Interview: Sigit Priohutomo – Chairman, National Social Security Council of Indonesia (DJSN)



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Dr. Sigit Priohutomo, chairman of DJSN (National

Social Security Council of Indonesia), explains DJSN's action plan to implement the SJSN (Indonesian Social Security System), meant to offer basic social security coverage to the Indonesian population in various areas as well as his future vision of the Indonesian healthcare sector.

Could you please introduce to our international audience the main activities and responsibilities of the National Social Security Council of Indonesia (DJSN) as well as your assigned mission as chairman?

DJSN is ensuring that the five programs that compose SJSN, the national healthcare protection determined by law, are well implemented both in terms of effectiveness and sustainability. Each program covers a different area of healthcare such as employee protection and accident insurance. However, JKN (Universal Healthcare Coverage Program) is the initiative garnering the most attention since it will provide basic healthcare coverage to the entire population, which is highly needed by the poor and nearly poor.

Therefore, we are focusing our activities on three key underpinnings: promotion of health education, protection of citizens' health, and increase of secondary prevention actions such early diagnosis and prompt treatment practices through healthcare centers and hospitals. In addition, we

are conducting several studies to improve the system and provide our programs with more efficient interventions ensuring that our healthcare partners are certainly providing high-quality health services to our members.

When I was appointed chairman of DJSN, I wanted to continue the work done by my predecessor ensuring that the system described by the law is managed accordingly to the national regulation.

As chairman of DJSN, what are the most significant challenges that have been impacting the Universal Healthcare Coverage (JKN) program over the last few years?

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We are facing two main issues: drug procurement and quality of health services. Indeed, in accordance to the programs, healthcare providers are required to provide standard services to all citizens, with independence of economic power. It is important to mention that 60 percent of hospitals in the country are private and only 60 percent of those are partnering with BPJS, which is the organization in charge of implementing the JKN program. Hence, we need the entire private hospital sector to join our programs to avoid the collapse of the JKN initiative.

Referring to the quality homogeneity challenge, our studies have identified that there are different standards set for private as well as public hospitals and healthcare centers; this is creating an important difference in services' quality from one place to another.

Expanding on the procurement issue, we have observed that LKPP (National Public Procurement Agency) is currently procuring drugs only to public hospitals. Nonetheless, now that private industry is joining JKN initiative, we are experiencing a shortage of medicines in private hospitals. Therefore, we are in a process in conjunction with LKPP to enlarge the e-catalog to private hospitals as well.

Another challenge of JKN's implementation is its financial sustainability, which will be more challenging in 2019 when it is expected to cover 260 million people. How is DJSN approaching this point considering that the optimization and the sustainability of the Social Security funds is one of your strategic goals?

The system buys services from healthcare providers according to a fixed scale of tariff decided on the healthcare provider's class. The government, according to the services and specialty that such healthcare centers can provide to patients, establishes such class. Moreover, we have established a payment per capita for our patients depending on the seriousness of their disease and the treatment required; such payment is obviously given to hospitals.

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Expanding on challenges, we have observed a disparity between the actual price of the treatment and the capitation price fixed by the system for such illnesses, which lead to a misuse by hospitals since they add more symptoms to the patient's disease in order to get in order to compensate the lack of funding. In addition, the membership fees are not regular because many members only register to JKN when they are sick and they erase their registration once they are cured. Such aforementioned factors challenge the financial sustainability of JKN.

Therefore, our first strategy is finding a co-payment with the private industry. Even though all citizens and employees are obligated to join the system by law, some companies have not registered their employees. In this sense, we are closely working with various Ministries (Health, Industry, Manpower, and Development) to put in place the best solution as well as to properly implement the law.

Furthermore, we are increasing our efficiency by focusing our efforts on preventive actions and improving the patients' market access to self-medication. We are also collaborating with the Ministry of Health and with several healthcare centers to provide more early-diagnostics and screenings to patients. At the end, all such actions will reduce the cost of treatment.

Human capital and infrastructure are highly needed in Indonesia to bring care to patients. What is the current situation of such constraining factors and what initiatives are you implementing in order to mitigate against them?

We are willing to provide closer medical units to our patients with good quality standards and, in this area, we are already working with the Indonesian Medical Association in order to motivate the government in improving the distribution of medical doctors and especially to send them in primary care establishments. We are also working to improve the quality standards of services in the health centers by improving the general practices in the collaboration with DJSN.

In terms of collaboration, Public-Private Partnerships (PPPs) look to be the path of development in order to leverage on private capabilities. Moreover, other countries such as Malaysia and the Philippines have already implemented a national healthcare system. What type of collaboration are you developing in the private and public sectors?

We are willing to increase PPPs to further deploy healthcare coverage in Indonesia. Indeed, last week, I met with the Lippo Group, one of the biggest corporations in Indonesia, to use their large

number of shopping malls in the country to enhance our registration system to JKN. We hope that such a collaboration will serve as an example to motivate more companies to register their employees in JKN as well as voluntarily offer their resources to meet such national healthcare goals.

In terms of international collaboration, we are receiving help from Japan and we already send some of our researchers to this country in order to study their healthcare system as well as their best registration practices to increase the number of JKN members. In addition, we are also assisting with regional events to understand more about the different strategies set around the world. Therefore, some of our employees recently went to Thailand, Malaysia, New York and Latin America to study their respective healthcare systems.

Considering the crucial role of DJSN within the Indonesian healthcare and life sciences' sector prosperity, what is your vision of the healthcare sector in Indonesia for the next few years?

Every citizen should be able to receive the basic needs by being involved in the system. Several programs such as work injury insurance, old age insurance, pensions insurance, life insurance, and universal healthcare coverage compose SJSN; such programs should be given to every citizen without any type of discrimination. In this direction, we are strongly working on involving all public and private stakeholders to strengthen the Coordination Of Benefits (COB).

I personally believe that many health problems can be solved by fulfilling basic healthcare needs. Indeed, as soon as the healthcare services are properly provided, the social environment will drastically improve as well; therefore, health is the primary concern for ultimately creating a productive population.

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