

Universal Health Coverage 2019 in Indonesia: The Integration of Family Planning Services in Current Functioning Health System

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Abstract : Indonesia is currently on its track to achieve Universal Health Coverage (UHC) by 2019. The program aims to address issues on disintegration in the implementation and coverage of various health insurance schemes and fragmented fund pooling. Family planning service is covered as one of benefit packages under preventive care. However, little has been done to examine how family planning program are appropriately managed across levels of governments and how family planning services are delivered to the end user. The study is performed through focus group discussion to related policy makers and selected programmers at central and district levels. The study is also benefited from relevant studies on family planning in the UHC scheme and other supporting data. The study carefully investigates some programmatic implications when family planning is integrated in the UHC program encompassing the need to recalculate contraceptive logistics for beneficiaries (eligible couple); policy reformulation for contraceptive service provision including supply chain management; establishment of family planning standard of procedure; and a call to update Management Information System. The study confirms that there is a significant increase in the numbers of contraceptive commodities needs to be procured by the government. Holding an assumption that contraceptive prevalence rate and commodities cost will be as expected increasing at 0.5% annually, the government need to allocate almost IDR 5 billion by 2019, excluded fee for service. The government shifts its focus to maintain eligible health facilities under National Population and Family Planning Board networks. By 2019, the government has set strategies to anticipate the provision of family planning services to 45.340 health facilities distributed in 514 districts and 7 thousand sub districts. Clear division of authorities has been established among levels of governments. Three models of contraceptive supply planning have been developed and currently in the process of being institutionalized. Pre service training for family planning services has been piloted in 10 prominent universities. The position of private midwives has been appreciated as part of the system. To ensure the implementation of quality and health expenditure control, family planning standard has been established as a reference to determine set of services required to deliver to the clients properly and types of health facilities to conduct particular family planning services. Recognition to individual status of program participation has been acknowledged in the Family Enumeration since 2015. The data is precisely recorded by name by address for each family and its members. It supplies valuable information to 15.131 Family Planning Field Workers (FPFWs) to provide information and education related to family planning in an attempt to generate demand and maintain the participation of family planning acceptors who are program beneficiaries. Despite overwhelming efforts described above, some obstacles remain. The program experiences poor socialization and yet removes geographical barriers for those living in remote areas. Family planning services provided for this sub population conducted outside the scheme as a complement strategy. However, UHC program has brought remarkable improvement in access and quality of family planning services.

Keywords : beneficiary, family planning services, national population and family planning board, universal health coverage

Conference Title : ICPD 2018 : International Conference on Population and Development

Conference Location : Paris, France

Conference Dates : June 25-26, 2018