The Effect of Health Infrastructure Coverage on the Utilization of Indonesia’s Universal Health Insurance

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ABSTRACT

The aim of the universal coverage in national health insurance is make everyone enable to access health services, including promotive, preventive, curative, rehabilitative, and palliative that they need. The ease of access is expected to overcome the causes of disease and death for all residents, without making them feels difficult both physically and financially. (WHO, 2017)

These objectives are closely related to equality in reaching services and equality in the quality of health services. Access, health infrastructure, and the quality of health services must be good enough to improve citizens health who receive services. Therefore, over the past few decades, countries that have focused on pioneering the path to universal coverage have prioritized expanding health services with the addition of health facilities and health workers so that all citizens enjoy national health insurance programs. (Rao, 2011 ; Atun, 2013; Bloom, 2016 ; Santos, 2017)

The World Bank (2015), states that implementing universal health coverage, a country's government also prioritizes the provision of health infrastructure. Access to health services must also be considered. Well-designed and funded health outcomes programs will not show results if they are not supported by the provision of well-organized health infrastructure.

The implementation of a universal coverage of health insurance in developing countries is hampered by a lack an equally distributed health infrastructure, i.e. health facilities and health workers, across district areas. Yet, previous studies show some mixed results regarding the relation between the expansion of a universal health coverage and health infrastructure development. Gustafsson-Wright (2018) shows that the existence of the universal health coverage program has encouraged an equitable distribution of health services and the use of health facilities by residents. Meanwhile, Liao (2011), Patel (2016), and Gage (2018) show that such expansion does not have a significant impact on the increasing use of health facilities, especially in rural areas, due to the low quality of health facilities and the difficulty of access to health facilities.

This study evaluates the effect of the absence of health infrastructure on the utilization of Indonesia’s national health insurance program which implemented since 2014. The implementation of the program has its own challenges because Indonesia is an archipelago that makes infrastructure development is very challenging. In this research I used a difference-in-differences approach, to analyzed the effect of a lack of health infrastructure on the utilization of the national health insurance in 34 province Indonesia for the period of 2010-2017. Health infrastructure that analized in this study is public health centre, hospital, doctor, and specialist. The approach allows this study to compare the province that have high and those that have lack health infrastructure, before and after the implementation of national health insurance program.

Because the national health insurance program is run simultaneously in all provinces in Indonesia in 2014, I took province that have high rate poverty as treatment group and province with low rate poverty as control group.
This study shows that the absence of health infrastructure on Indonesia’s national health insurance program has short-term effects on healthcare utilization. All of health infrastructure are significant to the healthcare utilization on National Health Insurance program (public health centre = 1.009***; hospital = -4.272**; doctor = 0.155**; and specialist = 0.146**), and there’s no difference result between treatment group and control group.

**Keywords:** Health Infrastructure; Healthcare Utilization; Universal Health Coverage; National Health Insurance.

**REFERENCES**

