

CATEGORY	:	Insurance Coverage Recognition Award
ORGANISATION	:	BPJS Kesehatan
CONTACT PERSON	:	Trisnasari
NAME OF PROJECT	:	Assessment of Informal Workers' Compliance with the National Health Insurance Contribution Payment, Indonesia.
OBJECTIVE AND NATURE OF PROJECT	:	To investigate the informal workers compliance with the National Health Insurance (NHI) contribution in order to improve the NHI's coverage, particularly for the informal sector, by raising their awareness using approaches based on their characteristics.
WHY IT SHOULD BE RECOGNISED	:	Known as one of the often-used methods to provide affordable health care services and achieve universal health coverage (UHC) in low- and middle-income countries, contribution-based social health insurance (SHI) has been hindered by the non-compliance of informal workers in paying the contribution. In Indonesia, 54% of informal workers who participate in the national health insurance (NHI) did not comply with contribution payments by 2021, which resulted in an increase in the economic burden of the Social Security Agency for Health (SSAH).
SUMMARY OF THE PROJECT	:	<p>Low- and middle-income countries place a high priority on universal health coverage (UHC) to enhance access to healthcare and reduce healthcare costs. Out-of-pocket (OOP) costs, which ranged from 30% to 85% of the total cost of healthcare, caused these nations to bear a financial burden from catastrophic illnesses. Notably, OOP health spending, which primarily originates from lower-middle-income nations as well as from Africa and Asia, has resulted in 505 million people being forced or heavily forced into unusual poverty as of 2017. Even in emergencies, people frequently put off seeking medical care because they lack health insurance.</p> <p>Social health insurance (SHI), which has been implemented by many nations throughout the world and has previously accomplished UHC using this system, is one of the often-utilized financing mechanisms to expand the UHC. Increased health care use, better health, and a decline in OOP all have positive consequences. The SHI contribution plan, however, may face a number of difficulties, including poor enrolment, unfavourable selection, and non-compliant participants who fail to pay the premium, particularly informal workers.</p> <p>Indonesia, as a lower-middle-income country with a total of 59.3% informal workers among the working population, has faced challenges in extending universal health coverage (UHC) since 2002 and implementing the SHI called National Health Insurance (NHI) since 2014, which is managed by the Social Security Agency for Health (SSAH). By 2019, the population coverage of NHI was 83.61% with a total revenue of 7.62 billion USD, followed by an increase in total health care spending up to 7.83 billion USD in 2019.</p> <p>The number of informal workers who did not make contributions increased along with the increase in health care costs, nevertheless. Where the enrolment rate for informal workers was around 13.11 percent, 54% of them failed to make the required payment in 2021. For many years, SSAH was in deficit due to an imbalance between total money collected and rising healthcare costs. Numerous research discovered the justifications offered by non-compliant participants. For instance, not having enough money to cover the premium, having a bad attitude toward NHI, and not knowing much about NHI. In addition, earlier research did not take into account risk variables specific to families. Despite the fact that the program is family-based, maintaining NHI membership status may be determined by the health of other family members.</p> <p>Although the government has implemented various regulations to inform non-compliant participants and offer conveniences to enable them to make up the arrears, these have not had a significant impact on them. A study on the factors influencing compliance with contribution payments among informal workers in Indonesia is required in light of the</p>

	<p>significant problems the government faces in increasing the coverage of UHC in Indonesia and preserving the financial viability of NHI. Hence, the purpose of this study is to examine the factors that influence informal workers' compliance with NHI contribution payments. The results are expected to offer some recommendations that will help the government and SSAH create policies that will maintain population coverage.</p> <p>In Bogor Regency, West Java Province, Indonesia, from April to May 2023, a primary survey of 418 informal workers who were 18 years of age or older was undertaken. Bogor Regency was identified as having the greatest percentage of non-compliance NHI participants among all of Java Island's areas, with 59.35% of them being informal workers. The questionnaires were modified from earlier research, evaluated by four professionals in related domains, and pretested in a different area of Java Island. Each family member's self-rated health status was also evaluated, considering how the health of other family members might affect the informal workers' compliance with the NHI contribution payment. The final score's mean was then used to classify each family member's health as either poor or good.</p> <p>According to the results, around 51.7% of the respondents reported not complying with paying the NHI contribution, while another 48.3% reported complying with paying the NHI contribution. About 50.5% of the respondents lived in rural areas, and 49.5% lived in urban areas. Most of the respondents were in the 36–45 age group (38.5%), males (62.9%), completed higher than secondary education (71.3%), earned a monthly income less than or equal to IDR 2 million (35.6%), worked in service sectors (46.7%), and had a family size equal to four family members or above (58.1%).</p> <p>In summary, this research revealed that female respondents with an income \leq IDR 6 million, having secondary education or below, feeling healthy, having poor attitude and knowledge, having experienced financial difficulties, preferring to go to public providers to seek health care services, and utilizing fewer outpatient services were predictors of non-compliance in paying the NHI contribution, which indicated economics and a poor understanding of the risk sharing concept as important factors to be considered.</p> <p>It can be suggested that the government should re-analyze the contribution rate, enhance people's knowledge of the NHI, and improve people's understanding of the risk-sharing concept of the NHI through enormous health insurance education in every segment of the population to promote people's compliance with paying the contribution by considering the characteristics of the respondents. Coming from secondary education or below with low- and middle-income households, face-to-face education might be more convenient for them compared to the artificial intelligence that is currently implemented by the SSAH in providing the knowledge of the NHI program. Thus, expanding the role of NHI's cadres as the ones who have direct contact with the participants, from simply collecting contributions to also educating them, should be taken into account.</p>
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