THE READINESS OF IMPLEMENTATION OF UNIVERSAL HEALTH COVERAGE PROGRAM IN SOPPENG REGENCY: A QUALITATIVE STUDY

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ABSTRACT

Objective: This study aims to determine the readiness to implement the Universal Health Coverage program in Soppeng Regency in 2023.

Theoretical Framework: This research was chosen based on theoretical views (George C. Edwards III, 1980) where the supporting variables in policy implementation that influence the success or failure of policy implementation are divided into four parts that mutually support each other, including communication, resources, attitudes and structure bureaucracy.

Method: The type of research used in this research is descriptive qualitative research with in-depth interviews using questionnaires and documentation. The research was conducted in July-August 2023 in Soppeng Regency. The number of samples used were 10 informants who were taken using a purposive sampling technique.

Results and Conclusion: The results of this study indicate that communication, the implementation of the Universal Health Coverage program in Soppeng Regency has been going well, the delivery of information from BPJS Kesehatan to the Regional Government has been conveyed clearly and consistently. Resources, the implementation of the Universal Health Coverage program in Soppeng Regency, in terms of the quantity of human resources, both policy makers and program implementer, are considered good and competent, accompanied by supporting facilities. The attitude/disposition, commitment and support of BPJS Kesehatan, Regional Government, related OPD to village government in implementing the Universal Health Coverage program in Soppeng Regency are considered quite good. The bureaucratic structure, the implementation of the Universal Health Coverage program has been going quite well where the mechanism for implementing the JKN-KIS program, in this case BPJS Kesehatan, with the coordination of the Health Office, has made every effort to provide the best service to the community and provide financial protection.

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Implications of the Research: The implementation of Universal Health Coverage (UHC) in Soppeng Regency aims to ensure that everyone, everywhere can get quality health services without causing financial problems due to the disease they suffer from.

Keywords: implementation, policy, universal health coverage.

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A PRONTIDÃO DA IMPLEMENTAÇÃO DO PROGRAMA DE COBERTURA DE SAÚDE UNIVERSAL NA REGÊNCIA DE SOPPENG: UM ESTUDO QUALITATIVO

RESUMO


Estrutura Teórica: Esta pesquisa foi escolhida com base em visões teóricas (George C. Edwards III, 1980), onde as variáveis de suporte na implementação de políticas que influenciam o sucesso ou fracasso da implementação de políticas são divididas em quatro partes que se apoiam mutuamente, incluindo comunicação, recursos, atitudes e estrutura burocrática.

Método: O tipo de pesquisa utilizado nesta pesquisa é a pesquisa qualitativa descritiva com entrevistas aprofundadas usando questionários e documentação. A pesquisa foi realizada entre julho e agosto de 2023 na Soppeng Regency. O número de amostras utilizadas foi de 10 informantes que foram colhidos utilizando uma técnica de amostragem intensiva.

Resultados e Conclusão: Os resultados deste estudo indicam que a comunicação, a implementação do programa de Cobertura Universal de Saúde na Regência Soppeng tem corrido bem, a entrega de informações da BPJS Kesehatan ao Governo Regional tem sido transmitida de forma clara e consistente. Recursos, a implementação do programa de Cobertura Universal de Saúde na Regência Soppeng, em termos de quantidade de recursos humanos, tanto formuladores de políticas quanto implementadores de programas, são considerados bons e competentes, acompanhados por instalações de apoio. A atitude/disposição, compromisso e apoio do BPJS Kesehatan, Governo Regional, OPD relacionado ao governo da aldeia na implementação do programa de Cobertura de Saúde Universal na Regência de Soppeng são considerados bastante bons. A estrutura burocrática, a implementação do programa de Cobertura Universal de Saúde tem ido muito bem onde o mecanismo para implementação do programa JKN-KIS, neste caso BPJS Kesehatan, com a coordenação do Escritório de Saúde, tem feito todos os esforços para fornecer o melhor serviço à comunidade e fornecer proteção financeira.

Implicações da Pesquisa: A implementação da Cobertura Universal de Saúde (UHC) na Regência Soppeng visa garantir que todos, em todos os lugares, possam obter serviços de saúde de qualidade sem causar problemas financeiros devido à doença de que sofrem.

Palavras-chave: implementação, política, cobertura universal de saúde.
1 INTRODUCTION

Universal Health Coverage (UHC) as a global agreement to provide quality health services for all people without discrimination with the aim of achieving social inclusion for all groups of people (Pradana, A. 2022). Universal Health Coverage and health insurance are two sides of a coin that are interrelated, and cannot be achieved without concerted action. UHC requires the availability of quality and affordable health services including infrastructure, medicines and medical products, health workers, health information and health system financing (Debie, A. 2022). Since 2014, the Indonesian government has implemented a national health insurance scheme, National Health Insurance-Indonesian Health Cards (JKN-KIS), which aims to achieve Universal Health Coverage for all citizens by 2019. JKN-KIS is organized under a social health insurance mechanism mandatory for all residents, thus, potentially covering 100% of the population (Kosasih, D. 2022).

Furthermore, in implementation at the regional level, health is a basic obligatory matter that must be fulfilled by the local government which is held to fulfill the rights of every Indonesian citizen, namely the right to obtain health services. Through the development of health affairs, the Regional Government is expected to continue to make efforts so that health can be enjoyed equally by all members of the public, both living in urban and rural areas (Herginasari, 2021). As of March 2023, 97.52 percent or 9 million people in South Sulawesi have registered as JKN-KIS program participants managed by the Social Security Administration Agency (BPJS). This achievement is inseparable from our synergy with the district and city governments, including in allocating financial assistance to cover the participation of Recipients of Regional Budget Revenue and Expenditure Assistance (PBI-APBD). Compared to national data as of 1 July 2023, the number of JKN participants has reached 258.9 million people or 93.81% of the total population of Indonesia (BPJS Kesehatan, 2023).

Soppeng Regency is one of the regencies in South Sulawesi Province that has not implemented Universal Health Coverage. The Soppeng Regency Government is targeting 95% of the total population covered by Health Insurance for the implementation of the Universal Health Coverage (UHC) system in 2023. People who have not participated in BPJS will be borne by the government with only KTP capital valid for all types of health services. Currently, BPJS membership for Soppeng residents is only 64% of the total population in active status (BPJS Kesehatan, 2022).
In relation to the above phenomenon, the authors are motivated to conduct research in order to obtain accurate information regarding the readiness to implement the Universal Health Coverage program in Soppeng Regency so that it can provide benefits for everyone, especially the people of Soppeng Regency with the aim that all people get health insurance protection both in terms of service quality and financial protection. Therefore, this research was carried out with the title "Readiness to Implement the Universal Health Coverage Program in Soppeng Regency".

2 THEORETICAL FRAMEWORK

This research was chosen based on theoretical views (George C. Edwards III, 1980) where the supporting variables in policy implementation that influence the success or failure of policy implementation are divided into four parts that mutually support each other, including communication, resources, attitudes and structure. bureaucracy.

Communication is one of the variables that can influence the achievement of goals in a policy. It needs to be conveyed to policy actors so that policy actors can know what they must prepare and do to implement the policy so that the policy goals and objectives can be achieved as expected. The communication referred to in this research is the delivery of information explicitly or implicitly (socialization) between BPJS Health and the Regional Government of Soppeng Regency as well as internal Regional Government regarding the implementation of UHC in Soppeng Regency.

What is no less important in achieving the goals of an implementation are resources, namely human resources and supporting infrastructure in carrying out the implementation. The resources referred to in this research are the availability of adequate resources (human resources, budget, facilities and infrastructure) that will support the implementation of the Universal Health Coverage program in Soppeng Regency.

The attitude referred to in this research is the support from the local government of Soppeng Regency for the implementation of the Universal Health Coverage program in Soppeng Regency.

Bureaucratic structure and standard operating procedures to divide authority and relationships between one another so that they are able to work systematically, effectively and efficiently. However, everything cannot run well if human resources do not have the will, desire and inclination to implement the policy seriously so that the policy objectives can be realized. The bureaucratic structure referred to in this research is the division of
authority and Standard Operating Procedures regarding the implementation of the Universal Health Coverage program in Soppeng Regency.

3 METHODOLOGY

This research was conducted in July-August 2023 which is located in Soppeng Regency. This research uses a quasi-qualitative type of research to analyze "Readiness to Implement the Universal Health Coverage Program Policy in Soppeng Regency" with a case study approach which intends to explore through observation, in-depth interviews and documentation using analytical methods through the components of communication, resources, attitudes/ disposition, and bureaucratic structure by finding out information based on facts, systematically using a case study approach.

The type of data used in this research is qualitative data, while the data sources in this research are primary data and secondary data. This primary data was obtained directly through in-depth interviews conducted with informants. Apart from that, primary data was also obtained from observations. Primary data in this research was the result of interviews with regular informants and key informants, while secondary data was obtained from BPJS Kesehatan. This research has received approval from the health research ethics commission (KEPK) of the Faculty of Public Health, Hasanuddin University with protocol number: 14723012137 and letter number: 4454/UN4.14.1/TP.01.02/2023

4 RESULTS AND DISCUSSION

4.1 COMMUNICATION

Communication is the delivery of messages from one person to another to influence behavior and actions, either directly or indirectly. Communication is the process of transferring understanding in the form of ideas, information from one person to another (Mokodompit, 2013). According to Edward, the first requirement for effective policy implementation is that those implementing the decisions must know what they have to do. Every decision of a policy must be forwarded to the personnel who will carry out the policy. According to Winarno (2012), if policy implementation is to be effective, then the implementation order must be consistent and clear.

Communication carried out by policy makers should aim to gain support for the target group that will implement a policy, at least it must include various complete
explanations about the objectives of the policy, the benefits and advantages that will be felt by the target group. The role of stakeholders in building good communication is very influential in the effectiveness of a policy in the field, for this reason leaders from each work unit are expected to be able to communicate both vertically and horizontally to maximize the implementation of a policy or program. This information delivery activity is commonly referred to as socialization activities. Socialization can be done in two ways, namely directly and indirectly.

Based on the research results, it can be concluded that communication and socialization from BPJS Kesehatan has gone well, apart from that communication and socialization within the Regional Government has also gone well regarding the Universal Health Coverage program. Socialization is a very important thing to do to implement a rule because socialization is the initial stage of disseminating information starting from program content, benefits, policy objectives, targets and scope of the Universal Health Coverage program.

4.2 RESOURCES

1. Human Resources

An important resource is human resources, which besides being the subject of implementing a policy, is also an object (Larasati, 2018). Human resources are important resources which are not only the subject of implementing a policy, but also the object. (Winarno, 2007). Human resources are directed at discussing the quality of employees who will be involved in the creation and implementation of the Universal Health Coverage program. No matter how clear the rules and regulations that apply and the accuracy of socialization communications regarding a provision and rule, if the executors who have the responsibility to implement and implement the policy are less competent and adequate to carry out their work, of course the implementation of the policy will not be effective.

From the results of in-depth interviews, informants stated that the quality of human resources owned by Soppeng Regency, both HR who will be involved in policy making or HR who will become executors if this program is implemented, in this case the health workers are quite good and competent.
2. Fund

Funds are related to capital adequacy or investment in a program or policy to ensure the implementation of the policy, because without adequate budget support, the policy will not work effectively in achieving goals and objectives (Edward III, 1980).

Based on the results of in-depth interviews with informants, it was stated that the obstacle that had prevented the Universal Health Coverage program from being implemented was funding. The amount of funds owned by the regional government is not sufficient to increase participation activity. Even though it's like that every month there will still be additional proposals for participants funded by the local government, the number will continue to be pursued so that it reaches 95%.

3. Facility

Mauldiana's research (2016) stated that one of the factors that becomes an obstacle in implementing policies is the lack of resources (funds) and the provision of adequate funds is needed.

Based on the results of in-depth interviews, all informants stated that the supporting facilities for implementing the Universal Health Coverage program were very good. The availability of facilities in the health sector, in this case health centers, clinics and hospitals, is considered sufficient, although it still needs to be improved.

The provision of proper facilities, such as buildings, land and health equipment will support the successful implementation of a program or policy. Facilities are one of the factors in policy implementation. Facilities and infrastructure must be owned by policy implementers so that the activities carried out can run efficiently and effectively.

4.3 ATTITUDE/DISPOSITION

If implementers are kind and caring, in the sense of supporting a policy, then it is very likely that they will implement the policy as desired by the initial decision makers. Likewise, if the attitude or perspective of the implementers is different from that of the decision makers, then the process of implementing a policy will become more difficult. (Setyawan & Srihardjono, 2016). Formation and change of attitudes will be determined by two factors, namely internal factors (the individual himself), namely the individual's way of responding to the outside world selectively so that not everything that comes will be accepted or rejected. External factors are circumstances that exist outside the individual which are a stimulus to form or change attitudes.
Based on the results of in-depth interviews, the informant stated that BPJS Kesehatan together with the Regional Government are very committed to implementing the Universal Health Coverage program. In the strategy to strengthen the role of cross-sectors, BPJS Kesehatan has coordinated intensively with the Regional Government, through Regional Apparatus within Soppeng Regency, including the Health Service, Population and Civil Registry Service, Social Service, Community and Village Empowerment Service and the UPT Service Health, both hospitals and health centers. Cross-sector coordination is facilitated in the form of coordination.

According to Grindle's theory (1980) states that one of the variables that influences policy implementation is: Implementation Environment (Context of Implementation), namely how much power, interests and strategies are owned by the actors involved in implementing the policy, characteristics of institutions and regimes in power, level of compliance and responsiveness of target groups. Thus, the commitment and support of the Regional Government, related OPDs and village governments in implementing the Universal Health Coverage program in Soppeng Regency is considered to be quite good.

4.4 BUREAUCRACY STRUCTURE

According to the theory of Meter and Horn (1975), the implementing organization includes formal and informal organizations that are involved in policy implementation. This is important as the performance of policy implementation will be greatly influenced by the right characteristics and suitability of the implementing agents. SOP is related to the working methods of the personnel involved in implementing the policy. On the one hand, SOPs will help in implementing policies if the SOPs follow the changes that occur, but on the other hand, the opposite will happen if they are not adaptive to changes. SOPs serve as guidelines for each implementer in acting so that policy implementation does not deviate from the policy goals and objectives.

1. Quality of Health Services

Improving the quality of health services is carried out by increasing the availability of health facilities and infrastructure, as well as medicines. Apart from that, improving the quality of health services is carried out by considering several provisions: (1) Outpatient and inpatient health services at FKTP and FKRTL in collaboration with BPJS Kesehatan. (2) Class III inpatient services, and (3) Types of services that are
covered and not covered in the JKN-KIS Program. Apart from that, improving the quality of services must be accompanied by improving the quality of human resources in the health sector, carried out by increasing the capacity of health human resources, both medical and paramedical personnel.

2. Financial Protection

The Universal Health Coverage Program has a strategy to increase participant coverage in a real way by expanding access for vulnerable/marginalized communities to obtain Health Insurance for residents of areas that do not yet have health insurance, who meet the criteria for being poor. Regional residents registered by the Regional Government include: Regional residents in the category of people with social welfare who have been registered as Recipients of Contribution Assistance (PBI), Regional Residents affected by Termination of Employment (PHK), Regional Residents with disabilities, and Regional Residents in the category of BPJS Participants. Non-Wage Recipient Participants (PBPU) who are in arrears of Health Insurance contributions and meet the criteria of being poor and/or underprivileged. It is hoped that the presence of the Universal Health Coverage Program will protect the public from financial risks, ensuring that the costs incurred will not have a significant impact on the financial condition of service recipients.

From the results of in-depth interviews with informants, it was stated that the mechanism for implementing the JKN-KIS program, in this case BPJS Kesehatan, with the coordination of the Health Service, has made efforts to provide the best service to the community and provide financial protection. It is hoped that with the implementation of the Universal Health Coverage Program in Soppeng Regency, the number of active participants will increase, accompanied by an increase in the quality of services received by the community.

5 CONCLUSIONS AND RECOMMENDATIONS

5.1 CONCLUSIONS

1. Communication, the implementation of the Universal Health Coverage program in Soppeng Regency has gone well, the delivery of information from BPJS Kesehatan to the Regional Government has been conveyed clearly and consistently, but coordination between OPDs still needs to be maximized.
2. Resources, the implementation of the Universal Health Coverage program in Soppeng Regency, in terms of the quantity of human resources, both policy makers and program implementers, is considered good and competent accompanied by adequate supporting facilities. It's just that the limited health sector funds that support the implementation of the Universal Health Coverage program are the obstacles so that currently this program has not been implemented.

3. The attitude/disposition, commitment and support of BPJS Kesehatan, Regional Government, related OPDs and village governments in implementing the Universal Health Coverage program in Soppeng Regency is considered quite good.

4. Bureaucratic structure, the implementation of the Universal Health Coverage program has gone quite well, where the mechanism for implementing the JKN-KIS program, in this case BPJS Kesehatan, with the coordination of the Health Service, has made efforts to provide the best service to the community and provide financial protection.
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