



The Essential Package of Health Services and Health Benefit Plans in Indonesia



About the health benefit plan crosswalk analysis

An Essential Package of Health Services (EPHS) is a broad policy statement that identifies the services that a government has prioritized. The government seeks to ensure that these essential services reach the population equitably. A health benefit plan (HBP) specifies an explicit set of services and the cost-sharing requirements for beneficiaries to access those services.

In 2015, the USAID-funded Health Finance and Governance (HFG) project completed a landscape analysis of the EPHS in the 24 USAID priority countries for Ending Preventable Child and Maternal Deaths (EPCMD). The analysis found that the government in most of the countries intends for the public and/or private not-for-profit facilities in the country to deliver the services in the EPHS. It also showed that several governments were implementing major HBPs (such as social health insurance schemes) as a primary strategy for moving toward universal health coverage. Yet it remained unclear how the EPHSs and HBPs are formulated, how they are modified, and the extent to which they overlap.

HFG conducted a second landscape analysis in 2016 to identify existing HBPs in the countries, and the services they cover. It then did a crosswalk analysis – a mapping of items on one list to equivalent items on another list – of the services specified in the country's EPHS and those identified in an HBP. This companion analysis to the EPHS country snapshot documented the degree of alignment between the EPHS and HBP.

This brief presents HFG's findings and observations for policymakers and program managers seeking to promote alignment of services in the EPHS with services covered in the HBP and move toward universal health coverage.

Contents

| About the health benefit plan | |
|--------------------------------------|----|
| crosswalk analysis | I |
| Health benefit plans in Indonesia | 2 |
| Methodology | 2 |
| Main observations from the crosswalk | 3 |
| Sources | 16 |

Photo: A mother carries her child in Tumpang Village, Malang, Jawa Timur province, Indonesia. Credit: © 2010 Aman Rochman/AFP, Courtesy of Photoshare

¹ See HFG's series of country snapshots on EPHS here: https://www.hfgproject.org/ephs-epcmd-country-snapshots-series/

Health benefit plans in Indonesia

Indonesia has sponsored a number of health programs that promote social security. In 2014, the government created the Social Security Agency for Health (Badan Penyelenggara Jaminan Sosial, BPJS) as an organizing body. To reduce fragmentation, cost and improve quality, in 2014 BPJS consolidated the management of the five existing government-run insurance schemes, Askes; Military and Police; Jamsostek; Jamkesmas; Jamkesda; and another scheme for informal sector workers and the unemployed, into a single scheme called the Jaminan Kesehatan Nasional program (JKN) (Hatt et al. 2015).

JKN is currently funded by government subsidies for the poor and premiums paid by the non-poor. BPJS is tasked to create one risk pool from the five existing schemes (Trisnantoro et al. 2014). Membership is mandatory for all residents. Federal and private employees pay premiums jointly with employers; self-employed members pay a premium based on their income. Premiums are subsidized by the government for the poor and near-poor identified by the Ministry of Social Affairs (Marzoeki et al. 2014). According to Healthy Developments, JKN covers 134 million people, making it one of the largest social health insurance schemes in the world.²

BPJS pays hospitals using a prospective payment based on diagnostic-related groups (DRGs), called INA-CBGs. Payments vary with the specialization of the hospital but remain the same for public and private providers. All primary and secondary public providers are obligated to join Jamkesmas; no accreditation is required. There is currently no selection or accreditation process for private providers to become empaneled in the network (Harimurti 2013).

Methodology

HFG identified all major HBPs operating in the country through a desk review of public domain sources found through web-based searches, including: government strategy documents, studies and reports, peer-reviewed journal articles, news articles, and gray literature. A list of sources reviewed is at the end of this document. We collected information across all 24 countries using a common template. We analyzed the HBPs operating in the country which:

- are fully or partially publicly financed.
- employ a risk-pooling mechanism to provide financial protection to beneficiaries when they access covered services.

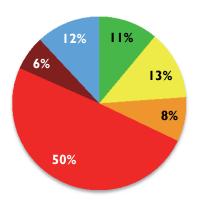
HFG determined whether the HBP had an explicit, published list of covered services. We compared services included in the government's EPHS to those in the HBP using Microsoft Excel. To indicate how each service included in the EPHS relates to those in the HBP, we established a color-coded system as follows:

TABLE I: CLASSIFICATION SYSTEM FOR THE CROSSWALK ANALYSIS

| Service included in EPHS matches service included in HBP | | |
|---|---|--|
| Service included in HBP fits within a broader category of services included in EPHS | Service included in EPHS fits within a broader category of services included in HBP | |
| Service included in EPHS but not included in HBP | Service included in HBP but not included in EPHS | |
| Service explicitly excluded from EPHS | Service explicitly excluded from HBP | |

² See article here: Healthy Developments, German Federal Ministry for Economic Cooperation and Development:

Main observations from the crosswalk



- Overall there is limited alignment between Indonesia's EPHS and the JKN HBP.
- There is fair alignment under maternal health services between the EPHS and JKN HBP. Antenatal care, assisted deliveries, complicated deliveries and post-partum care are all included under the HBP

- Communicable diseases like malaria, TB and HIV are not mentioned under the HBP
- Newborn health services listed in the HBP fall under a broader category 'Coverage of newborns with complications' listed in the EPHS.
- Traditional, complementary, and alternative medicine listed under the EPHS is explicitly excluded from the HBP

The detailed crosswalk is shown below.³ The tables present the health services essentially as written in the official health policy documents, although HFG has edited them to maintain a consistent style across this series of country briefs.

TABLE 2: JKN CROSSWALK ANALYSIS

| | Service listed in the EPHS | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|-----|--|--|---|
| | Family Pla | anning and Reproductive | e Health |
| Fam | ily planning services | | |
| a. | Information, education, and communication) | | |
| b. | Counseling | | |
| c. | Contraceptive services for married couple, considering age, parity, number of children, health status, and religious norms Contraceptives include IUDs, implants, tubectomy, and vasectomy | Service included in EPHS matches service included in HBP | Family planning, including counseling, basic contraception, vasectomy, tubal ligation, including birth complications in collaboration with institutions in the field of family planning |
| d. | Emergency contraceptives are given to women without contraceptives or rape victims | | |
| Cov | erage of active family planning (FP) users | | |
| a. | Surveillance for fertile couple | | |
| b. | Counseling for fertile couple | | |
| c. | Standard FP services | Service included in HBP fits | |
| d. | Contraceptives provision | within a broader category | Basic contraceptives provided by the |
| e. | Clinical training on contraceptives | of services included in | Government and/or regional governments |
| f. | Training on FP services | EPHS | |
| g. | Training on FP decision tool | | |
| h. | FP information system strengthening | | |
| i. | Supervision, monitoring, and evaluation | | |

³The JKN HBP was translated from Indonesian to English using Google Translate.

| Service listed in the EPHS | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|--|---|--|
| Reproductive health services: Protect reproductive organs and functions from disease and disability | Service included in HBP fits within a broader category of services included in EPHS | Health screening: Examination of cervical cancer stage IVA and Pap smear. For cases with positive IVA inspection, do therapy |
| Reproductive health services for teenagers a. Information, education, and communication on: Healthy life, Mental health, Reproductive system, Safe and healthy sexual behaviors, Risky sexual behaviors and their consequences, Family planning, Other risky behaviors related to reproductive health b. Counseling c. Medical services for screening, treatment and rehabilitation | Service included in EPHS but not included in HBP | |
| Sexual health services a. Social skills b. Information, education, and communication c. Counseling d. Drugs e. Treatments f. Services for rape victims | Service included in EPHS but not included in HBP | |
| Abortion services only under medical emergency and for rape victims | Service included in EPHS but not included in HBP | |
| Services for infertile couple | Service included in EPHS but not included in HBP | |
| Venereal disease research laboratory evaluation | Service included in EPHS but not included in HBP | |
| Reproductive health counseling for teens | Service included in EPHS but not included in HBP | |
| Nutrition education and counseling for schoolaged children | Service included in EPHS but not included in HBP | |
| | Service explicitly excluded from HBP | Fertility treatment |
| | Malaria | |
| Anti-malarial drug for malaria endemic area | Service included in EPHS but not included in HBP | |

| Service listed in the EPHS | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|---|--|---|
| | Tuberculosis | |
| Case finding for tuberculosis with positive bacterial transcriptional activation (BTA) 1. New case management: case finding and treatment 2. Sputum analysis 3. Training 4. Outreach 5. Reporting 6. Monitoring and evaluation | Service included in EPHS but not included in HBP | |
| | HIV/AIDS | |
| Prevention of HIV/ AIDS and sexually transmit diseases | Service included in EPHS but not included in HBP | |
| | Maternal Health | |
| Coverage of pregnant women who had at leas antenatal care visits a. MCH [maternal child health] book providual (with P4K sticker (delivery and complicate prevention program)) b. Surveillance of pregnant women c. Standard antenatal care d. Home visits for dropouts e. Delivery envelope/packet (for midwife to track expecting mothers) f. Interpersonal communication/counseling training g. Reporting h. Supervision, monitoring, and evaluation | Service included in EPHS matches service included in HBP | Standard ANC package: four visits, with examinations |
| Postpartum services a. Postpartum care b. Exclusive breastfeeding support c. Services for children under two years | Service included in EPHS matches service included in HBP | Postpartum, nursing mothers, infants, and toddler by a midwife or doctor |
| Delivery and perinatology | Service included in EPHS matches service included in HBP | Obstetric care and neonatal performed by a midwife or doctor, according to its competence and authority |

| | Service listed in the EPHS | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|--|--|---|---|
| Deli i. ii. iii. iv. v. | veries assisted by skilled birth attendants Witchdoctor and midwife partnership Delivery and complication prevention planning program Delivery service Delivery equipment provision (midwife kit) Normal labor training Supervision, monitoring, and evaluation | Service included in EPHS matches service included in HBP | Obstetric care and neonatal performed by a midwife or doctor, according to their competence and authority |
| Posti. ii. iii. iv. v. vi. vii. | standard postpartum care (mother and newborn) Family planning service postpartum Training on maternal and neonatal health Postpartum referral care Home visits for dropped-out cases Reporting Supervision, monitoring, and evaluation | Service included in EPHS matches service included in HBP | Postnatal/neonatal care: Standard package of at least 3 (three) visits for mother and 3 (three) for baby |
| Bloo | od pressure measurement | Service included in EPHS matches service included in HBP | Blood pressure |
| Ute | rine fundus height measurement | Service included in EPHS matches service included in HBP | Examination fundus uteri |
| Urir | ne protein evaluation | Service included in EPHS matches service included in HBP | Urine glycoprotein test |
| Obs | stetric complications treated | | |
| a. b. c. d. e. f. h. i. j. k. | Complication detection for pregnant women, women in labor, and postpartum women Referral for complicated labor Obstetric complication management Clinical training center provision BEMONC (Basic Emergency Obstetric and Newborn Care) training for village midwife and Puskesmas team CEMONC (Comprehensive Emergency Obstetric and Newborn Care) training at district/municipal hospital levels BEMONC and CEMONC equipment provision in Puskesmas and hospital, respectively Hospital blood bank provision BEMONC and CEMONC provision Reporting Monitoring and evaluation | Service included in HBP fits within a broader category of services included in EPHS | Birth complications |

| Service listed in the EPHS | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|---|---|---|
| Pre-pregnancy service: Physical examination, Immunization, Health consultation | Service included in EPHS fits within a broader category of services included in HBP | Examination of pregnant and postpartum women, nursing mothers, infants, and toddlers by a midwife or doctor |
| Weight measurement | Service included in EPHS fits within a broader category of services included in HBP | Measurement of height, weight, and circumference of the upper arm |
| Delivery services a. Infection prevention b. Early detection on risk factors and possible complication c. Standardized delivery services d. Breastfeeding e. Referral services | Service included in EPHS but not included in HBP | |
| Iron tablets for 90 days during pregnancy | Service included in EPHS but not included in HBP | |
| Tetanus toxoid | Service included in EPHS but not included in HBP | |
| Hemoglobin evaluation | Service included in EPHS but not included in HBP | |
| Venereal disease research laboratory evaluation | Service included in EPHS but not included in HBP | |
| Breast management | Service included in EPHS but not included in HBP | |
| Pregnancy fitness class | Service included in EPHS but not included in HBP | |
| Discussion for referral preparation | Service included in EPHS but not included in HBP | |
| Urine reduction evaluation based on indication | Service included in EPHS but not included in HBP | |
| Mental health counseling for pregnant and lactating mothers | Service included in EPHS but not included in HBP | |
| Nutrition education and counseling for malnourished pregnant women | Service included in EPHS but not included in HBP | |
| Dental health services for pregnant women, children <5, early childhood, and the elderly | Service included in EPHS but not included in HBP | |
| | Service included in HBP but not included in EPHS | Provision of iron and folic acid supplementation |
| | Service included in HBP but not included in EPHS | Counseling, as well as consultation with a doctor in the first trimester, or as early as possible |

| | Service listed in the EPHS | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|--------|---|---|--|
| | | Service included in HBP but not included in EPHS | Examination of fetal heart rate, examination of the fetus' position, test Hb, blood type |
| Weigh | t measurement | Service included in EPHS fits within a broader category of services included in HBP | Measurement of height, weight, and circumference of the upper arm |
| | | Service explicitly excluded from HBP | Contraceptives, cosmetics, baby food, and milk |
| | | Service explicitly excluded from HBP | Household health supplies |
| | | Newborn Health | |
| | age of newborns (0-28 days) with cations who received care Complication detection for pregnant women, women in labor, and postpartum women Standard postpartum care for mother and newborn Provision of essential equipment, lab, drugs, and transport | | |
| iv. | Training for midwife: Low birth weight, asphyxia in newborn, integrated management for sick children <5 years old, BEmONC by Puskesmas team, and CEmONC by district/municipal hospital team | Service included in HBP fits within a broader category of services included in | Postnatal/neonatal care: Standard package of at least 3 (three) visits for mother and 3 (three) for baby |
| Covera | age of baby visit | EPHS | loi baby |
| i. | Scaling up clinical competence on early stimulation, detection, and intervention for growth and development and on management for sick children <5 years old | | |
| ii. | Follow-up post training | | |
| iii. | Standard services for baby | | |
| iv. | Referral care | | |
| ٧. | Death and disease tracking of babies | | |
| vi. | Home visits for those who do not come to facility | | |
| Univer | sal child immunization at village/subdistrict | | |
| i. | Routine immunization | Service included in HBP fits | Basic immunization, covering BCG, Diphtheria |
| ii. | Extended immunization | within a broader category of services included in | Pertussis Tetanus and Hepatitis-B (DPT-HB), |
| iii. | Immunization during outbreak | EPHS | Polio, and Measles |
| iv. | Immunization for certain diseases | | |

| | | Degree of alignment | |
|---------------|---|--|---------------------------|
| | Service listed in the EPHS | between EPHS and HBP | Service listed in the HBP |
| Growt | th monitoring for children <5 years | | |
| i. | Surveillance of children 12-59 months | | |
| ii. | Growth monitoring of children 12-59 months at least 8 eight times per year | | |
| iii. | Development monitoring of children 12-59 months at least every six months | | |
| iv. | Prompt intervention when abnormality detected | | |
| ٧. | Referral when intervention produces no improvement | Service included in EPHS but not included in HBP | |
| vi. | Screening kit provision for early stimulation, detection, and intervention for growth and development | | |
| vii. | Targeted high-dose Vitamin A (200,000IU) | | |
| viii. | Reporting form | | |
| ix. | Monitoring and evaluation | | |
| x. | Training | | |
| childre | • | but not included in HBP (1-5 years) (including im | nmunization) |
| | | (1 5 years) (including in | midinzacion) |
| | on of complementary foods for children | | |
| aged 6- i. | –24 months in poor families Surveillance | | |
| i. ii. | Training on complementary feeding and | | |
| 11. | breastfeeding counseling | Service included in EPHS | |
| iii. | Complementary feeding provision | but not included in HBP | |
| iv. | Complementary feeding storage | | |
| ٧. | Complementary feeding distribution | | |
| vi. | Reporting | | |
| vii. | Monitoring and evaluation | | |
| | age of malnourished children who received | | |
| treatm | | | |
| i. | Nutrition surveillance to find cases | | |
| ii. | Early response for malnourished cases | | |
| iii. | Training on malnourishment management Mineral mix provision | | |
| iv. v. | Malnourishment management in TFC | Service included in EPHS | |
| ٧. | (therapeutic feeding center) in hospital | but not included in HBP | |
| vi. | Assistance post malnourishment | | |
| | | | |
| | management (community therapeutic | | |
| | management (community therapeutic center) Comprehensive supervision and | | |

| | Service listed in the EPHS | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|--------------------------------|---|---|---------------------------|
| Case fi | nding for pneumonia in children <5 years | | |
| a. b. c. | Health care services: early detection, treatment, referral services, care seeking assistance Equipment provision Health care worker training: upper respiratory tract infection management, integrated management for sick children <5 years old, verbal autopsy (for children <5 years old) training, pneumonia in children <5 years old | Service included in EPHS but not included in HBP | |
| d. | Community outreach | | |
| e. | Networking and partnership | | |
| f. | Data gathering and analysis | | |
| g. h. | Monitoring and supervision Evaluation | | |
| n. i. | Reporting | | |
| studentii. ii. iii. iv. v. vi. | orkers or trained staff (teachers or ts) Surveillance Healthcare kit provision and maintenance Training Disease detection Health care services Reporting | Service included in EPHS but not included in HBP | |
| Case fi | nding for pneumonia in children <5 years | Service included in EPHS but not included in HBP | |
| Health | promotion at elementary schools | Service included in EPHS but not included in HBP | |
| | tion of and outreach for childhood izations | Service included in EPHS but not included in HBP | |
| School | health screening | Service included in EPHS but not included in HBP | |
| | health services for pregnant women, n <5, early childhood, and the elderly | Service included in EPHS but not included in HBP | |
| | -based services: Immunization of school n, oral and dental health services | Service included in EPHS but not included in HBP | |

| Service listed in the EPHS | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|--|---|--|
| Othe | r Communicable Diseas | es |
| Disease diagnostics and management a. Socialization b. Case finding c. Specimen for lab | Service included in EPHS matches service included in HBP | Laboratory diagnostic investigations, first level |
| Prevention and control of infectious diseases: Filariasis, Worms, Dengue fever, Malaria, Zoonotic diseases, HIV/AIDS, Sexually transmitted diseases, Diseases that can be prevented through immunizations | Service included in HBP fits within a broader category of services included in EPHS | Basic immunization: BCG, Diphtheria Pertussis Tetanus and Hepatitis-B (DPT-HB), Polio, and Measles |
| Case finding for acute flaccid paralysis per 100,000 people <15 years old | Service included in EPHS but not included in HBP | |
| Coverage of dengue patients who received treatment a. Diagnosis, treatment, and referral at Puskesmas and hospital level b. Human resources training c. Case management by Puskesmas staff d. Epidemiology e. Reporting f. Monitoring and evaluation | Service included in EPHS but not included in HBP | |
| Coverage of case finding for diarrhea 1. Case management 2. Form provision 3. Data gathering and analysis 4. Staff training: case management and program management 5. Promotion/outreach 6. Networking and partnership 7. Evaluation | Service included in EPHS but not included in HBP | |
| Education and community prevention of diarrhea, typhoid, and hepatitis | Service included in EPHS but not included in HBP | |
| | Drugs | |
| Pharmaceutical services | Service included in EPHS but not included in HBP | |
| No | n-Communicable Diseas | es |
| Disease diagnostics and management | Service included in HBP fits within a broader category of services included in EPHS | Screening to detect the risk of disease and prevent further impacts of diabetes mellitus type II; hypertension; cervical cancer; breast cancer; and other diseases as determined by Minister |

| | Service listed in the EPHS | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|------------------------|--|---|--|
| Disease | e diagnostics and management | Service included in HBP fits within a broader category of services included in EPHS | Screening for checking blood sugar |
| lodine o | capsule for goiter-endemic area | Service included in EPHS but not included in HBP | |
| Mental | health and drug abuse services | Service included in EPHS but not included in HBP | |
| | | Other | |
| | Clinical pathology lab | Service included in HBP fits within a broader category of services included in EPHS | Services of forensic medicine clinics |
| Diagnostic services | Urine protein evaluation | Service included in EPHS fits within a broader category of services included in HBP | Laboratory diagnostic investigations, first level |
| Diagnos | Urine reduction evaluation based on indication | Service included in EPHS fits within a broader category of services included in HBP | Laboratory diagnostic investigations, first level |
| | | Service included in HBP but not included in EPHS | Blood services |
| Surgical services | Surgical services | Service included in EPHS but not included in HBP | |
| Outpatient, generic | Pediatric, Internal medicine, Obstetric, Surgery, Teenager, Narcotics, Psychotropics and addictive substances, Neurotics, Mental retardation, Elderly | Service included in EPHS but not included in HBP | |
| ŗ | Pediatric, Internal medicine, Obstetric, Surgery | Service included in HBP fits within a broader category of services included in EPHS | Inpatient first level in accordance with the medical indications |
| Inpatient, generic | Pediatric, Internal medicine, Obstetric, Surgery | Service included in HBP fits within a broader category of services included in EPHS | Non-intensive inpatient treatment |
| Inpatie | Pediatric, Internal medicine, Obstetric, Surgery | Service included in HBP fits within a broader category of services included in EPHS | Inpatient care in intensive care |

| | 4 | |
|---|---|---|
| 4 | 7 | 4 |
| ī | ר | |
| 4 | 7 | |
| _ | | |

| | Service listed in the EPHS | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|------------------------|--|---|---|
| Emergency services | Coverage of level I emergency services provided in health facilities (hospitals) in districts/ municipalities i. Standardization of emergency care service in districts/ municipalities and provinces ii. Formulation of disaster plan iii. Calculation of service cost iv. Fundraising (multiple sources) v. Reporting vi. Training | Service included in EPHS but not included in HBP | |
| | | Service explicitly excluded from HBP | Catastrophic health care in emergency relief, extraordinary events/outbreaks |
| | Oral and dental health promotion throughout the life cycle | Service included in HBP fits within a broader category of services included in EPHS | Dental health |
| | Health promotion and community development: Coverage of active/aware villages (health care workers and community) | | |
| ses | Community empowerment related to health | Service included in EPHS fits within a broader category of services | Promotion and preventive services |
| servic | Hygiene promotion | included in HBP | |
| public health services | Health promotion services: Community empowerment, training and advocacy | | |
| Other public | General nutrition education and counseling | Service included in EPHS fits within a broader | Extension of individual health, include at least one counseling session on managing |
| | Education and counseling for self-care and rational drug use | category of services included in HBP | disease risk and healthy behavior |
| | Coverage of primary health care for the poor i. Surveillance (population, health care facility, and visit) ii. Basic services for the poor iii. Outreach iv. Training v. Monitoring and evaluation vi. Reporting | Service included in EPHS but not included in HBP | |

| Service listed in the EPHS | | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|------------------------------|---|--|--|
| Other public health services | Epidemiology investigation and outbreak prevention: Coverage of villages/sub districts with outbreaks handled within 24 hours | Service included in EPHS but not included in HBP | |
| | Waste management | Service included in EPHS but not included in HBP | |
| | Environmental health services: Food management and water monitoring | Service included in EPHS but not included in HBP | |
| Specialized services | Medical rehabilitation | Service included in EPHS matches service included in HBP | Basic medical rehabilitation |
| | Blood transfusion | Service included in EPHS matches service included in HBP | Blood transfusion in accordance with medical needs |
| | Care of the elderly | Service included in EPHS but not included in HBP | |
| | Occupational health and sports medicine | Service included in EPHS but not included in HBP | |
| | Intensive care | Service included in EPHS but not included in HBP | |
| | Radiology | Service included in EPHS but not included in HBP | |
| | Mental health and drug abuse counseling for at-risk populations (elderly, children, adolescents) | Service included in EPHS but not included in HBP | |
| | Services for the poor | Service included in EPHS but not included in HBP | |
| | | Service included in HBP but not included in EPHS | Mortuary services of patients who died at the facility (excluding coffin) |
| | | Service included in HBP but not included in EPHS | Medical acupuncture |
| | Traditional, complementary, and alternative medicine | Service explicitly excluded from HBP | Complementary, alternative, and traditional medicine, including non-medical acupuncture, chiropractic, which has not been declared effective by health technology assessment |
| | | Service explicitly excluded from HBP | Health services covered by workplace disability program for illness or injury due to accidents or employment relationship |
| | | Service explicitly excluded from HBP | Health services had been secured by the traffic accident insurance program mandatory until a value is covered by the insurance program of traffic accidents |

| 4 | |
|----|-----|
| | |
| | 4 |
| 15 | |
| V | () |

| | Service listed in the EPHS | Degree of alignment between EPHS and HBP | Service listed in the HBP |
|----------------------|----------------------------|--|---|
| | | Service explicitly excluded from HBP | Health services performed abroad |
| | | Service explicitly excluded from HBP | Cosmetic procedures |
| | | Service explicitly excluded from HBP | Orthodontic dentistry |
| vices | | Service explicitly excluded from HBP | Health problems from accidentally hurting yourself, or as a result of hobbies |
| ed ser | | Service explicitly excluded from HBP | Experimental treatment |
| Specialized services | | Service explicitly excluded from HBP | Health care costs related to unexpected, avoidable, preventable, adverse events: injury-related errors / omissions of medical treatment including therapy and diagnosis errors, inadequacies and other tools as unless complications related diseases |
| | | Service explicitly excluded from HBP | Cost of other services that are not related to health insurance benefits |







About HFG:

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) project supports its partners in low-and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. The HFG project is a six-year (2012-2018), \$209 million global health project. The project builds on the achievements of the Health Systems 20/20 project. To learn more, please visit www.hfgproject.org.

The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

Cooperative Agreement Number: AID-OAA-A-12-00080

Agreement Officer Representative Team: Scott Stewart (GH/OHS) sstewart@usaid.gov Jodi Charles (GH/OHS) jcharles@usaid.gov



Abt Associates abtassociates.com 4550 Montgomery Avenue, Suite 800 North Bethesda, MD 20814

June 2017

DISCLAIMER

The author's views expressed here do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.

Sources

- Harimurti, P., E. Pambudi, A. Pigazzini, and A. Tandon, A. 2013. The Nuts & Bolts of Jamkesmas, Indonesia's Government-Financed Health Coverage Program for the Poor and Near-Poor. UNICO Studies Series 8. World Bank.
- Hatt, L., A. Cico, G. Chee, A. Ergo, A. Fuad, S. Gigli, L. Hensley, K. Laird, N. Ramchandani,
 R. Simatupang, L. Tarantino, J. Wright, U. Zuwasti. December 2015. Rapid Analytical
 Review and Assessment of Health System Opportunities and Gaps in Indonesia. Bethesda,
 MD: Health Finance and Governance Project, Abt Associates Inc.
- Marzoeki, P., A. Tandon, X. Bi, and E. Pambudi. 2014. *Universal Health Coverage for Inclusive and Sustainable Development: Country Summary Report for Indonesia*. Health, Nutrition and Population Global Practice. World Bank Group.
- Trisnantoro, L., T. Marthias, and D. Harbianto. 2014. *Universal Health Coverage Assessment, Indonesia*. Global Network for Health Equity.

Recommended Citation: Mathew, Jeena. June 2017. The Essential Package of Health Services and Health Benefit Plans in Indonesia. Bethesda, MD: Health Finance and Governance project, Abt Associates Inc.