



(Articles)

The Role of BPJS Kesehatan in Improving Health Access Equity in Indonesia

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Abstract: The implementation of BPJS Kesehatan has shown a significant increase in membership coverage. However, this achievement does not yet fully reflect success in realizing equitable access to healthcare services, as various challenges in healthcare delivery are still present. This study aims to describe the role of BPJS Kesehatan in improving health access equity in Indonesia. This literature review utilized the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) method, with literature searches conducted through databases such as PubMed, Europe PMC, and Science Direct for the period 2020–2024. The keywords used were “Impact,” “Indonesia Social Health Insurance,” “BPJS Kesehatan,” and “Health Access Equity.” Articles were filtered based on relevance to the title, abstract, and full text, resulting in 11 articles considered relevant to the topic. Based on the literature review, BPJS Kesehatan has reached a large portion of the Indonesian population in terms of membership coverage. However, this has not yet reflected in equitable access to healthcare services for all, as barriers such as uneven healthcare infrastructure and a lack of understanding about the proper use of BPJS still exist. While BPJS Kesehatan’s membership coverage is relatively high, it does not guarantee equal and fair access to healthcare services across the population, as disparities in access remain.

Keywords: BPJS Kesehatan, equity, access, health service

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1. Introduction

According to the World Health Organization (WHO), health is one of the important factors for humans in the form of a prosperous physical condition, both mental and social.¹ Health is also a basic right of every citizen as stated in the 1945 Constitution of the Republic of Indonesia. The legal security organizing agency established by the government to implement social security programs in Indonesia is Badan Penyelenggara Jaminan Sosial (BPJS), which consists of BPJS Kesehatan and BPJS Ketenagakerjaan.²

The fulfillment of the right to health does not only include the availability of medical services, but also relates to aspects of justice and equity of access to health services. This is related to access to health service equity.³ Health access equity refers to the principle that every individual regardless of social, economic, or geographic status has the same opportunity to obtain quality health services that can be reached by the entire community.⁴ BPJS Kesehatan plays a role in this condition where this program is also part of efforts towards

achieving Universal Health Coverage (UHC) which aims to provide financial protection and increase access to quality health services for all Indonesians.³

The implementation of BPJS Kesehatan to date has shown a significant increase in membership coverage where by the end of 2023, around 267.3 million people or 95.2% of the total population of Indonesia have been registered in BPJS membership.⁵ However, this membership achievement still does not fully reflect the success in realizing access to health service equity where there are still various challenges such as the uneven distribution of health facilities, limited health workers, inequality in the quality of health services in big cities and remote areas, as well as administrative and social barriers for BPJS participants in utilizing available services.³

Based on the description of this background, it is important to conduct an in-depth study of the role of BPJS Kesehatan in increasing access to health access equity in Indonesia where it is hoped that through this study the BPJS Kesehatan policy can be known in an effort to realize health service equity in Indonesia.

2. METHODS

The method used in this research objective is systematic review. This research identifies and evaluates various studies related to the research question. In order to obtain relevant original research, a search was conducted on popular databases including Pubmed, Science Direct, and Europe PMC. Reporting of literature search in this systematic review is based on Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA). The inclusion criteria were: 1) the article must be accessible; 2) available in full text and an abstract; 3) published in 2020-2025.

This systematic review is prepared through several stages or steps of selecting the review topic to be reviewed, determining the scope of the topic discussion, identifying and selecting relevant literature according to predetermined limits, analyzing and synthesizing the literature and ending with writing the final manuscript. The systematic review is conducted through the topic of the narrative method by classifying the data extracted to answer the topic of the review.

Table 1. Databases for BPJS Kesehatan's role in health access equity

Databases	Keywords	Results
Pubmed	(Impact OR Effectiveness) AND (Indonesia Social Health Insurance OR BPJS Kesehatan) AND (Health Access Equity OR Health Services Accessibility OR Health Service Utilization)	28
Europe PMC	(Impact OR Effectiveness) AND (Indonesia Social Health Insurance OR BPJS Kesehatan) AND (Health Access Equity OR Health Services Accessibility OR Health Service Utilization)	98
Science Direct	(Impact OR Effectiveness) AND (Indonesia Social Health Insurance OR BPJS Kesehatan) AND (Health Access Equity OR Health Services Accessibility OR Health Service Utilization)	900

References that fit the established criteria were then collected and a journal summary was made including the name of the researcher, year of publication, method, follow-up and summary of findings. In summary, the method used is presented in the PRISMA algorithm flowchart.

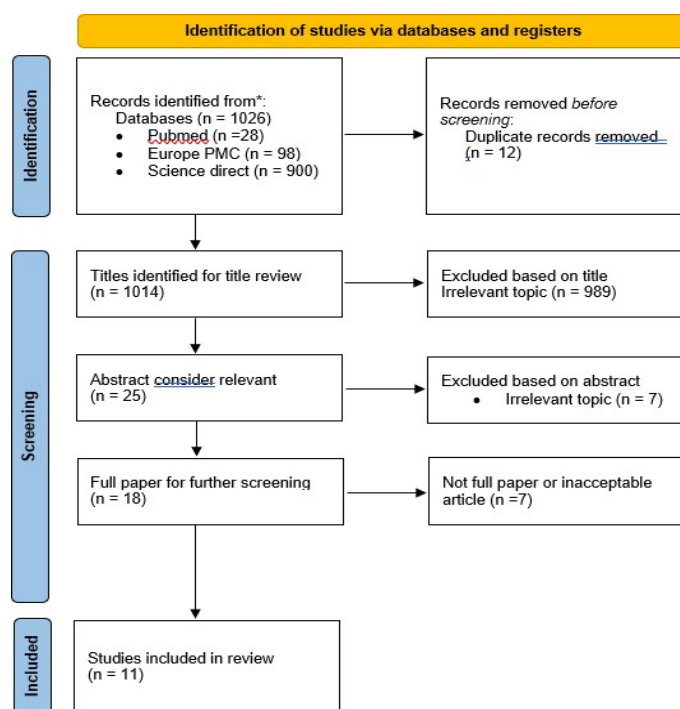


Figure 1. Literature selection flow based on PRISMA

4. Results and Discussion

Wulandari et al (2023) conducted study about “Hospital Utilization Among Urban Poor in Indonesia in 2018: is Government-Run Insurance Effective?”. This study uses secondary data from Riskesdas May - July 2018 totaling 75,970 samples with a cross-sectional study design.

The result of study shows that utilization of health facility services is 4.26 times greater in individuals who have national health insurance compared to those who do not have BPJS, but several factors such as education level, employment affect the effectiveness of BPJS utilization.⁶

Kosasih et al (2022) conducted study about “Determinant Factors Behind Changes in Health-Seeking Behaviour Before and After Implementation of Universal Health Coverage in Indonesia”. This study is a retrospective cohort study of 579 samples with randomized sampling and purposive sampling techniques. The result of study shows that BPJS Kesehatan increases the use of public health facilities, encouraging people to seek formal care more, but this care-seeking behavior is influenced by factors such as age, education, occupation, perception of the disease experienced.⁷

Thabrany et al (2021) conducted study about “Narrowing the Gap of Inequity in the Indonesia’s National Social Health Insurance Scheme, 2014-2018”. This study is a retrospective quantitative study with data taken from JKN statistics 2014-2018. The result of study shows an increase in access to outpatient and inpatient services, especially in the BPJS class 3 (PBI) group. The existence of BPJS provides financial protection, especially for PBI, which allows access to health facility services without direct costs. However, it was found that there are still challenges faced by service providers such as the uneven distribution of hospital beds that still cannot meet the need for adequate access to health services.⁸

Cheng et al (2025) conducted study about “Determinants of Healthcare Utilization Under the Indonesian National Health Insurance System – a Cross Sectional Study”. This study uses a cross-sectional study design of 31,864 samples from the Equity and Health Care Financing in Indonesia (ENCHANCE) data. The result of study shows that there was no significant difference in the utilization of primary care services between BPJS PBI and non-PBI, but PBI participants more often used public facilities such as puskesmas, while non-PBI participants preferred private facilities. This inequality in access is caused by factors such as educational status, socioeconomic status, geographical location, perceptions of health conditions, and lack of access to health services.⁹

Pratiwi et al (2021) conducted study about “Is Indonesia Achieving Universal Health Coverage? Secondary Analysis of National Data on Insurance Coverage, Health Spending, and Service Availability”. This research is a quantitative study with a cross-sectional research design. The result of study shows that This study found that the coverage of BPJS membership is high in various regions, but there are still many gaps in the availability of health services, especially in Eastern Indonesia due to the unavailability of adequate health facilities.¹⁰

Erlangga et al (2020) conducted study about “The impact of public health insurance on healthcare utilisation in Indonesia: evidence from panel data”. This research is a quantitative study with a non-experimental observational design. This study shows that there was an increase in utilization of health services, but this increase was more significant in areas with adequate health facilities, but in poor or remote areas it did not show significant utilization of health services.¹¹

Maulana et al (2022) conducted study about “How Jaminan Kesehatan Nasional (JKN) coverage influences out-of-pocket (OOP) payments by vulnerable populations in Indonesia”. This study uses secondary data from the 2018-2019 National Socio-Economic Survey (SUSENAS) using a statistical analysis approach, namely the logit model and generalized linear model (GLM). This study shows that national health insurance reduces out-of-pocket (OOP) spending on health, especially for the poor. However, OOP expenditure, especially in Eastern Indonesia, has not been significantly reduced due to limited health facility infrastructure.¹²

Anindya et al (2020) conducted study about “Impact of Indonesia’s national health insurance scheme on inequity in access to maternal health services: a propensity score matched analysis”. This study uses secondary data from the Indonesia Demographic and Health Survey

(IDHS) analyzed by the propensity score matching (PSM) method. This study shows the impact of BPJS in increasing maternal service utilization, especially among the poor and disadvantaged. However, maternal services in areas such as the eastern region are still lower than in Java due to a lack of facilities and health workers, which hinders the full utilization of BPJS.¹³

Cheng et al (2022) conducted study about “Equity of health financing in Indonesia: a 5- year financing incidence analysis (2015-2019)”. This study uses secondary data from SUSENAS 2015-2019, IFLS 2014, and Indonesian National Health Accounts 2019 with a financing incidence analysis (FIA) approach using the Kakwani index. This study shows that national health insurance reduces OOP, but still does not fully equalize access to health due to factors such as infrastructure limitations, lack of understanding of BPJS rights and benefits.¹⁴

Astuti et al (2024) conducted study about “Utilization of primary health care under national health insurance in Samarinda Municipality, East Kalimantan Province, Indonesia”. This research used a cross-sectional study design. This study shows that health service utilization is higher for non-PBI BPJS participants than BPJS PBI. In addition, it was also found that there are still barriers in accessing health services such as a long referral system process, lack of knowledge about BPJS rights and benefits, lack of infrastructure and accommodation to health facilities.¹⁵

Sambodo et al (2023) conducted study about “Effects of performance-based capitation payment on the use of public primary health care services in Indonesia”. This study uses BPJS Kesehatan 2015-2016 data with a Difference-in-Differences (DiD) design. This study shows an increase in the utilization of health services, especially in primary health facilities.¹⁶

DISCUSSION

BPJS Kesehatan was established to expand access to health services for all levels of society, including the underprivileged. Access to health services is influenced by the availability of resources, the costs that must be incurred, and the level of public awareness. BPJS can be a solution to overcome some of these obstacles by providing affordable health insurance for people from various economic backgrounds. Thus, BPJS opens up opportunities for more people to get health services that were previously difficult to access.^{9,12}

The BPJS program also plays a role in reducing the burden of health costs where as a form of social protection, BPJS provides guarantees against financial risks due to high medical costs. In addition to reducing the financial burden, BPJS also plays a role in increasing public understanding of the importance of disease prevention efforts. The level of public awareness of health is influenced by easy access to health services and the frequency of intensive health campaigns.¹⁵

In terms of membership, the coverage of BPJS Health membership that has been registered in Indonesia has reached 95.2% of the total population of Indonesia or 267.3 million people by the end of 2023. Although BPJS has covered almost all Indonesian people and its role aims to fulfill adequate access to health services for the entire community, this does not guarantee the availability and equitable access to health services for the entire population. This can be influenced by various factors, namely first, health facilities are not evenly distributed throughout Indonesia, most of which are only concentrated in Java. Second, the reimbursement system in BPJS Kesehatan may allow health providers to act based on financial motives. In this system, providers receive higher payments for patients in higher accommodation classes, even for the same type of treatment. Third, there may be prejudice against BPJS Kesehatan providers. BPJS Kesehatan participants in lower accommodation classes generally come from the poorer sections of society whose contributions are subsidized by the government. The socioeconomic status of this group can be easily identified by health service providers, both from physical appearance and BPJS Kesehatan membership numbers that indicate subsidized status. This allows for differences in access and quality of health services by providers to groups with certain socioeconomic statuses.^{9,10,17}

In terms of availability, based on their health needs, BPJS participants living outside Java Island may have more limited options in accessing health services. BPJS participants from lower grades may also face difficulties in finding healthcare if BPJS providers, who also serve non-BPJS patients, limit the acceptance of BPJS patients and prioritize higher grade patients or non-BPJS patients who promise higher financial returns.⁸ Health infrastructure gaps can be challenging for individuals trying to gain access to necessary health services. If quality and affordable health facilities are unavailable or too far away, BPJS participants may face accessibility barriers that reduce their motivation to participate. Health infrastructure gaps may also affect BPJS participants' perceptions of the program as well as the quality of services they receive.^{10,13,15}

In terms of information, BPJS participants with higher education tend to have a better understanding of the BPJS program. They are aware of their rights as BPJS participants and can therefore access better services within the BPJS system than less educated participants. They are also likely to be more communicative and have the skills to build stronger relationships with health providers. This network then allows them to obtain more information about what services providers can provide within the scope of BPJS benefits.⁷

5. Conclusions

BPJS Kesehatan is a legal entity established to implement a social security program in the health sector that has a role in improving access to health services. Based on the literature review that has been conducted, BPJS Kesehatan has had a positive impact on improving access to health services in Indonesia, which can be seen from an increase in visits to health facilities and a decrease out of pocket on health. However, the utilization of BPJS Kesehatan has not been able to be utilized fairly and equitably in improving access to health services due to obstacles such as the uneven distribution of health facilities, differences in the quality of services provided by health service providers and the understanding of BPJS participants in utilizing BPJS. Therefore, efforts are also needed such as improving health facility infrastructure, improving the quality of health services provided, and socializing the rights and benefits of BPJS Kesehatan.

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