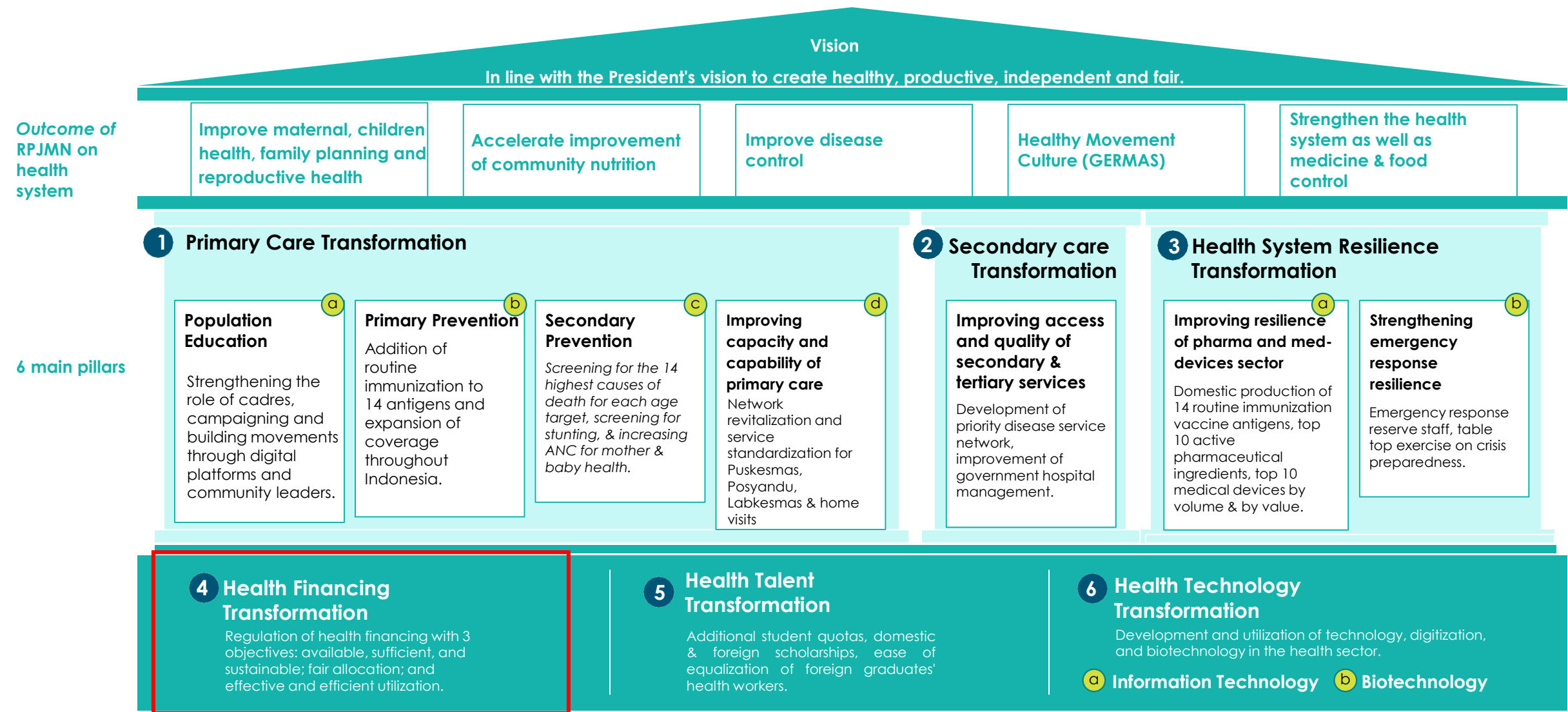
Naik  
41%

\* Terdapat penawaran seat fellowship dari India. Namun, fellowship intervensionis jantung di India kurang direkomendasikan.



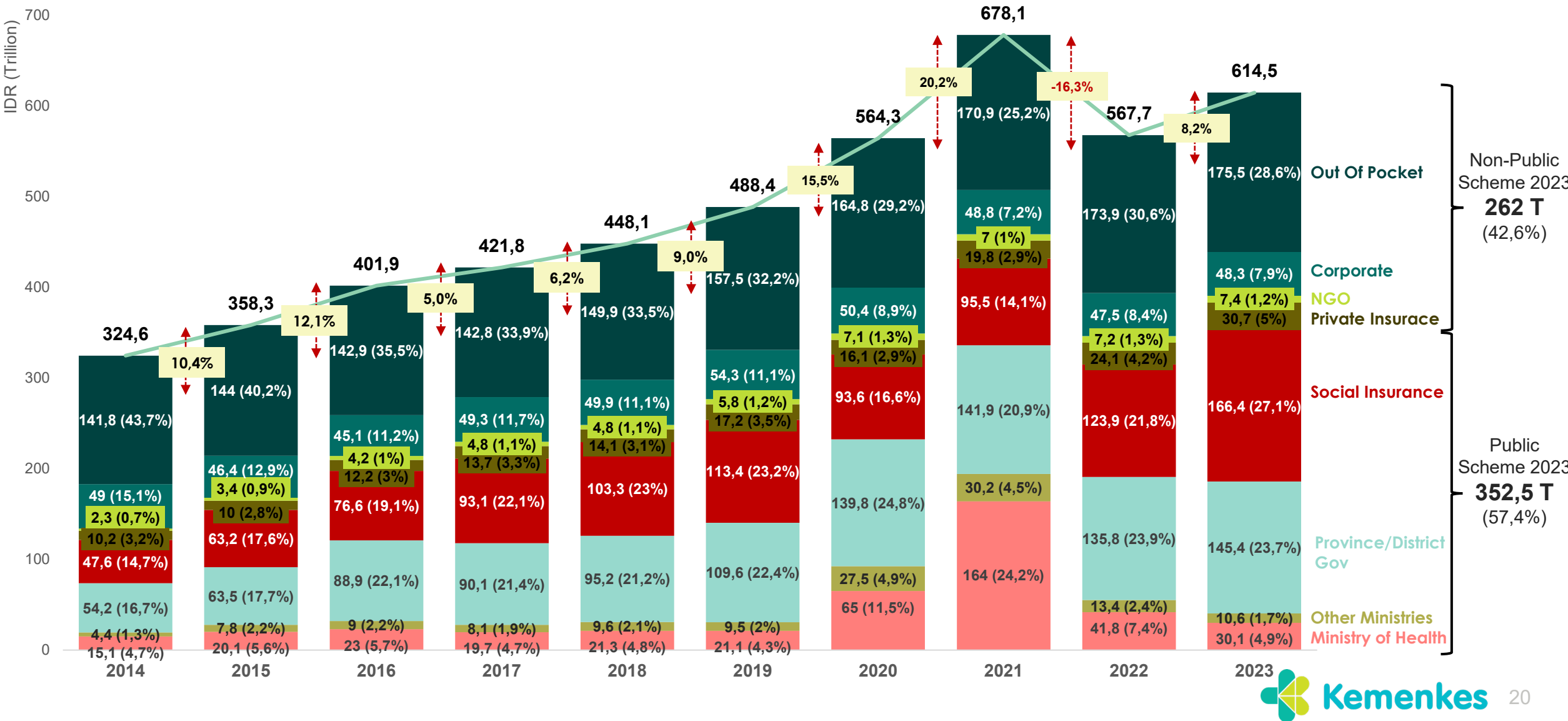
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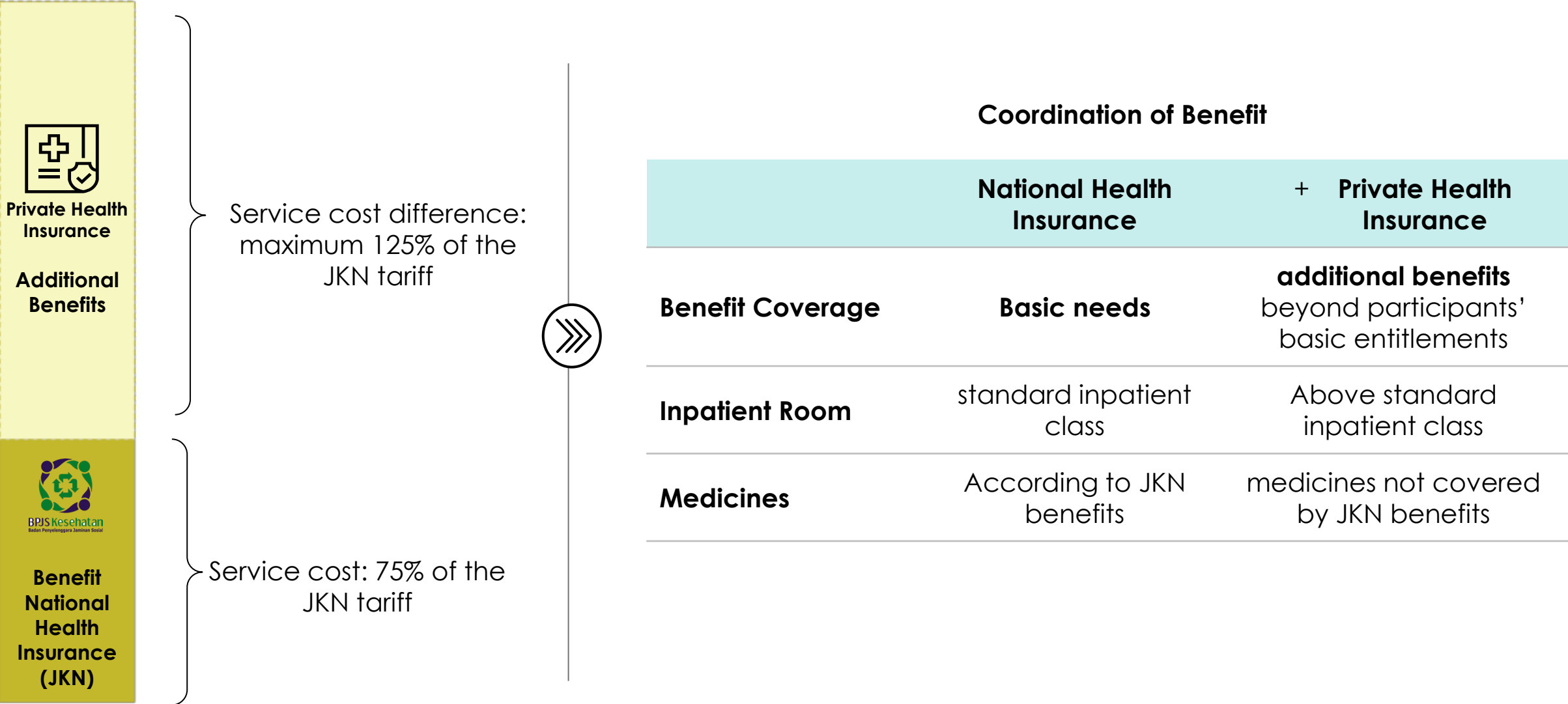


# Indonesia's total health spending continues to increase

From 2014, **social health insurance** has increased from 14.7% to 27.1% in 2023, yet **out-of-pocket** spending still accounts for 28.6% in 2023.



# Enhancing the Role of Social and Private Health Insurance through Coordination of Benefits (COB)



Sumber: KMK 1366 Tahun 2024 tentang Pedoman Pelaksanaan Selisih Biaya oleh Asuransi Kesehatan Tambahan melalui koordinasi antar penyelenggara jaminan

# Provider Payment Reform — Secondary Care: Indonesian-Diagnosis Related Group (iDRG)

Updating the Disease Grouping System for JKN Hospital Payments to Better Reflect the Indonesian Population's Disease Patterns

## Outpatient

Grouping System	MDC	DC	CBG/DRG
INA-CBG (PMK 3/2023)	22	289	289
<b>iDRG</b>	<b>25</b>	<b>358</b>	<b>358</b>

## Inpatient

Grouping System	MDC	DC	CBG/DRG
INA-CBG (PMK 3/2023)	22	262	786
<b>iDRG</b>	<b>25</b>	<b>560</b>	<b>960</b>

Major Diagnostic Category (MDC) = Broad category of diseases

Case Base Group (CBG) = Patient grouping based on type of case to determine cost

Diagnosis Related Group (DRG) = Patient grouping based on diagnosis and treatment for payment purposes



# Provider Payment Reform — Primary Care: Payment-based Capitation

Linking the capitation payments to **provider performance** aims to enhance fairness & meaningful service delivery outcomes

## Capitation Tariff Variables in the JKN program:

