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A Study on the Implementation of Universal Health Coverage Improvement in Coastal Communities in Selayar Islands Regency, South Sulawesi, Indonesia

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Abstract-*The purpose of this study is to analyze the implementation of Universal Health Coverage (UHC) in the fishermen communities in the Selayar Islands Regency based on 3 dimensions of UHC including membership, service and financial protection focused on fishermen who receive contribution assistance (PBI) -NHIS. This study is a qualitative research conducted through content analysis by observing the phenomena that occur. Data collection was carried out through 2 FGD groups (coastal villages and island villages) each consisting of 12 participants (n = 24) and in-depth interviews with 4 key informants and 10 other informants (n = 14). This study found that most of the fishermencommunities in the Selayar Islands Regencyhave benefited the NHIS program since it is free.The results revealed a special transportation request in the form of marine ambulance for emergency patients, medium capacity and managed by the community itself as an urgent need.In addition, the complexity of the use and claim of land ambulance services for underprivileged referral patients created its own economic difficulties. It was found that there were medical service providers which charged the costs of drugs and other procedures for referral patients who were also NHIS card holders from the poor and disadvantaged groups (Contribution Aid Assistance).*

Keywords: *universal health coverage dimension, selayar islands regency,marine ambulance.*

I. INTRODUCTION

Selayar Islands Regency is one of the 416 regencies in Indonesia. The regency has 130 islands of which 34 are inhabited. Most of the population lives on the coast of the islands, known as coastal communities. Most of them earn a living as fishermen, depending on the season [1]. Indonesia has entered the Universal Health Coverage (UHC) era since January 1, 2019.This success is considered an innovation in the scope of almost everyone now able to access the available health services [2]. In some regencies/cities, the National Health Insurance System (NHIS) membership has covered 100 percent including the Selayar Islands Regency which has received the 2018 UHC Award for successfully covering 100% population health insurance through NHIS participation managed by the Social Security Agent of Health (SSAH) [3]. The 100% coverage of the population in SSAH participation is very encouraging.However, it cannot be interpreted that they have fulfilled their basic rights in accessing and enjoying quality health services and protected financially. According to WHO, there are 3 dimensions of UHC that must be fulfilled: population coverage, service coverage, and financial protection [4]. It means that UHC rewards only fulfill one dimension, namely population coverage.

The purpose of this study is to analyze the implementation of Universal Health Coverage (UHC) in coastal communities in the Selayar Islands Regency based on 3 dimensions of UHC (participation, service and financial protection) focusing on fishermen who receive contribution assistance (PBI) -NHIS.

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II. METHODOLOGY

This research utilizes a qualitative method with a descriptive-explorative design. The design was chosen in accordance with the purpose of this study which is not only to describe the implementation of UHC in fishermen communities but also to explore the dimensions of UHC coverage where everyone receives quality

health services suited to their needs without making them financially strained[5]. There are three dimensions analyzed: 1) population coverage in terms of how large the population has access to fair health services where every fisherman has the same right as other communities to benefit from quality health services according to medical needs, 2) scope of services, in the form of how to complement the benefits of quality health services obtained by fishermen in accordance with their medical needs, how to easily access health services, the availability of health workers and health facilities/medical devices as well as the availability of medicines, and 3) financial protection, which is how much financial protection obtained by fishermen, measured by the proportion of health costs paid by the household (out of pocket).It also covers the level of protection against financial risk by ensuring costs used to obtain health services by not putting fishermen and their families at risk of financial difficulties.

Data collection was carried out through Focus Group Discussions (FGD) and in-depth interviews.The FGD was chosen based on the NHIS membership group in the fishing community in the Selayar Islands Regency.They were divided into 2 FGD groups including the fishermen / fishermen's wives who live in the coastal areas of the city and those who live in the islands.Each FGD consisted of 12 participants (n = 24). The informants selected in this study were those who were related to the Universal Health Coverage (UHC) policy consisting of 4 key informants and 10 other informants (n = 14).

Discussions and interviews focused on 3 dimensions of UHC consisting of population coverage, service coverage, and financial protection. Data analysis uses content analysis to analyze the phenomena found in this study (8).

III. RESULTS

This study analyzed the implementation of the Universal Health Coverage (UHC) improvement according to WHO which consisted of three dimensions: population coverage, health service coverage, and financial protection in the Selayar Islands Regency.

Population Coverage

Population coverage includes how much the population has access to fair health services where every citizen has the same right to benefit from quality health services according to his medical needs.

NHIS Card Ownership

One key informant explained the proportion of NHIS funding sources and the scope of participants, as follows.

> *"The number of NHIS participants from the State Budget (APBN) funds is around 56,000 participants, while NHIS participants from state budget sources spend around 65,000 participants. The current population in the Selayar Islands Regency is around 135,000. So actually there are still around 14,000 people who haven't received the NHIS card. "(key informant from The Regional People's Legislative Assembly/DPRD Commission B)*

Based on the results of focus group discussions (FGD), it was revealed that there were still participants who did not yet have a JKN/KIS card. Theystated that the reason was because they did not know how to process or to get the card.

> *"I have no ideahow to start the process of getting a JKN/KIS card"*
> (One of the group 2 members of FGD participants)

One key informant pointed out that the use of NHIS cards was not evenly distributed since there had been a wrong target from the very beginning, as he mentioned:

> *"There was a "wrong target" since the beginning of ownership of the JKN / KIS card, so that there are people who are actually financially stable are, finally ... included in the group who of needy family, as the Recipients of Contribution Assistance (PBI).Itneeds to be addressed by re-collecting the data. "(Key informant from the Regency Health Office)*

Another informant revealed:

> *"The problem is that ownership of the NHIS card is sometimes used as a political selling point for voting, ranging from village head elections, regional head elections, general elections, to presidential elections. "(Informant from community leaders)*

NHIS Card Utilization

> *"I use health facilities more often than before there was a SSAH. It is after I have an NHIS card because it is free... "(FGD participant from group 1)*
>
> *"Before there was an NHIS card, I had to consider using health facilities because I had to pay and sacrifice my daily expenses or take from my savings" (FGD participant from group 1)*

Service Coverage

The scope of services includes how complete the quality of health service benefits that the population receives in accordance with their medical needs such as how to easily access health services, the availability of health workers and facilities/medical equipment as well as the availability of medicines.

Based on the results of the FGD, group 1 (island village) proposed the availability of a "marine ambulance" facility for emergency patients.

> *"We need a special boat to transport emergency patients from Bontoborusu village to the pier of Padang and then to the nearest community health center (Bontosunggu Health Center) or directly taken to KH Hayyang Hospital. It can be a kind of marine ambulance in the form of a medium sized boat worth IDR 30 million managed by the community itself (FGD participant from group 1)*

Several key informants acknowledged that several "community health center vessels" were available, but were considered inefficient and ineffective, especially serving emergency patients from various small islands in Selayar waters.

> *"There are actually already several community health center vessels which are always available at certain points, for example in the sub-districts, especially the outer islands or far from the capital such as Jampea Island."(Key informant from The Regional People's Legislative Assembly/DPRD*)

The results of FGD from the two groups generally did not question the ability of doctors and paramedics, medical facilities, and adequacy of drugs. One of the reasons was because they were given free health services. The similar issue was expressed by one of the informants:

> *"For us,the health services provided are quite adequate including the ability of doctors, paramedics, available health facilities, and medicines. Moreover, the health services provided are free of charge "(informant from the head of the coastal village*)

It is also supported by the large amount of local government budget (APBD) for the service of the Regional General Hospital (RSUD) for the poor or needy patients. The hospitals are not disturbed by the delay in claiming their medical services to the Healthcare Social Security Agency (BPJS *Kesehatan*).

> *".....If we look at the source of health care funding for the JKN / KIS program, it turns out that half of the funds are provided by the regional government from the APBD to serve underprivileged patients covered by JKN / KIS membership. This has happened in the last few years.* (key informant from the KH Hayyung Hospital)

Financial Protection

Financial protection is in the form of how much financial protection is measured by the proportion of health costs paid by the household (out of pocket). In this study, three problems were raised: claims for land ambulance services, urgent medical action, and drug costs.

> *"Patients referred to higher hospitals in Bulukumba and Makassar must prepare ambulance services ranging from IDR 1,800,000 to IDR 2,500,000. The cost will be very burdensome especially for patients on low incomes who do not like being a fisherman."*

Sometimes patients' families meet with DPRD members to borrow money to pay for land ambulance services, as stated by one of the key informants:

> ***"****Due to the high cost of the ambulance service, sometimes the patient's family meets the DPRD member to ask for help over the ambulance service fee. They offer a guarantee that they will be paid back after there is a claim payment from the BPJS Kesehatan)*

Another key informant added:

> *"Actually, there is a reimbursement for ambulance services that is usually claimed to SSAH, but the procedure takes a long time until 3 months to be paid off. "(Key informant from KH Hayyang Hospital)*

The concerns of FGD participants from both groups were expressed while discussing the emergence of patients' problems when they should be referred to a larger hospital in the provincial capital, where the patients had to undergo surgery. Sometimes doctors or hospitals provide preliminary information or approval of medical procedures at the moment of undergoing surgery, so itwas quite confusing for patients and their families.

> *"It is very difficult to refuse surgery because of an emergency, so we cannot refuse whatever the doctor or hospital offers. Unfortunately we did not bring enough money to pay the costs, including the cost of purchasing medicines that are not covered by BPJS Kesehatan. As a result, the family became desperate to immediately look for sources of operating costs ".*

One FGD participant in a coastal village admitted that she once paid half the cost of medicine when his child was being treated at a private hospital in Makassar.

> *"I once paid half the cost of medicine of my child at one of the private hospitals in Makassar. (One of the housewives participating in the FDG group 2*)

She considered that this could ease the cost of drugs, but because the amount of the cost was quite large up to millions of rupiahs then it felt quite burdensome.

IV. DISCUSSION

This research confirms that the majority of Indonesia's population, including coastal communities, have been able to access health services. [3, 9]. The similar thing was found in the success of the UHC for the poor in the coastal areas of Southwest Bangladesh [6]. It was in line with some of the results of previous studies which found that NHIS increased access to health care in lower income groups and more in rural areas than in urban populations, [7] and hospital use became more widespread in eastern Indonesia which was poorer than in other regions [8].

KH Hayyang Hospital of Selayar Islands Regency is a type C hospital that is geographically located outside Sulawesi Island, so it becomes a center for coastal and island communities to get adequate medical services. Moreover, it is the only hospital in the Selayar IslandsRegency. The large amount of the local government budget (APBD) for medical services, especially for the poor, has led to the independence of the Regional General Hospital (RSUD) over their medical service claims to BPJS *Kesehatan*.Itmade their medical services undisturbed by BPJS *Kesehatan* arrears which couldalways support the medical services to the community. This condition was different from a number of hospitals in Indonesia whichfrequently complained because they were waiting for long-term claim payment from BPJS *Kesehatan*.

However, from the other side, the consequence as an islandsregency that had 190 islands where 34 islands were inhabited was the existence of marine transportation constraints especially for emergency patients who needed medium-scale marine ambulances managed by the community itself [9]. In addition, the complexity of payment mechanisms and land ambulance claims for referral patients tended to make it difficult for patients who did not have adequate financial reserves. The Selayar Islands Regency Representative Council should make recommendations so that land ambulance service claims were not borne by the community and recommend that these claims be handled by hospitals or taken over by the Social Security Agent of Health (SSAH).

Another problem experienced by patients when they were referred to a higher type of hospital was that sometimes complaints arose due to lack of information and initial confirmation for approval of medical action, especially surgery.Requests for approval were usually done when the operation was about to be performed, so the patient and his family felt'trapped' at the offer submitted by the hospital. A research by Mundiharjo et. al. found that there were still many service providers who chargedNHIS members fees for drugs or procedures, arguing that certain drugs or procedures were not covered by NHIS guarantees, and unofficial evidence for out-of-pocket payers. In this context, a comprehensive socialization of SSAH's policy was needed.

The implementation of UHC in the Selayar Islands Regency increased the scope of health services, especially for the coastal communities. Although the issue of UHC was used as a political selling point that ensured political benefits (winning votes), health benefits (wider health coverage lead to better access, use, necessary treatment and improved health of the population), and economic benefits (reduced need for savings just in case there was a sick family). This condition was similar to coastal communities in Bangladesh [9].

V. CONCLUSION

Most coastal communities and the Selayar islands community already have an NHIS card and feel the benefits of the NHIS program since it is free. The need for marine ambulances in the form of village-based boats with medium capacity and managed by local communities will make it easier for the communities to access the health services, especially emergency patients. The payment mechanism and claims for land ambulance services need to be improved by the relevant parties (local government, SSAH and Regional Hospitals) in order to not directly burden thecommunity, especially for the poor or needy.

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