

# SEVERAL PILLARS OF HEALTH TRANSFORMATION IN INDONESIA: FROM RESILIENCE PHARMACEUTICAL SUPPLY, HEALTH INSURANCE, PRIMARY HEALTH CARE, TO DIGITAL HEALTH

*Beberapa Pilar Transformasi Kesehatan di Indonesia: dari Ketahanan Obat, Asuransi Kesehatan, Pelayanan Kesehatan Dasar, Hingga Kesehatan Digital*

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Indonesian Government is currently focusing on several efforts to accelerate the achievement of health goals through the implementation of health transformation initiatives. In November 2022, the Indonesian Minister of Health announced six pillars for health transformation, which are: (1) transformation of primary service; (2) transformation of referral service; (3) health resilience system transformation; (4) transformation of health financing system; (5) transformation of health human resources; (6) transformation of health technology (Ditjen P2P, 2022). In this issue, we covered a wide range of topics, from national health insurance, primary health care, pharmaceutical resilience, e-health and telemedicine, vaccination, health workers issues, as well as smoke free area policy and cessation advertisement. There are several studies published in this edition which relates to some of six pillars of health transformation in Indonesia. This editorial highlighted some important aspects and findings from those studies.

In relation to the 3<sup>rd</sup> health transformation pillar, which is a resilience health system including improving the resiliency of drug supply in Indonesia, Hermawan *et al.* (2023) found some policies which can be considered to support Indonesian pharmaceutical raw materials industries. The recommended policies are ranging from price regulation, tax incentives, energy subsidies, technology transfers, and other policies which can provide positive incentives for

local pharmaceutical raw material industry. The study also mentioned that low health expenditure, low budget for R&D, and price competition are amongst several barriers for local pharmaceutical raw materials industries.

Moving to the next pillar, health financing transformation focuses on providing equal and easy access to health care services, particularly for poor people. Participation in the National Health Insurance, so called Jaminan Kesehatan Nasional (JKN), could reduce the risk of unmet need for health services by 7.7% for beneficiary program for poor groups and 10.4% for non-beneficiary program for non-poor groups. JKN participation negatively affects the probability of unmet needs for healthcare services (Firori and Wisana, 2023). Moreover, in a study conducted by Khairunnisa *et al.* (2023) revealed that insurance ownership affects healthcare utilization, in which those who owned health insurance had a 1.892 higher possibility to utilize primary health care (PHC). Other factors which also influence the utilization of PHC in central Java includes age, gender, marital status, education level, working status, and socioeconomic status.

Regarding PHC utilization, another study using Indonesian Basic Health Survey suggested seven policy target characteristics to increase PHC use in disadvantaged areas in Indonesia, namely those who live in rural areas, employed, female, have no education, never married, not the poorest, not participated in JKN,

and need to travel more than 10 minutes. Those people were found to have a lower PHC utilization based on this study. Hence, it's recommended for the Indonesian government to target on the most appropriate demographic characteristics to increase PHC utilization in disadvantaged areas (Wulandari *et al.*, 2023).

Another interesting and popular issue in Indonesia health transformation pillars is about digital health. Since the Covid-19 pandemic, telemedicine usage in Indonesia is growing rapidly. However, a study found that there are several disruption experienced by doctors who use telemedicine. The disruptions are in terms of at least five aspects which are disruptions on clinical practice roles and responsibilities, current delivery modes, work environment, circle of influence, and personal life. The disruption on personal life raises a concern as it potentially causes mental health issue. In the era of technology reliance, work and life balance must still be prioritized since technology cannot work itself without the role of human resources (Nugroho and Pitaloka, 2023).

If the advancement of technology and information system is used wisely and properly in providing health care service, the health service can be more effective and efficient. Runjati and Rahayu (2023) concluded that e-health system is effective in conserving time. The e-health system can be used for early stress recording and reporting among pregnant woman. It could automatically detect stress during pregnancy, with an average time needed for identification of stress is as much as 230.94 seconds. There are 374 pregnant women records analyzed within one day (24 hours), followed by reporting of the results.

Another evidence from Ghana analyzed factors influencing expectant mothers to use digital media in seeking information related to their pregnancy. Social media healthcare information usage, perceived severity, and emotional support are among significant factors which influence expectant mothers to continue utilizing digital media for the purpose of obtaining health information. However, perceived vulnerability does not

significantly influence the continuation of social media usage for health information (Ofori, Kubuga and Louis, 2023).

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