



# IMPLEMENTATION OF UNIVERSAL HEALTH COVERAGE BUDGET POLICY (PBI-APBD) IN THE SEMARANG CITY HEALTH OFFICE (CASE STUDY 2018 - 2022)

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**Abstract**

Semarang City UHC financing from 2018 to 2020 using APBD has increased every year and started to decline from 2021 and 2022. This research aims to determine the implementation of UHC budgeting policies, especially PBI APBD at the Semarang City Health Service. This research uses a qualitative research method with an exploratory approach. The research was conducted at the Semarang City Health Service as the agency that manages the health insurance funds for the Semarang City government's UHC program. The unit of analysis in this research is the budgeting of the health insurance financing program in the Universal Health Coverage (UHC) program from 2018 to 2022. The research results obtained are the health affairs budget in 2020

until 2022 is in accordance with the mandate of Law no. 36 of 2009 concerning health. The Health Service succeeded in transferring the participation of UHC PBI APBD beneficiaries to the APBN. The pure ceiling of the Semarang City Health Service allocated to UHC experienced an increase in the budget in the budget changes from 2019 to 2022. In 2020 the Health Service budget allocated to UHC (PBI-APBD) was the highest, namely 30.97%.

**Keywords:** APBD, budgeting, Universal Health Coverage (UHC).

## INTRODUCTION

Indonesia faces various challenges in health development, which results in increasing costs borne by the community. As we age, chronic degenerative diseases increase and the cost of the disease increases.<sup>(6)</sup> A mistake in analyzing health funding is to

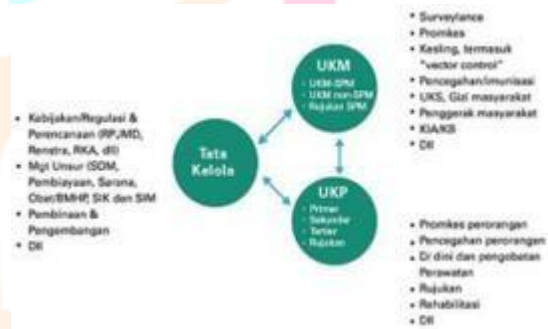
ignore funded research. The costs of public health efforts and health system strengthening programs tend to be overlooked and implemented in stages. This trend creates very high costs for Indonesia, which in turn affects public health assessments. Health financing problems require sustainable health financing policy changes regarding JKN

costs. Since the first year the JKN program has experienced losses, because (cash inflow) is not greater than (cash outflow).<sup>(6)</sup>JKN is a form of fulfilling the state's constitutional rights to the Indonesian people as mandated in Article 28H paragraph and Article 34 paragraph of the 1945 Constitution. Article 28H paragraph of the 1945 Constitution regulates the right to social security. This program was managed for six years by two new non-government institutions, namely BPJS Health and the National Social Security Council.

One of the most important is funding. The phenomenon is that as long as the JKN program is running, BPJS Health will always be in deficit. It was revealed that the problem that emerged was a deficit caused by the contribution amount not being in accordance with the actual actuarial value. In addition, the JKN program's juridical record over the six years is marked by weak supervision, duplication and regulatory gaps. This means that the implementation of JKN is not going according to plan.<sup>(14)</sup>Another error is partial trends in health financing analysis. In this case, the lack of health spending is related to Universal Health Coverage financing.

Law no. 36 of 2009 concerning health, mandates that the regional health budget of the total APBD is 10%.<sup>(11)</sup>The percentage of the health budget in Semarang City varies between 7.04% - 19.25%. This fact shows that the amount of the health budget approved by regional governments is very dependent

on the proposals of each regional work unit. Health development cannot be separated from the current political situation and context. The extent of executive and legislative involvement in health problems is determined by the government's understanding of health problems. Likewise, their perspective and interest in health determines how much money they allocate to health promotion.<sup>(9)</sup>Partial approaches tend to ignore the need for resources for public health programs and national health system strengthening programs. In general, it can be said that health financing must cover three areas comprehensively, namely UKM, UKP and strengthening the health system.



**Figure 1.1 Comprehensive Health Financing Concept**

Figure 1.1 Comprehensive Health Financing Concept Key facts of the World Health Organization dated January 24 2019 regarding Universal Health Coverage stated that half of the world's population does not yet have basic service coverage. About 100 million people are still pushed into extreme poverty defined as living on 1.90

USD or less a day because they have to pay for health care. Then, more than 930 million people spend at least 10% of their household budget to pay for health care. All UN member countries have agreed to achieve UHC by 2030 as part of sustainable development goals. UHC is not only related to the financing of health system components, namely the service delivery system, personnel, facilities and communication networks, technology, information systems, quality assurance mechanisms, as well as governance and legislation.

The Ministry of Health has prepared a roadmap for implementing JKN. In 2019, all Indonesian people are targeted to be registered in the UHC program as seven JKN participants. The principles and objectives of establishing Perwal No. 43 is that the implementation of health insurance is based on humanity, equity, usefulness and effectiveness, increasing the level of public health. This achievement exceeds the national target of universal health coverage for at least 95% of the population in districts/cities and provinces. Health services consist of first-level health facilities and top-level referral health facilities. Based on the law, the health services provided must be of high quality, sustainable and affordable for all levels of society. The law also emphasizes the importance of giving priority to people in need, including in terms of access to quality and timely health services. In addition, the national health insurance system also aims to strengthen the role of the private sector in providing health

services, in order to achieve a balance between sustainability and availability of services for the entire population of Indonesia.

## **OBJECTIVE**

This article aims to determine the implementation of UHC budgeting policies, especially PBI APBD at the Semarang City Health Service. This research uses a qualitative research method with an exploratory approach.

## **METHOD**

This research uses a qualitative research method with an exploratory approach. The exploratory approach is a research method that aims to discover deeper possibilities regarding the problem being studied. This type of research design uses a single case study because the researcher only uses one object or case. The incidents investigated regarding BPJS Health participants were divided into two groups, namely the Contribution Assistance Recipients and non- Contribution Assistance Recipients. BPJS participants who are classified as PBI are those who are classified as poor or belong to underprivileged households, while non-PBI participants are workers who receive wages and their family members, non-wage workers and their family members and non-workers and their family members. The number of dependents covered by the company's BPJS Health includes a husband/wife and a maximum of three children.<sup>3</sup>

Community health centers in the JKN/BPJS system have a big role for BPJS health participants.<sup>4</sup>Sometimes the relationship between health workers and patients has not been created properly, resulting in a low level of trust in the services provided. This has greatly influenced the public's interest, especially BPJS health participants, in obtaining health services at community health centers.<sup>5</sup>The burden of financing health insurance for the Semarang City UHC program which must be borne by the Semarang City Government has increased from 2018 to 2020, namely by 30.97%. This is because in 2020, there will be 365,077 UHC beneficiaries out of the total population of Semarang City of 1,653,524 people or 22.08%. The UHC Health Insurance Program is funded through a budget sourced from the Semarang City APBD. Participants receiving contribution assistance are all residents of the community who have not received assistance from anywhere, especially residents of Semarang City. Utilization of health insurance financing for the UHC program at Community Health Centers in Semarang City. This research was conducted at the Semarang City Health Service as the OPD managing the Semarang City Government UHC Program Health Insurance Fund. The unit of analysis for this research is the budgeting of the health insurance financing program in the Universal Health Coverage (UHC) program from 2018 to 2022. Data collection was carried out to obtain the information needed to achieve the

research objectives. The research method used is documentation, and literature studies are carried out by reading and studying books, magazines and newspapers related to the research topic. The data obtained by researchers was analyzed qualitatively. Data analysis takes place in three stages, namely data collection, data compilation, and data presentation to draw conclusions.

## RESULTS AND DISCUSSION

### Results

The research results show that the 2020-2022 health budget is in line with the mandate of Health Law Number 36 of 2009 which stipulates that the total regional health budget of the APBN and APBD is 5% and 10% respectively.<sup>(11)(12)</sup>The Health Service succeeded in transferring the participation of APBD UHC PBI beneficiaries to the APBN.

The net service limit allocated to UHC or Semarang City Health Pure Ceiling has been increased as part of the 2019- 2022 budget changes. In 2020, the health budget allocated to UHC (PBI- APBD) was the highest, namely 30.97%. The highest number of UHC (PBI- APBD) beneficiaries from 2018 to 2022 was 365,077 people. Therefore, it can be said that the more UHC beneficiaries (PBI- APBD), the greater the budget allocated by the Semarang City Health Service for UHC. This increase shows the effectiveness of the PBI-APBD policy in reaching poor and vulnerable communities in Semarang City.

Implementation of PBI-APBD will have a positive impact on access and utilization of health services by poor and vulnerable communities.

Even though there are still several obstacles, the PBI-APBD policy has proven to be effective in achieving universal health coverage in Semarang City. Local governments and other stakeholders must make sustainable efforts to maximize the benefits of PBI- APBD guidelines and achieve comprehensive universal health coverage.

### Discussion

Health is one of the most important human needs. Health is one of the factors in calculating the level of human development (human development index or HDI) between countries in the world. The other two HDI components are per capita income and education. In Indonesia, health and education issues are regulated by statutory regulations. Education is regulated and regulated by the 1945 Constitution, while health is regulated and regulated by the Health Law Number 36 of 2009. One of the legal obligations (UU) is the obligation to finance health budget needs (5% and 10% respectively) through the APBN and APBD .

**Table 1.1 Comparison of the Health Affairs Budget with the Semarang City APBD in 2018- 2022**

Tahun	Anggaran APBD (Rp)	Pagu Dinas Kesehatan (Rp)	Persentase (%)
2018	4.778.862.857.218	336.290.495.566	7,04
2019	4.873.381.274.834	409.501.385.000	8,40
2020	4.305.136.585.318	488.264.941.304	11,34
2021	5.336.565.925.505	1.027.195.306.105	19,25
2022	5.218.296.302.859	910.324.727.155	17,44

Source: Processed Secondary Data

Table 1.1 shows that health sector financing policies will vary greatly from 2018 to 2022. The comparative percentage of funding allocation between the 2018 and 2019 APBD ranges from 7.04% to 8.40%. This is in line with the implementation of the National Health Insurance Program (JKN) which came into effect on January 1 2014. The implementation of the JKN program is an obligation of Law Number 24 of 2011 concerning the Implementation of Social Security. Therefore, starting in 2016, the government is committed to fulfilling its obligation to fulfill the health budget allocation of 5%.<sup>(12)</sup>

In 2020, the amount of APBD allocation based on Law Number 36 of 2009 is 11.34%. In 2021, the APBD allocation level for the health sector in Semarang City will reach 19.25%. Semarang City's health budget policy from 2020 to 2022 is gradually being improved in accordance with Health Law Number 36 of 2009 which stipulates that the regional health budget is 10% of the total APBD budget.<sup>11</sup>

**Table 1.2 Comparison of the Number of UHC Beneficiaries (PBI-APBD) with the Population of Semarang City in 2018-2022**

Tahun	Jumlah Penduduk (Jiwa)	Jumlah Peserta (Jiwa)	Persentase (%)
2018	1.786.114	274.111	15,35
2019	1.814.110	312.231	17,21
2020	1.653.524	365.077	22,08
2021	1.656.564	329.423	19,88
2022	1.653.524	127.264	7,69

Source: Semarang City Health Service report

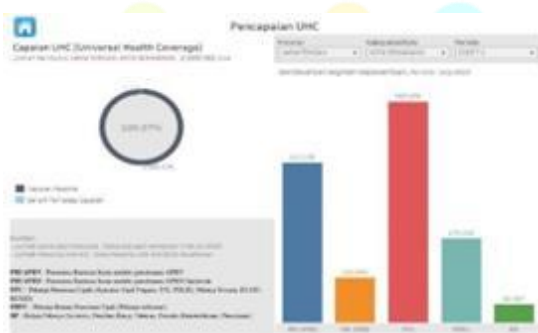
Based on Table 1.2, from 2018 to 2019, the number of UHC PBI-APBD beneficiaries in Semarang City was recorded to have increased by 38,120 people (87.79%), and from 2019 to 2020, the number of participants increased to 52,848 people ( 85.52%). However, in 2020, the increase in the number of participants was the largest, namely 365,077 people. The percentage of UHC beneficiaries compared to the total population (PBI- APBD) was highest in Semarang City at 22.08% during 2018-2022. After that, the number of UHC beneficiaries in Semarang City was recorded to have decreased by 329,432 people in 2021 and 127,264 people in 2022 or a decrease of

Figure 1.2 shows UHC performance based on membership segments in July 2023, PBI APBN participants were 511,139 people and PBI APBD participants were 143,466 people. This happened because the Semarang City Health Service succeeded in transferring the participation of UHC PBI-APBD beneficiaries to the APBN by registering residents as recipients of Integrated Social Welfare Data (DTKS) through the Semarang City Social Service.<sup>7</sup>

**Table 1.3 Semarang City Health Service UHC Budget Ceiling for 2018 – 2022**

Tahun	Nama Program	Pagu Murni (Rp)	Pagu Perubahan (Rp)	Bertambah/ (Berkurang) (Rp)
2018	Pelayanan Kesehatan Penduduk Miskin	49.383.575.000	42.977.931.357	(6.405.643.643)
2019	Pelayanan Kesehatan Penduduk Miskin	81.514.981.000	99.932.301.353	18.417.320.353
2020	Pelayanan Kesehatan Penduduk Miskin	134.534.585.900	151.217.516.032	16.682.930.132
2021	Pengelolaan Jaminan Kesehatan	124.523.499.801	167.706.531.601	43.183.031.800
2022	Pengelolaan Jaminan Kesehatan	124.542.282.400	56.534.756.100	(68.007.526.300)

Source: Regulations on Changes to Revenue & Expenditures for Fiscal Year 2018-2022



**Figure 1.2 UHC Achievement Based on Membership Segment**

From Table 1.3, it can be seen that the budget allocated by the government for UHC services at the Semarang City Health Service from 2018 to 2022 is the highest, namely IDR 167,706,531,601,- in 2021.

Interview with the Sub-coordinator of health insurance and partnerships in the health service sector in July 24 2023 revealed that the changes in budget increases and decreases were due to the transfer of UHC-APBN share

ownership to APBD, which meant the financial burden would be significant. UHC APBD has increased. In 2022, the UHC budget will increase threefold compared to 2021 or become IDR 56,534,756,100,- The Semarang City Health Service is trying to include 100,000 citizens in the Health Insurance Contribution Recipients (PIB JK) database managed by the Ministry of Social Affairs to reduce APBD funding for UHC.<sup>(7)</sup>

However, to be included in the JK PIB, the name of the beneficiary must also be registered in the Integrated Social Welfare Data (DTKS). Currently, of the 800,000 records submitted for inclusion in DTKS through reactivation, as many as 260,000 records have not been recorded. Revalidation must be carried out every six months and the authority to determine the DTKS rests with the Ministry of Social Affairs. Semarang City residents whose names are on the DTKS list but not on PBI are adding to the burden on Semarang City's APBD. Currently, 99.24% of Semarang City residents are registered with UHC. Furthermore, for UHC participants whose data is included in the DTKS, medical costs covered by the APBD will be covered by the APBN. It is hoped that the burden on the Semarang City APBD can be reduced and can be used for other purposes.

**Table 1.4 Comparison of the Health Affairs Budget with the UHC Budget of the Semarang City Health Service in 2018-2022**

Tahun	Anggaran Dinas Kesehatan (Rp)	Anggaran UHC (Rp)	Persentase (%)
2018	336.290.495.566	42.977.931.357	12,78
2019	409.501.385.000	99.932.301.353	24,40
2020	488.264.941.304	151.217.516.032	30,97
2021	1.027.195.306.105	167.706.531.601	16,33
2022	910.324.727.155	56.534.756.100	6,21

Source: Processed Secondary Data

Table 1.4 shows that the budget allocated by the Semarang City Health Service to fund UHC beneficiaries from 2018 to 2022 varies greatly. 2020 marked the highest UHC budget ever used to fund participants. This is in accordance with Table 1.1 which shows that the maximum number of UHC beneficiaries in 2020 (PBI-APBD) is 365,077 people from 2018 to 2022. Therefore, it can be said that the more UHC beneficiaries (PBI-APBD), the more There is also a large budget allocated by the Semarang City Health Service for UHC.

## CONCLUSIONS AND SUGGESTIONS

### Conclusion

Based on the results of research and discussion of Universal Health Coverage costs at Community Health Centers as part of the financial management of the Semarang City Government from 2018 to 2022, it can be concluded as follows:

1. The comparison of the Semarang City health budget and the 2020-2022 APBD was carried out in accordance with the mandate of Law Number 36 of 2009 concerning Health.
2. The Health Service succeeded in transferring the participation of UHC-PBI- APBD beneficiaries to the APBN. This was achieved by reducing the ratio of UHC beneficiaries to total population (PBI-APBD) in Semarang City to 7.69 in 2022.
3. The Semarang City Health Service's pure budget ceiling allocated for UHC received additional funding in the 2019-2022 budget changes.
4. In 2020, the Semarang City Health Services budget (PBI-APBD) allocated for UHC was the highest, namely 30.97%

## SUGGESTION

From the explanation of the conclusion above, the suggestion that can be given is that by adding data on the number of patient visits and the sequence of illnesses, the funds must be provided by the Semarang City Health Service UHC (PBI-APBD).

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