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## HEALTH CARE FINANCING IN INDONESIA

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### Abstract

This paper describes health care financing and expenditures in Indonesia, a developing country spending around \$ US 9.50 per capita annually for health care (2.6% of GDP). Per capita health care spending has held constant in real terms over the last five years. The public sector accounts for 36.8% of all health care expenditure, or 43.1% if health care spending by state enterprises is included. About 13% of the population, almost all of them government employees and their families, are covered by some form of health insurance. In 1984, 62% of the population was spending privately - at then current exchange rates - an average of \$ US 2.70 per capita annually for health care, another 30% averaged \$ US 8.35 each, and then upper 9% \$ US 31.90.

The Government is reviewing various "social financing" mechanism with a view to expanding health insurance coverage both for those in formal wage employment and the bulk of the population which remains either on the land or is part of the 'informal' sector. Steps are also being taken to increase the efficient use of resources by, among other things, making greater use of evaluation techniques and economic methodologies. Such efforts are coupled with more decentralized authority being given to the provinces and districts. Particulary important to future health efforts is the further expansion of community-based activities, especially in the form of the Posyandu (integrated health post).

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Tulisan ini menekankan masalah pembiayaan pelayanan kesehatan dan pengeluarannya di Indonesia. Tujuan secara khusus tidak dinyatakan. Dari data yang ada dan fakta yang erat berkaitan dengan permasalahan tersebut penulis mencoba menganalisis secara deskriptif. Tidak dijelaskan secara terinci bagaimana data tersebut dikumpulkan, walaupun demikian penulis telah menyadari ketidaklengkapan data yang ada. Yang perlu mendapat perhatian adalah bahwa dari data tersebut penulis mengidentifikasi beberapa masalah pokok dalam sektor kesehatan di Indonesia, informasi ini bisa digunakan bagi yang terlibat langsung dalam perencanaan pelayanan kesehatan. Dalam tulisan ini, penulis mencoba memberikan gambaran secara makro tentang mekanisme pembiayaan pelayanan kesehatan dan pengeluarannya di Indonesia, hal itu menyebabkan rincian dari masalah pokok tidak terungkap dengan jelas.

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