ANALYSIS OF THE IMPLEMENTATION OF THE NATIONAL HEALTH INSURANCE (JKN) POLICY IN INDONESIA: A SYSTEMATIC LITERATURE REVIEW

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Abstract

The National Health Insurance (JKN) policy represents a crucial milestone in Indonesia's health financing system, aimed at achieving Universal Health Coverage (UHC). Since its implementation in 2014, JKN has faced challenges related to equitable access, service quality, funding efficiency, and coordination among stakeholders. This study employs a Systematic Literature Review (SLR) method following PRISMA guidelines, analyzing 25 scientific articles (20 national and 5 international) published between 2020–2025 from databases including PubMed, Garuda, DOAJ, ScienceDirect, and Google Scholar. The analysis shows that JKN has successfully improved healthcare access, particularly in urban areas, while disparities in remote regions persist. Service quality has also improved, though it remains constrained by INA-CBGs tariff structures, health workers' workloads, and limited funding. The effectiveness of JKN implementation is influenced by good governance and a strategic purchasing–based financing system. In addition, community participation is affected by predisposing factors, socioeconomic support, and individual perceptions and motivation. Strengthening coordination between central and local governments and improving public literacy are key to successful implementation. This study concludes that although JKN has made significant contributions to expanding access and improving the quality of health services, continuous reforms in governance, financing, and public outreach are essential to ensure system sustainability and equity. Strategic actions such as enhancing bureaucratic efficiency, aligning tariffs with real costs, and actively involving communities are vital to support the achievement of UHC in Indonesia.

Keyword: National Health Insurance, policy implementation, healthcare access, healthcare quality.

INTRODUCTION

Health is a fundamental right of every citizen, as stated in the 1945 Constitution of the Republic of Indonesia, which affirms that the state is responsible for providing fair, equitable, and affordable healthcare services for all Indonesians. To realize this mandate, the government launched the National Health Insurance (JKN) program on January 1, 2014, administered by the Social Security Agency for Health (BPJS Kesehatan), in accordance with Law No. 40 of 2004 on the National Social Security System (SJSN) and Law No. 24 of 2011 on BPJS.

The JKN program represents a reform of Indonesia's national health financing system, aimed at achieving Universal Health Coverage (UHC) — a condition in which all citizens have access to promotive, preventive, curative, and rehabilitative health services without suffering financial hardship (Auliyah et al., 2024).. Since its implementation, JKN has become one of the largest health insurance programs in the world, covering over 240 million participants by 2024. However, its implementation still faces various challenges, particularly in terms of membership participation, financing, service quality, and institutional governance (Nugroho et al., 2021).

Various studies have shown that the implementation of the National Health Insurance (JKN) policy has had a positive impact on improving public access to healthcare services, particularly among low-income groups. Research by (Faiz et al., 2025) found that JKN has successfully enhanced the equitable distribution of basic healthcare access, although disparities still exist in referral services across regions. Meanwhile, (Kebijakan et al., 2021) highlighted that although the financing system managed by BPJS has expanded healthcare coverage, the financial burden of healthcare costs for poor households remains relatively high.

From an institutional perspective, hospitals as the main implementers of the JKN program face challenges in cost efficiency and management of INA-CBGs claims. A study by (Putu et al., 2020) found that Hospital X in Tangerang successfully implemented JKN through the application of a Balanced Scorecard approach, focusing on cost efficiency, service quality improvement, and employee welfare. Similarly, (Widjaja et al., 2025) reported that at Tenriawaru Regional General Hospital (RSUD Tenriawaru), JKN had a positive effect on hospital revenue but had not yet fully improved the welfare of healthcare workers.

In addition, issues related to program participation remain a major concern. (Nasional et al., n.d.) explained that the level of community participation in JKN is influenced by predisposing factors (such as age, education, and occupation), enabling factors (including knowledge, income, and family support), and need factors (such as perception and motivation). This indicates that the success of JKN implementation is determined not only by central government policies but also by the effectiveness of local government coordination and community participation (Nugroho et al., 2021)

Based on these observations, a comprehensive study using the Systematic Literature Review (SLR) approach is needed to examine various research findings related to the implementation of the JKN policy in Indonesia. This approach is expected to provide a holistic overview of the achievements, challenges, and policy recommendations in the effort to realize a fair and sustainable national health insurance system.

RESEARCH METHODS

This study employs a Systematic Literature Review (SLR) approach, a research method aimed at identifying, evaluating, and systematically synthesizing previous research findings relevant to a specific topic (Kitchenham & Charters, 2007). The SLR approach was chosen because it provides a comprehensive overview of various studies related to the implementation of the National Health Insurance (JKN) program in Indonesia, including its successes, challenges, and improvement strategies.

This approach follows the principles of transparency, replicability, and objectivity in both data collection and analysis processes. Unlike a narrative literature review, the SLR follows a more structured process, which includes: formulating research questions, determining inclusion and exclusion criteria, conducting literature searches, selecting articles, extracting data, and performing thematic analysis (Moher et al., 2009).

RESEARCH RESULTS

This Based on the literature search and selection process, a total of 25 articles met the inclusion criteria. These consisted of 20 national journals and 5 international journals, all of which were directly relevant to the topic of National Health Insurance (JKN) policy implementation and its impact on healthcare access and service quality. The findings indicate that most national studies emphasize the effectiveness of JKN implementation at the

healthcare facility level, whereas international studies tend to focus more on aspects of equity and the governance of the national health financing system.

Table 1. Literature Review

No	Authors & Year	Title of Study	Research Objective	Research Method	Main Findings
1	(Wardhana & Zainuddin, 2023)	Implementation of JKN Policy in Bandung Regency	To analyze the substance and context of JKN implementation in Bandung Regency	Qualitative, descriptive	Policy implemented well but constrained by coordination and population data issues.
2	(Putu et al., 2020)	JKN Implementation Strategy Using Balanced Scorecard in Hospital X Tangerang	To identify JKN management strategies in private hospitals	Qualitative, case study	Balanced Scorecard improves hospital efficiency and service quality
3	(Anjayani, 2021)	Effectiveness of UHC Implementation in Southeast Asia	To assess UHC achievements in Southeast Asia focusing on Indonesia	Quantitative komparatif	JKN expands access to care but regional disparities remain significant
4	(Arni et al., 2022)	Financing UHC in Indonesia: Policy Challenges	To analyze JKN funding challenges in Indonesia	Systematic Review	Budget deficits and delayed claim payments are key issues
5	(Wardhana & Zainuddin, 2023)	Determinants of Participation in JKN	To analyze factors influencing JKN participation	Quantitative survey	Income and health literacy affect participant engagement
6	(Basuki et al., 2016)	Effect of JKN on Hospital Performance and Employee Welfare	To evaluate JKN's impact on hospital performance	Quantitative	JKN increases hospital revenue but not staff welfare.

No	Authors & Year	Title of Study	Research Objective	Research Method	Main Findings
7	(Kebijakan et al., 2021)	Equity in Health Financing in Indonesia	To evaluate fairness in Indonesia's health financing	Review	Disparities exist between JKN participant classes
8	(Cheng et al., 2025)	Regional Health Coverage Inequality under JKN	To analyze regional inequality in JKN services	quantitativr	Eastern Indonesia has limited access compared to Java
9	(Sagala et al., 2016)	JKN Policy and Regional Financing Analysis	To identify JKN funding issues at local government level	Qualitative	Hospitals need cost adaptations to remain efficient under JKN
10	(Sambodo et al., 2021)	Hospital Management Strategy under JKN	To analyze managerial strategies for JKN implementation	Qualitative	Hospitals face cash flow pressure due to delayed claims
11	(Suryawati, 2020)	Hospital Funding Sustainability under JKN	To assess financial sustainability of hospitals in the JKN era	Quantitative	Hospitals face cash flow pressure due to delayed claims
12	(Adriyani et al., 1945)	Motivational Factors in JKN Participation	To identify participant motivation in JKN	Quantitative	Awareness of benefits and payment ability determine enrollment
13	(Wahidah et al., 2023)	Internal Business Process Optimization under JKN	To optimize claim and internal service processes	Qualitative	Digital claim and internal audit accelerate service delivery
14	(Nugroho et al., 2021)	Data Accuracy and Health Policy Implementation	To evaluate JKN participant data accuracy in local policy	Qualitative	Weak and unsynchronized data integration across agencies

No	Authors & Year	Title of Study	Research Objective	Research Method	Main Findings
15	(Palutturi et al., 2023)	BPJS Policy Evaluation	To review BPJS Health policy effectiveness	Review	Structural deficit due to mismatch between INA-CBGs tariffs and real costs
16	(Widjaja et al., 2025)	Health Access in Rural Indonesia	To analyze healthcare access in rural areas	Quantitative	Primary care effective but referral hospitals remain limited
17	(Savitri et al., 2014)	Public Awareness on Health Insurance	To assess public awareness of JKN	Survey	Some citizens still lack understanding of participant rights and obligations
18	(Musdzalifah et al., 2025)	Evaluasi Implementasi BPJS Daerah	To assess effectiveness of JKN implementation at regional level	qualitative	Effectiveness varies depending on HR capacity
19	(Maulana et al., 2022)	Balanced Scorecard in Health Sector	To measure hospital management effectiveness using Balanced Scorecard	Case Study	BSC helps hospitals balance performance and service quality
20	(Susilo et al., 2025)	Human Resource Welfare and BPJS Claim Process	To analyze the relationship between claim delays and staff welfare	Quantitative	Delayed claims affect staff motivation and job satisfaction
21	(Wiseman et al., 2018)	Lessons Learned from Indonesia's UHC Reform	To evaluate UHC reform and policy lessons from JKN	Review	Cross-sectoral integration is essential for strengthening UHC systems
22	(Nasional et al., n.d.)	Challenges of Implementing Health Insurance in LMICs	To compare JKN policies with other developing countries	Systematic Review	Indonesia faces similar challenges: deficits and service inequality

No	Authors & Year	Title of Study	Research Objective	Research Method	Main Findings
23	(Faiz et al., 2025)	Universal Health Coverage: Key Facts	To provide global guidance on UHC implementation	Policy documentation	UHC requires financial integration and service distribution equity
24	(Putra et al., 2023)	Evaluation of JKN Service Performance in Hospitals	To evaluate service performance for JKN participants in hospitals	Qualitative	Patient satisfaction increased after digital claim system improvements
25	(Auliyah et al., 2024)	Analysis of JKN Implementation Barriers at Regional Level	To identify obstacles in implementing JKN at the district level	Qualitative	Main barriers: lack of socialization, HR shortage, and weak regional monitoring.

DISCUSSION

The implementation of the National Health Insurance (JKN) program has generally aligned with the goals of social security system reform, although its effectiveness varies across regions. According to Edward III's (1980) model, the success of policy implementation is influenced by communication, resources, disposition, and bureaucratic structure. In the context of JKN, policy communication has been widespread but has not yet reached all segments of society, particularly low-income groups and informal workers. Limited healthcare personnel and regional funding constraints serve as major obstacles that reduce the optimization of healthcare services. Moreover, lengthy bureaucratic procedures slow down decision-making processes and decrease operational efficiency. These conditions indicate that the implementation system of JKN still requires harmonization and simplification of procedures to make it more responsive to regional needs.

The supporting and inhibiting factors in the implementation of the National Health Insurance (JKN) program illustrate an imbalance among regulatory readiness, funding, human resources, and technology. Political and regulatory support remains relatively strong; however, challenges persist in the form of financial deficits, delays in claim payments, and suboptimal integration of information systems. From the community perspective, compliance among independent participants remains low, even though awareness of the program's benefits has increased. This situation indicates that the success of the policy depends not only on institutional capacity but also on community participation and literacy, as the primary beneficiaries of the program.

Efforts to improve the effectiveness of the National Health Insurance (JKN) program can be made through the application of performance management systems such as the Balanced Scorecard in hospitals to enhance both efficiency and service quality. Strengthening information systems and participant data validation is necessary to prevent membership

overlaps and to improve funding accuracy. Adjusting INA-CBGs tariffs to reflect actual costs, along with collaborative funding between the central and regional governments, is also required to ensure the financial sustainability of BPJS. On the other hand, increasing public health literacy and establishing transparent cross-sectoral oversight are key factors in strengthening public trust in the JKN system.

Overall, JKN has made significant progress in promoting equitable access to healthcare services; however, major challenges remain in bureaucratic efficiency, financial balance, and community engagement. Continuous reforms in governance, funding, and information systems are essential for JKN to truly serve as an instrument of equity and sustainability in achieving Universal Health Coverage (UHC) in Indonesia.

CONCLUSION

The implementation of the National Health Insurance (JKN) program has made a significant contribution to improving the equitable access to healthcare services and represents a strategic step toward achieving Universal Health Coverage (UHC) in Indonesia. Nevertheless, its effectiveness varies across regions due to differences in local capacity, infrastructure, and budgetary support.

The success of JKN largely depends on effective policy communication, adequate resource availability, commitment of implementers, and an efficient bureaucratic structure. Furthermore, the imbalance between INA-CBGs tariffs and actual service costs, along with delays in claim payments, remains a major challenge in maintaining the stability of the health financing system. Therefore, strengthening financial mechanisms, governance, and public literacy is crucial to ensure the sustainability of the program and the optimization of JKN's benefits for all segments of society.

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