

INDONESIA IN NATIONAL SOCIAL HEALTH INSURANCE SYSTEM



Directorate General of Pharmaceutical and Medical
Device

Ministry of Health Republic of Indonesia

OUTLINE

- I. REGULATION IN INDONESIA
- II. ACCESSIBILITY AND AFFORDABILITY ON MEDICINES
- III. DRUG SUPPLY MANAGEMENT: e-CATALOGUE AND NATIONAL FORMULARY
- IV. CONCLUSION

Regulation in Indonesia

- Health Law No.36/2009
- National Social Security System (SJSN) Law No. 40/2004
- Presidential Decree No. 12/2013 on Jaminan Kesehatan Nasional (JKN)

SJSN LAW No. 40/ 2004



Article 22

- The Benefit of Health insurance are : promotive, preventive, curative and rehabilitative, including **medicine and medical devices which needed**

Article 23

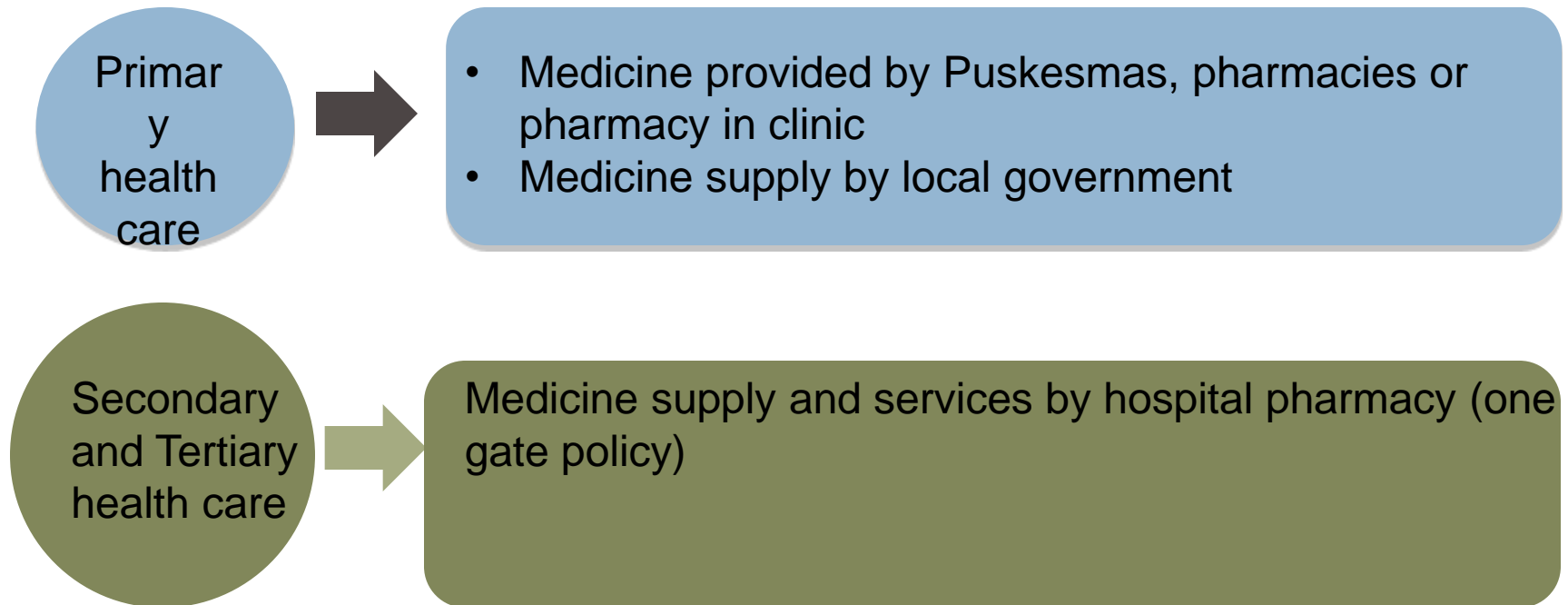
- Health insurance benefit will be delivered in public and private health facilities which has been in cooperation with NHIC
- Explanation from article 23 : Health facilities including Hospital, private doctor, clinic, laboratories, Pharmacy and other facilities

Article 25

- List and Maximum Price for medicines and medical supplies guaranteed by BPJS and stipulated by law.

Accessibility and Affordability on Medicines

- All health care facilities should ensure the availability of medicine and medical devices



PRIMARY HEALTH SERVICES

Puskesmas

- IFK Procurement by e-catalogue
- Funded by PKD: DAK, APBD, Capitation
- Program (AIDS, TB, Malaria, Vaksin Dasar) funded by APBN
- Medicines list : FORNAS
- Standardized pharmaceutical services
- Standardized HR

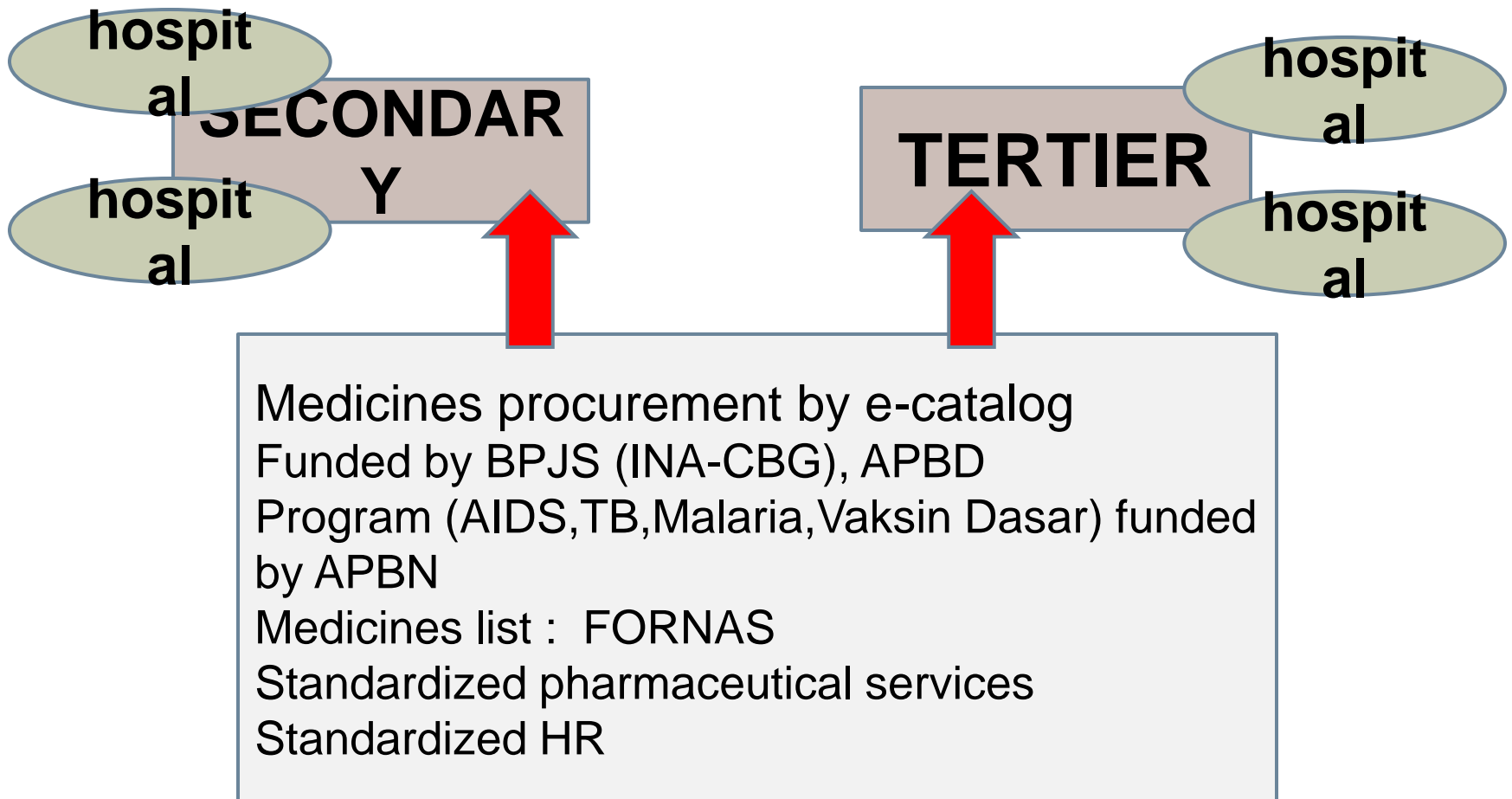
Clinic

- Medicines procurement by IF or pharmacy network
- Funded : capitation
- Program funded: APBN
- Medicines list: FORNAS
- Standardized pharmaceutical services
- Standardized HR

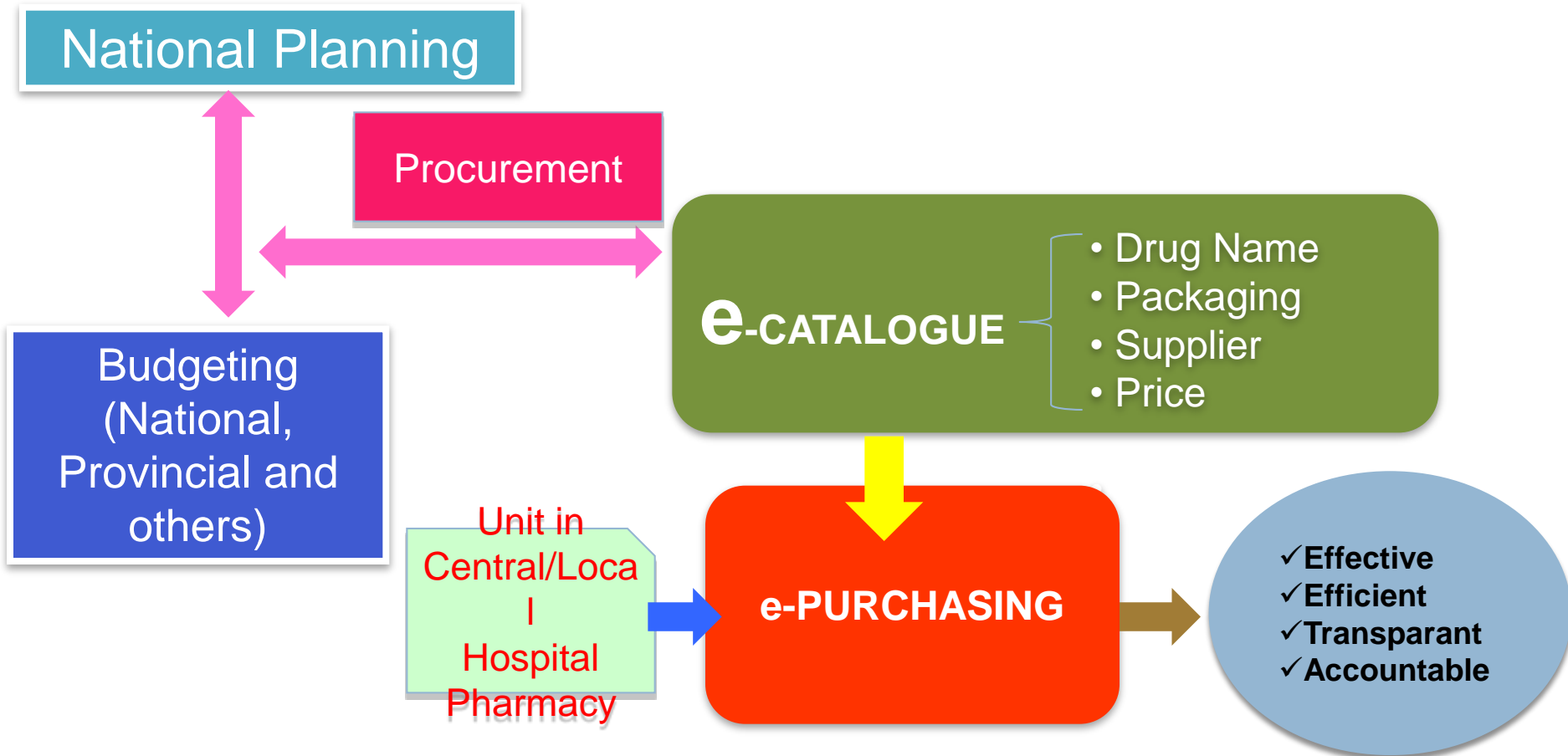
General Practitioner

- Medicines procurement by pharmacy network
- Funded : Capitation
- Program funded: APBN
- Medicines list: FORNAS
- Standardized pharmaceutical services (pharmacy)

REFERRAL HEALTH SERVICES



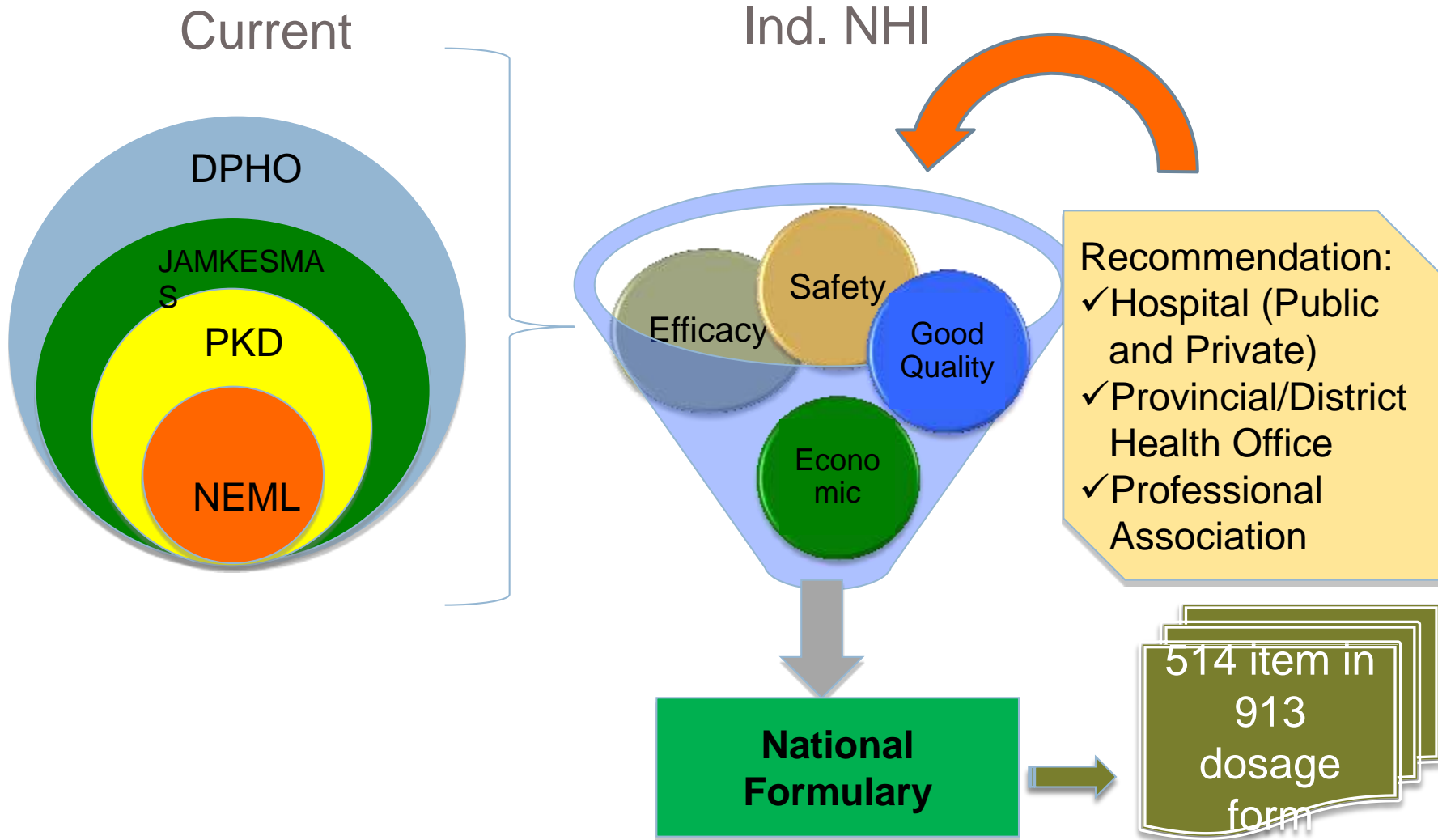
Drug Supply Management



e-Purchasing based on e-Catalogue

- 1** Transparent and accountable
- 2** Market access and conducive climate for industries
- 3** Support monitoring and audit
- 4** Real time access information

National Formulary on Medicines (FORNAS)



WHY WE NEED NATIONAL FORMULARY?

Limited medicine budget, Medicine need is always increasing

Medicine Prescription based on Overuse Antibiotic **cause**

Medicine in the market may ^{resistance} categorised as unsafe medicine (substandard and counterfeit)

A lot of medicine with limited evidence based medicine

Use of medicine without guideline may cause lack of **quality control and cost containment**



Health

NATIONAL FORMULARY ON MEDICINES

Goal

Patient received safe, effective, good quality and cost effective medicine

Efforts

1. Evaluation of National Formulary
Implementation based on STGs
(PPK: Panduan Praktek Klinis)
2. Establishment/strengthen capacity on pharmaceutical services
3. National Planning on Medicines

National Formulary on Medicines

- 29 therapeutic classes
- 90 sub therapeutic classes
- 514 active ingredients
- 913 preparations

CONCLUSION

1. Indonesia will start NHI in the 2014
2. Participants will get benefits from NHI including medicines and medical devices
3. Health care facilities in cooperation with BPJS shall ensure the availability of medications and services appropriate with medical indication
4. National Formulary should be the main reference for health care facility which covered by the National Health Insurance system.
5. Availability and affordability of listed medicines in the National Formulary guaranteed evenly throughout Indonesia through e-catalog and e-purchasing system.
6. Implementation of the National Formulary is expected to improve the effectiveness and efficiency of health services, in order to achieve patient safety



Thank you