



Start of the Academic Year Event

A decade of national health insurance in Indonesia



We need bioethics to further develop home palliative care in Indonesia

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Background and Methods



Prevalence of cancer and other life-limiting illnesses → palliative care **needs**

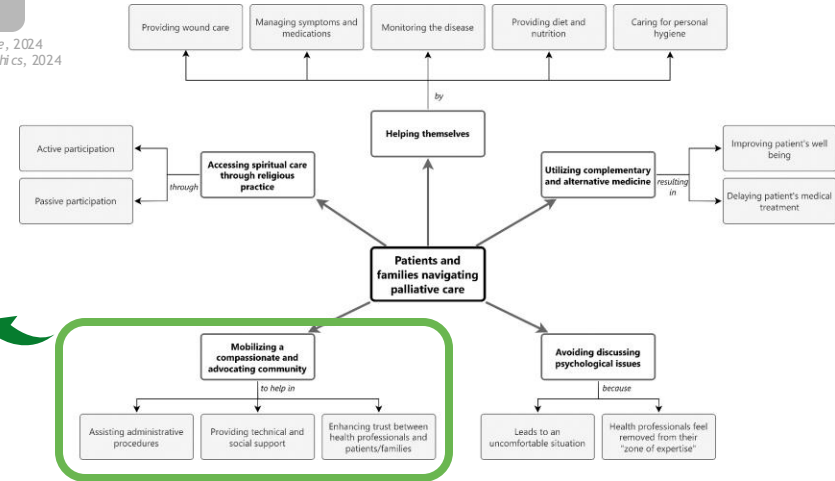
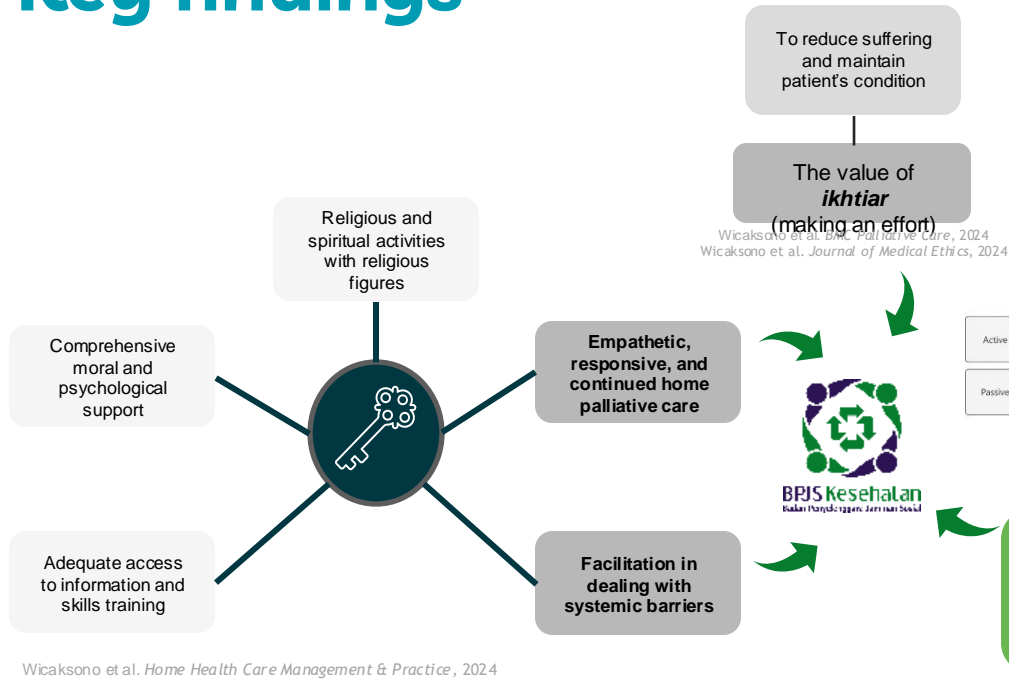


Disparities of home palliative care across Indonesia



Need to develop a **culturally sensitive** and **contextually appropriate** home palliative care
→ **bioethics** approach to learn *perspectives and values*

Key findings



Policy recommendations

Bioethics helps us to discover underlying challenges and provide important key recommendations:

1. Providing empathetic, responsive, and continued **home palliative care aligns with local Indonesian values**; therefore, it should be **financially supported** through national health insurance.
2. A compassionate and advocating **community** is an **important element** of palliative care, supported by the contribution of **health cadres** and preexisting *Puskesmas* programs; emphasizing the need for **formal governmental support**.
3. **Systemic barriers** and **complicated administrative procedures** remain important challenges for palliative care patients. **Simplification** and increased **flexibility** in the procedures are crucial.

Acknowledgments

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Amsterdam UMC



lpdp

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The impact of fatwa (religious order) on smoking consumption: evidence from Indonesia



Novat Pugo Sambodo, Randi Kurniawan, Riswanti Budi Sekaringsih and Muhammad Ryan Sanjaya



**FATWA MAJELIS TARJIH DAN TAJDID
PIMPINAN PUSAT MUHAMMADIYAH
NO. 6/SM/MTT/III/2010
TENTANG HUKUM MEROKOK**

- Menimbang :
1. Bahwa dalam rangka partisipasi dalam upaya pembangunan kesehatan masyarakat semaksimal mungkin dan penciptaan lingkungan hidup sehat yang menjadi hak setiap orang, perlu dilakukan penguatan upaya pengendalian tembakau melalui penerbitan fatwa tentang hukum merokok;
 2. Bahwa fatwa Majelis Tarjih dan Tajdid Pimpinan Pusat Muhammadiyah yang diterbitkan tahun 2005 dan tahun 2007 tentang Hukum Merokok perlu ditinjau kembali;
- Mengingat :
- Pasal 2, 3, dan 4 Surat Keputusan Pimpinan Pusat Muhammadiyah No.08/SK-PP/1.A/8.c/2000;
- Memperhatikan:
1. Kesepakatan dalam Halaqah Tarjih tentang Fikih Pengendalian Tembakau yang diselenggarakan pada hari Ahad 21 Rabiul Awal 1431 H yang bertepatan dengan 07 Maret 2010 M bahwa merokok adalah haram;
 2. Pertimbangan yang diberikan dalam Rapat Pimpinan Majelis Tarjih dan Tajdid Pimpinan Pusat Muhammadiyah pada hari Senin 22 Rabiul Awal 1431 H yang bertepatan dengan 08 Maret 2010 M,





Nahdlatul Ulama (NU)

91.2 Million Members
(2019)



Muhammadiyah

60 Million Members (2019)



Study Setting

Indonesian Family Life Survey (IFLS) wave 5 (2014)

- IFLS 4 (2007) to IFLS 5 (2014)
- Observe behavioural differences before and after the fatwa on smoking (issued in 2010)
- Smoking Behavior Aspects:
 - Smoke status
 - Cigarettes spending
- Islamic Group Affiliation: Captured in IFLS 5 using the question, "Which Islamic tradition do you feel closest to?"
- Assumption: Respondents maintain the same Islamic group affiliation from IFLS 4 to IFLS 5 (8-year period)



Empirical Specification

- Combination of PSM-DID
- Muhammadiyah=1 (Treated Group) - Prohibited
- Nahdlatul ulama=0 (Control Group) - Permissible

Accredited by:



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Conclusion



- Muhammadiyah members exhibit **lower smoking prevalence** compared to Nahdlatul Ulama.
- But, **spending on cigarettes is higher** compared to NU
- **The fatwa proved ineffective** in reducing the likelihood of those members who were already smoking at the baseline.

Accredited by:



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Relevance to JKN

- **The estimated direct cost of smoking** is between Rp 17.9 trillion and Rp 27.7 trillion. Most of this cost (56.3% to 58.6%) is covered by BPJS-Kesehatan.
- **Religious beliefs are an essential factor in not joining health insurance** in Indonesia (7% of respondents).
- **Religious organizations also provide healthcare services for JKN enrollees**, such as Muhammadiyah (with 126 hospitals and 260 clinics) and Nadhlatul Ulama (with 35 hospitals and 7 clinics).

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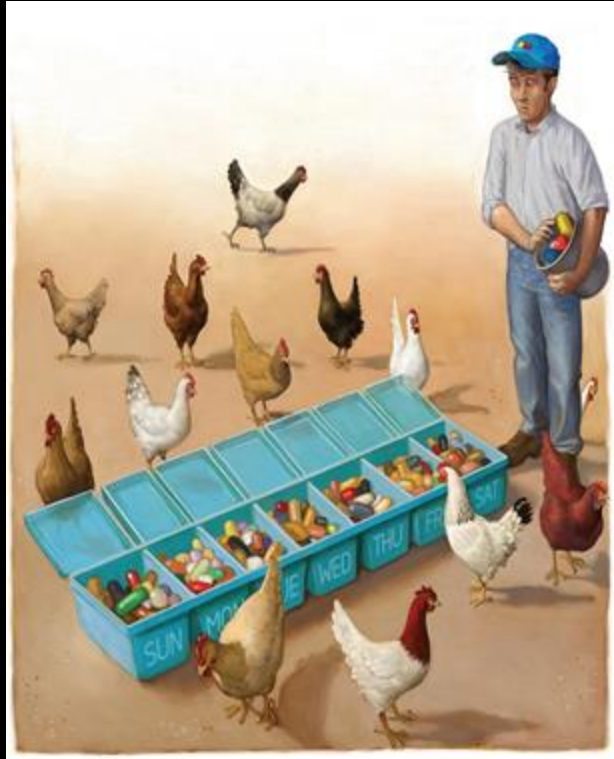


The impact of colistin ban policy in livestock on colistin resistance in humans and poultry in Indonesia (COINCIDE)



Soe Yu Naing | Utrecht University

What is colistin?



© Matt Collins

- Last-resort antibiotics to treat multi drug-resistant Gram-negative bacteria
- Historically widely used in poultry and swine production
- In Indonesia, the government banned the use of colistin in animals in 2019

COINCIDE in Indonesia



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Utrecht University



Objective: To understand colistin resistance in humans and animals from a policy, behavioral, epidemiological and molecular perspectives

Pre-ban

Post-ban



2020

Colistin ban in animals
(Policy as an intervention)

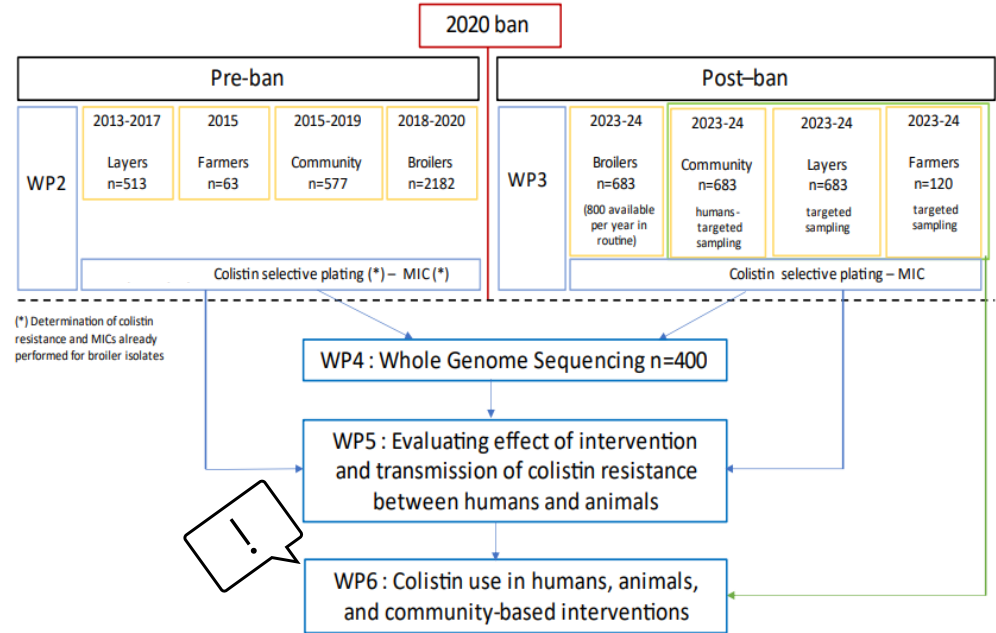
Escherichia coli
as an indicator organism



Research question



What is the impact of the colistin ban in livestock on colistin resistance in humans and poultry in Indonesia?



Sampling location



Three districts in Central Java



Sampling (Human-community)

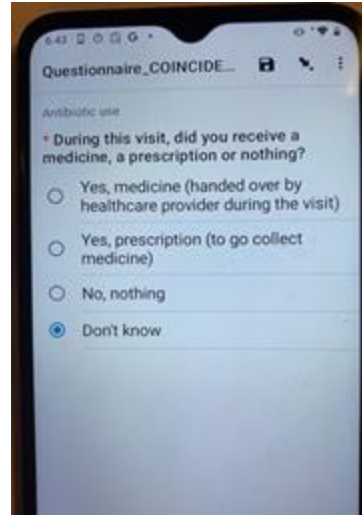
Location: Primary healthcare Centers

1



Rectal swab
Risk factor survey

2



Antibiotic prescription
exit survey

Sampling (Layer farms-farmers)

Location: Small-scale layer farms, Central Java, Indonesia



1



Layer farm
management survey

2



Boot swab

3



Farmers: rectal swab
and risk factor survey

Results

Ethnography – blind spots



No observation of colistin use; other antibiotics

Huge variation across small-scale layer farms and presence of all sort of animals

JKN and antimicrobial resistance (AMR)

Ensuring sustainable
access to effective
antibiotics and
prevention measures will
leave no one behind in
tackling AMR.



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Community members, farmers, officers



Email: s.y.naing@uu.nl | X [@somaticsoe](https://twitter.com/somaticsoe) @coincide_jpiamr

Follow:



Uncovering the Health Impacts of Informal Employment: Evidence from the Indonesian Longitudinal Data



What is the impact of informal employment on health outcomes among workers in Indonesia? Are these effects differed by gender and place of residence?

- Overall health and mental health
- Indonesian Family Life Survey (IFLS), Indonesian longitudinal data.
- Analyse transition: (1) from formal to informal employment and (2) from informal to formal employment
- Difference-in-Difference Framework
- Two-Way Fixed Effect Estimation:

$$(1) \text{ Health}_{i,t} = \alpha + \beta_1 \text{Transition to Formal}_{i,t} + \gamma X_{i,t} + \lambda_t + \delta_i + \epsilon_{it}$$

$$(2) \text{ Health}_{i,t} = \alpha + \beta_2 \text{Transition to Informal}_{i,t} + \gamma X_{i,t} + \lambda_t + \delta_i + \epsilon_{it}$$

$$(3) \text{ Mental Health}_{i,t} = \alpha + \beta_1 \text{Transition to Formal}_{i,t} + \gamma X_{i,t} + \lambda_t + \delta_i + \epsilon_{it}$$

$$(4) \text{ Mental Health}_{i,t} = \alpha + \beta_2 \text{Transition to Informal}_{i,t} + \gamma X_{i,t} + \lambda_t + \delta_i + \epsilon_{it}$$

Findings

Table 2. Employment Transition on Self-Reported and Mental Health

	Dependent Variables			
	Overall Health (1)	Overall Health (2)	Mental Health (3)	Mental Health (4)
Moving to Formal Employment	0.0068532 (0.008)		-0.0019946 (0.0076)	
Moving to Informal Employment		-0.0100693 (0.0064)		0.0083551 (0.0054)
Married	0.0215728 (0.008) ***	0.0073844 (0.0078)	-0.0126618 (0.007) **	-0.0032621 (0.006)
Education Years	0.000085 (0.002)	-0.000697 (0.0017)	-0.0008174 (0.0015)	-0.0007876 (0.002)
Urban	0.0166309 (0.008) ***	0.0034937 (0.008)	-0.0018945 (0.007)	0.0079984 (0.007)
Constant	0.6214024 (0.0116) ***	0.659244 (0.0164) ***	0.1597663 (0.011) ***	0.1401834 (0.016) ***
Year Fixed Effects	Yes	Yes	Yes	Yes
Individual Fixed Effects	Yes	Yes	Yes	Yes
Observations	12,290	10,250	10,217	9,069
R ²	0.5101	0.4982	0.5782	0.5821

Note: All regressions include control variables mentioned prior. Standard errors are reported in parentheses. *** Significant at 1%, ** Significant at 5%, and * Significant at 1%.

- There are indications that informal employment leads to poor health outcomes.
- **However**, health effect is very minimal and not statistically significant.

Findings

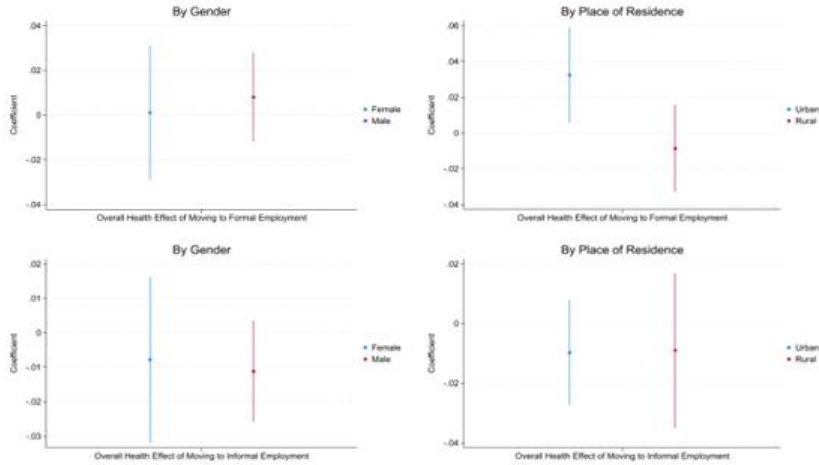


Figure 3. Heterogenous Analysis of Overall Health Effect

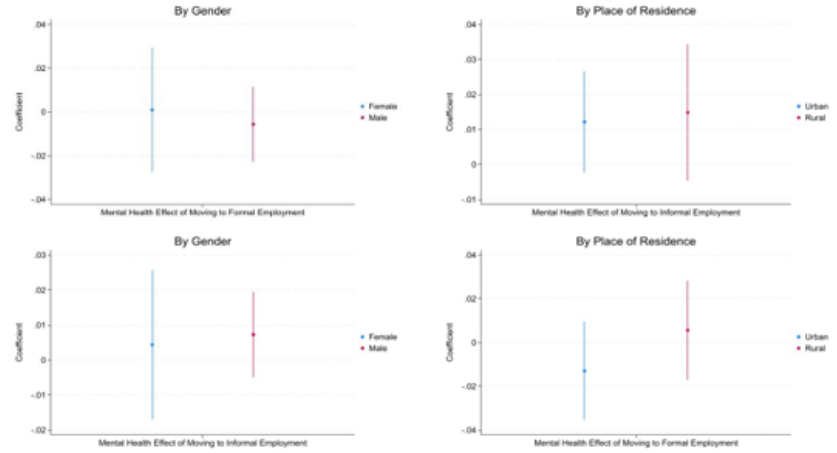


Figure 4. Heterogenous Mental Health Effect

- No difference in health outcomes

Policy Implications

- Strengthen JKN Outreach and Enrollment via Local Governments and Communities
- Expand Coverage for Occupational Health Risks in Informal Sectors
- Integrate JKN Enrollment with Other Government Services

Erasmus School of
Health Policy
& Management

Long-term care in Indonesia

Need, use and inequity

Lotte Beeldman

Supervisors: Prof. van Exel, Dr. Bonfrer, Dr. Bom

Erasmus University Rotterdam



Background

First project

- Systematic review of literature on need for, use of and inequity in receipt of long-term care of elderly in low- and middle-income countries
 - Little is known about state of need and care in low- and middle-income countries, apart from China
 - Only a handful of studies into Indonesia
 - Wide variety of definitions, data availability and analyses

Second project

- Comparative analysis of need for, use of and inequity in receipt of long-term care
 - Using similar or harmonized data and the same methods

The Erasmus logo, featuring the word "Erasmus" in a stylized, cursive script.

Indonesia

Long-term care in Indonesia

- Informal care at home much more common than formal care
- Long-term care not included in the JKN
- No long-term care insurance available

Data

- Indonesian Family Life Survey (wave 5) - 2014/2015
 - Respondents over 45 years old
 - Includes variables on ADL limitations, IADL limitations, income, education, self-rated health etc.

The Erasmus logo, featuring the word "Erasmus" in a stylized, cursive script.

Descriptives

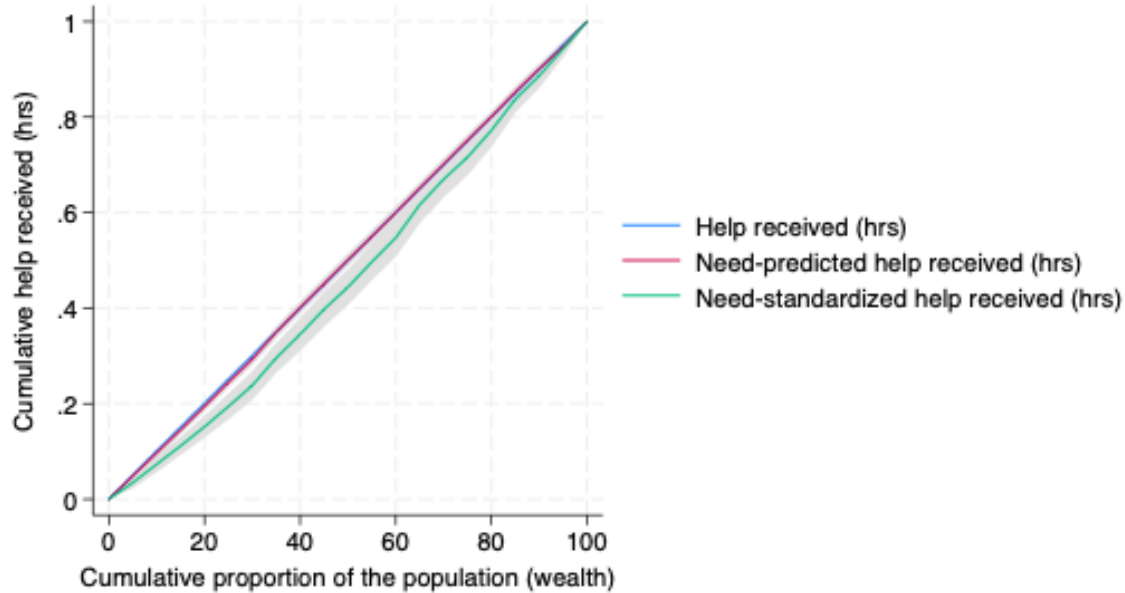
	Men (N = 5,026)	Women (N = 5.642)
Age (Years)	57.77 (16.86)	58.66 (16.56)
Rent (Rupiah/ month)	550,505 (1,787,986)	616,833 (2,882,554)
At least one ADL or IADL limitation	3,497 (10%)	
Receives care when needed	1,058 (72.97%)	1,404 (74,07%)
Receivs paid care	34 (3.21%)	57 (4.06%)
Intensity of care (Days/month)	89.39 (146.05)	89.15 (137.43)

A stylized, handwritten-style logo for Erasmus, featuring a large, flowing 'E' followed by the word 'Erasmus' in a cursive script.

Results

Need factors	CI
ADL/IADL-need only	0.074 (0.020)

Need factors	CI
ADL/IADL-need, age, sex	0.073 (0.020)



Ezra

Initial reflections

- Almost no use of formal long-term care by older adults
 - Older adults may prefer to be treated at home by family members
 - No available long-term care insurance
 - Might become unfeasible in the future due to population ageing
- Inequity in intensity of care towards rich when including need for care
- Long-term care insurance and/or compensation may diminish the currently observed inequities

The logo for Erasmus, featuring the word "Erasmus" in a stylized, handwritten script font.

Program

10.40-11.40 Indonesia's health insurance JKN: achievements and challenges
Robert Sparrow (ISS) and Prof. Laksono Trisnantoro (UGM)

11.40-11.50 Break

11.50-12.25 Pitches by Early Career Researchers

12.25-12.30 Closing by Amalia Hasnida (ESHPM) and Relmbuss Fanda (ESHPM)

--- digital participation ends

12.30-13.30 Indonesian buffet lunch + Jury announcement winner Best RGHI Research Pitch



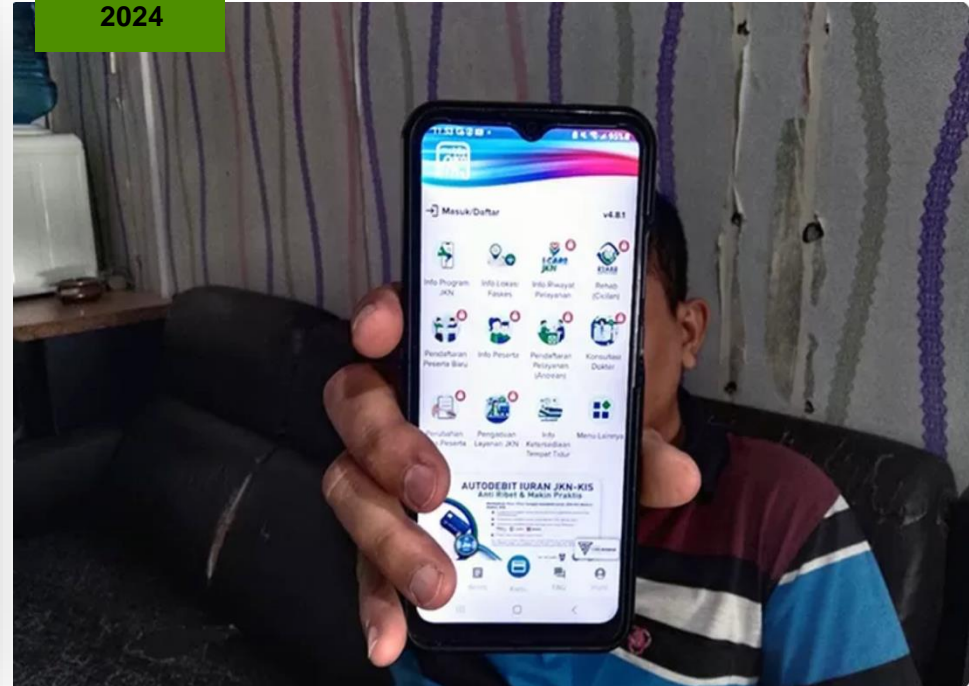
A decade of JKN: towards *sustainable, equitable, and quality* health care coverage for all

2014



Ilustrasi. (Foto: MI/Ramdani)

2024





terima kasih

(v.) thank you (an expression of gratitude)



Source : Pixabay