



Analysis of Universal Health Coverage (UHC) Achievements from Triangular Policy Analysis Aspect in Pelalawan Regency

Rita Widuri^{1*}, Hastusi Marlina², Oktavia Dewi³, Hetty Ismainar⁴, Novita Rany⁵

Program Studi Magister Ilmu Kesehatan Masyarakat, Program Pascasarjana,

Universitas Hang Tuah Pekanbaru, Indonesia^{1, 2, 3, 4, 5}

Corresponding Email: rhyta.widuri@gmail.com*

Received: 25-02-2024

Reviewed: 27-02-2024

Accepted: 28-03-2024

Abstract

This research aims to analyze the achievement of Universal Health Coverage (UHC) from the perspective of the Policy Analysis Triangle by examining the interconnection of actors, content, context, and process. The study, conducted in the Pelalawan Regency from June to August 2023, employs qualitative research methods with 5 primary informants and 3 supporting informants. The findings reveal that each informant's role aligns with their respective fields, indicating sufficient budgetary allocations. However, not all patients receive counseling about JKN. Regarding content, JKN covers all promotive, preventive, curative, and rehabilitative services. Differences exist in the services provided to general patients and JKN participants, with non-cut-off services functioning well. In the context aspect, all community members are obligated to be covered by JKN, and local governments can budget for JKN financing in accordance with Presidential Regulation number 83 of 2018. Both infectious and non-communicable diseases are covered by JKN, and there is no service discrimination at the first-level health facilities. Regarding the process, the UHC planning initiated in March 2022 was implemented by October 2022. Key drivers for UHC include the integration of (Integrated Social Welfare Data) DTKS data into JKN and continuous socialization and advocacy efforts.

Keywords: Universal Health Coverage (UHC), Policy Analysis Triangle, Actors, Content, Context, Process

Introduction

Universal Health Coverage (UHC) is a 2005 policy established by WHO in Geneva to achieve universal health coverage throughout the world as measured by national health insurance users of at least 95%. Universal Health Coverage (UHC) is an important issue for both developed countries and developing countries, especially Indonesia. In Indonesia, the government has been socializing and implementing Universal Health Coverage (UHC) since

Analysis of Universal Health Coverage (UHC) Achievements from Triangular Policy Analysis Aspect in Pelalawan Regency

2014. With the increase in JKN participation by the community, it is hoped that health services will also increase so that people have access and guarantee of quality and effective health services (Putri, 2014).

The effectiveness of implementing the JKN program in Indonesia is supported by Law no. 40 of 2004 concerning the National Social Security System (SJSN) states that health insurance uses the principles of social insurance, namely mandatory participation, the amount of the premium is seen from the income presentation and all family members receive the same health services (Law No. 40 of 2004 concerning National Social Security System (SJSN), 2004). Also supported in the RPJMN target where the proportion of the population who has JKN membership is at least 95% in 2019 (National Medium Term Development Plan 2015 - 2019, 2015).

National Health Insurance (JKN) participation in the Universal Health Coverage (UHC) Program includes participants receiving Contribution Assistance (PBI) whose fees are covered by the government and participants who are not. Recipients of Contribution Assistance (Non PBI) whose contributions are borne independently by individuals or companies (Minister of Health Regulation No. 28, 2014). Meanwhile, JKN membership coverage in Indonesia as of May 31 2023 was 92.57%, where PBI participants whose contributions came from the State Revenue and Expenditure Budget (APBN) were 44.98%, PBI participants whose contributions came from the Regional Revenue and Expenditure Budget (APBD) were 16.69% and Non-PBI Participants 30.9%, while in Pelalawan Regency itself PBI APBN participants amounted to 31.82%, PBI APBD participants amounted to 14.18% and Non-PBI participants amounted to 50.63%, the total JKN participants in Pelalawan Regency reached by December 2022 it is 96.65% (BPJS Health Pelalawan District, 2023).

Pelalawan Regency JKN membership data for the last three years can be seen in the graph below:

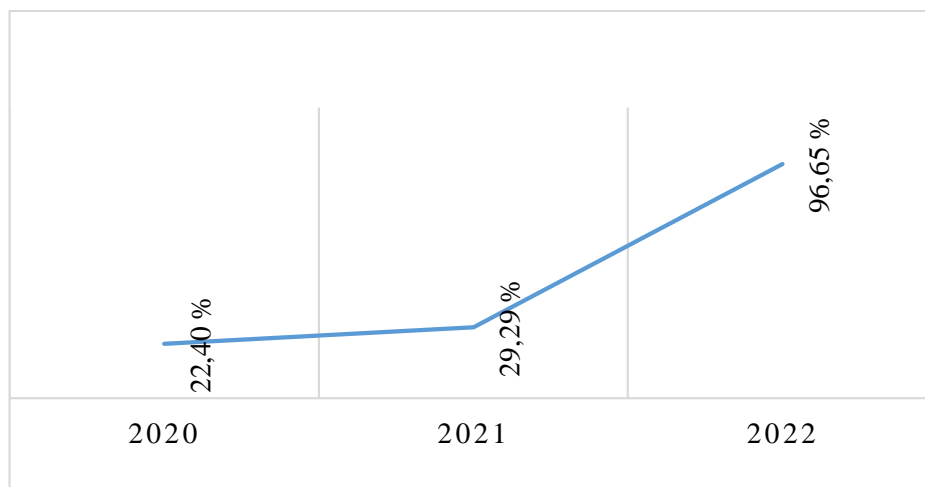


Figure 1.1. Percentage of JKN Membership (Pelalawan District Health Service, 2022)

From Figure 1.1, it can be seen that in 2022 there was a three-fold jump in JKN participation coverage of 96.65% compared to 2020 and 2021, which can be seen in 2020 only 22.40% and in 2021 it was 29.29% not even 10 % increase in JKN coverage from 2020 to 2021.

The increase in JKN coverage in 2022 is in line with the number of JKN utilization both in community health centers and hospitals in Pelalawan Regency which experienced an increase in 2022 with the number of sick visits amounting to 336,119 and in 2021 only 246,662. Pelalawan Regency in 2022 will be the only one of the 12 regencies/cities in Riau Province, which has succeeded in meeting the JKN membership coverage target of above 95% and received the Universal Health Coverage (UHC) award (BPJS Health Pelalawan Regency, 2023).

Universal Health Coverage (UHC) Award. The people of Pelalawan Regency feel the benefits directly, including by simply showing their Resident Identity Card (KTP) for Pelalawan Regency, JKN participants can immediately receive health services at the nearest health center without having to bring a JKN card, their NIK is directly connected to the system and for non-PBI JKN participants who experience financial constraints (BPJS arrears) and being declared incapable by the Village and Social Service, in Pelalawan Regency, participants can be automatically transferred to JKN PBI with costs borne by the government through the budget that has been allocated to the Health Service, not only at the Puskesmas JKN participants who seek treatment at hospitals also get convenience by simply showing a referral from the health center and KTP, they can immediately get health services without having to pay any money, and this applies not only to government hospitals but also private hospitals that have collaborated with the Pelalawan Regency Regional Government (Pelalawan District Health Service, 2022).

The Regional Government of Pelalawan Regency appeals to all the people of Pealawan Regency to immediately register as JKN participants. Those who are able are expected to register independently and for those who are unable can report to the Village, the village will report to the Regency through the Social Service and the Social Service will collaborate with the Health Service To register for JKN PBI either through the APBD budget or APBN budget, the Pealawan Regency Government has implemented a commitment to provide registration access via UHC Non Cut Off, which means that JKN participants can be active immediately without having to go through a 14 day waiting period. For people who are not registered as JKN participants, they will be served generally, the medical costs will be borne personally by the person concerned and this will of course be economically burdensome considering that if the costs incurred are very large and continuous which can have an impact on reducing family income, so that it will increasing the poverty rate in society, thus if a country wants to reduce the poverty rate because it is tied to health costs, then a country must be able to achieve UHC (Tulchinsky, 2018).

The achievement of UHC in Pelalawan Regency is a good lesson that can be replicated in other places. Based on the initial survey, researchers conducted an interview with one of the Heads of Community Health Centers in the Pelalawan Regency area, saying that until October 2022, Pelalawan Regency was the only City Regency in Riau Province that had succeeded in achieving the national target of JKN coverage above 95%, namely 96.65%. . This success is of course not achieved easily, there are many personal JKN problems that must be resolved, including there are still people who have not registered as JKN participants, there are still many negative stigmas regarding health services that are not in accordance with the wishes of the

Analysis of Universal Health Coverage (UHC) Achievements from Triangular Policy Analysis Aspect in Pelalawan Regency

community, so this requires cooperation between all related elements. including the regional government, heads of related departments, heads of BPJS Health, heads of health services and heads of community health centers and their staff, to resolve existing problems, so that UHC in Pelalawan Regency can be maintained to date. Therefore, researchers are very interested in studying in depth the success of UHC in the district. Pelalawan is from the Policy Analysis Triangle aspect or commonly called the Health Policy Triangle (Pelalawan District Health Service, 2023).

Policy Analysis Triangle or the health policy triangle is a very simplified approach to a complex relationship. According to the theory developed by (Pradana & Al, 2022) Walt and Gilson in (Pradana & Al, 2022), the policy analysis triangle consists of Actors, Content, Context and Process where these four factors influence each other and can be seen from several research results that have been conducted, namely Temesvari (2018) stated that there was involvement of actors in the form of professional organizations for medical recorders, higher education management associations and also the government in the issuance of the Ministerial Decree- RB Number 30 of 2013 concerning the Functional Position of Medical Recorders and their Credit Scores and according to Yuningsih (2014), there is the involvement of Content which includes professional aspects and relationships between professionals in the formation of the Health Personnel Law, while according to Ariana (2019), there is the involvement of Context which includes cultural aspects , social, legal in the issuance of the Regional Regulation on Non-Smoking Areas in Bali and the final opinion according to Hasnah & Asyari (2023) in their research states that there is process involvement in the vitamin A program which has three targets, namely babies, toddlers and postpartum mothers.

Literature Review

From several preliminary studies above, researchers are very interested in knowing in depth the analysis of Universal Health Coverage (UHC) achievements from the policy analysis triangle aspect by looking at the role of Actors, Content, Context and Process.

From an initial survey conducted with one of the Heads of Community Health Centers in Pelalawan Regency, it was discovered that Pelalawan Regency was the only one of the 12 City Districts in Riau Province in October 2022 that succeeded in achieving the JKN achievement target of above 95% and received the Universal Health Coverage (UHC) award from the government. center. From the data described in the introduction, it can also be seen that there is a very significant gap in JKN achievement, where in 2020 and 2021 it is less than 30%, while in 2022 there will be a very large jump in coverage, namely 96.65%, which is almost a three-fold increase. JKN achievements from 2020 and 2021. Based on the description above, researchers are interested in examining the journey of JKN coverage in Pelalawan Regency from the beginning of implementation to achieving Universal Health Coverage (UHC) by looking at the Policy Analysis Triangle aspect.

Based on this background, researchers are interested in conducting further research related to this problem. The aim is to analyze the achievements of Universal Health Coverage

(UHC) from the policy analysis triangle aspect by looking at the relationship between actors, content, context and process.

Research Method

Qualitative research is research that intends to understand phenomena about what is experienced by research subjects, for example behavior, perceptions, motivations, actions, etc., holistically and by means of descriptions in the form of words and language in a special natural context using various natural methods. (Rany & Yunita, 2021).

This research is qualitative research, meaning it aims to understand the phenomena experienced by the research subjects, including behavior, perceptions, motivations and actions holistically and by means of descriptions in the form of words and language (Moleong, 2021). Qualitative research is also a method that describes a phenomenon through descriptions in the form of written or spoken words of people and observable behavior (Sugiyono, 2019). The approach to this research is phenomenological, which aims to obtain information by conducting in-depth interviews, observations, and reviewing documents regarding the Analysis of Universal Health Coverage (UHC) Achievements from the Policy Analysis Triangle Aspect in Pelalawan Regency. The location of this research was carried out in Pelalawan Regency. The research will start from August to September 2023.

The selection of informants in this research was carried out using a purposive sampling method, namely that informants were selected according to criteria and considerations. The criteria for informants selected in this research were based on willingness to be interviewed, knowing the problem clearly, being trustworthy and being a good source of data and being able to express opinions well (Jaya, 2020). Appropriateness in this research is selecting respondents according to the research topic and knowledge they master. The principle of sufficiency is that the information obtained must be diverse and meet criteria relevant to the research. In this research, interviews were conducted with the Head of the Health Services Division of the Pelalawan District Health Service, the Head of the Pangkalan Kuras 2 Community Health Center, the Head of the General Poly Services Room at the Pangkalan Kuras 2 Community Health Center, the Head of the Mother and Child Poly Services Room at the Pangkalan Kuras 2 Community Health Center, the Head of the Elderly Poly Services Room at the Pangkalan Community Health Center Kuras 2, Assistant II to the Regional Secretary of Pelalawan Regency, Head of the Pelalawan Regency Health Service, and Head of the Pelalawan Regency Social Service.

Results and Discussion

1. Actor

Based on the results of in-depth interview research with key informants, in general the role of each informant in implementing Universal Health Coverage (UHC) in Pelalawan Regency is in accordance with its function. The Pelalawan Regency government in this

Analysis of Universal Health Coverage (UHC) Achievements from Triangular Policy Analysis Aspect in Pelalawan Regency

research is represented by Assistant I to the Regional Secretary of Pelalawan Regency, Head of the Health Service, Head of the Social Service, Head of the Health Services Division, Head of the Community Health Center, Head of the General Poly Room, Head of the Elderly Room and Head of the Mother and Child Poly Room at the Pangkalan Kuras II Community Health Center, each informant has different roles, duties and responsibilities in making UHC a success in Pelalawan Regency . The Pelalawan Regency Government launched UHC in October 2022 based on Regent Regulation Number 50 of 2022, concerning Guidelines for the Implementation of Health Insurance Management.

The Head of Health Services (IU1) is responsible for planning, monitoring and evaluating the UHC program to be reported to the Head of the Health Service, including the budget, number of participants, and problems related to implementing the UHC program in Pelalawan Regency as well as implementing the UHC program from data verification to monitoring and evaluation. The Head of the Community Health Center (IU2) implements policies related to the implementation of UHC, gives instructions to staff, and coordinates with the health service if there are problems related to JKN. Community Health Centers (IU3, IU4, IU5) provide health services, including examinations, treatment and counseling to patients, mothers and children and the elderly. Assistant 1 (IP1) Coordinates the preparation of UHC planning and policies, as well as mobilizing relevant stakeholders to accelerate UHC. The Head of the Health Service (IP2) is responsible for planning the UHC program, coordinating upwards with the Regional Secretary and the Regent, as well as mobilizing related lines such as the Community Health Center and other primary health facilities and advanced health facilities in Pelalawan district regarding the UHC policy. The Head of the Social Service (IP3) receives the proposed Subdistrict, Village or Village DTKS data to verify it, reports it to the Ministry of Social Affairs, and coordinates with the Health Service for integration of JKN participants.

Based on the results of source triangulation, this is in line with the results of in-depth interviews with supporting informants who stated that it was found that there was budget availability for implementing UHC in Pelalawan Regency for two consecutive years, the Regional Government of Pelalawan Regency allocated sufficient budget funds of IDR. 20,874,857,704,- so that the implementation of UHC can run well, where every community who is financially unable to pay for their health is covered by the Regional Government through the APBN and APBD budgets as well as provincial budget sharing, from the researchers' observations the evaluation continues to be carried out well in accordance with the SOPs has been determined jointly with all PICs, both hospitals and health centers, so that the implementation of UHC is as expected.

Based on the results of method triangulation, this is in line with the results of observations which show that the implementation process of using the Pelalawan KTP for treatment at first-level health facilities, especially community health centers, has been running according to what was conveyed by the informant. It can be seen that patients no longer need to show their JKN card at the time of registration, patient or family. Patients are no longer asked for a JKN card and patients only issue an KTP or KK for child patients, they are immediately registered by officers and referred to the polyclinic according to the illness experienced by the patient, patients are served according to their complaints. The

handling of JKN participants who have problems is in accordance with procedures, even though they are not recorded in detail in the report book, patients are still served if their membership is inactive. For participants who cannot afford it, the PIC officer at the community health center immediately reports it to the health service for immediate follow-up, while for participants who can afford it, education to immediately reactivate the JKN card, by paying off or paying off the unpaid JKN debt in installments. Socialization and counseling for JKN membership services has not been implemented optimally, not all patients or patient families who come to the community health center receive counseling as stated by the informant, many of the patient's families do not understand the benefits of JKN, some of the patients the researchers met only know the benefits JKN is for treatment only at community health centers and regional hospitals, while there are other benefits from JKN, including one of the requirements for obtaining a driver's license and business license and several other benefits.

Based on the results of the triangulation method, this is in line with the results of document searches which found the UHC Team SK documents, DPA-SKPD related to the UHC budget, general poly monthly reports, maternal and child poly monthly reports, elderly poly monthly reports, budget DPA provided for UHC in Pelalawan Regency in 2022-2023. In this research, all informants have carried out their roles according to their functions, so that UHC in Pelalawan Regency is running well. To date, the Pelalawan Regency government has allocated very large funds for the implementation of UHC, so that the number of JKN membership coverage in Pelalawan Regency in 2023 continues to increase and has reached the target of 98%.

The results of this research are also in line with research (Saputro & Fathiyah, 2022) which reveals that Governors formulate and establish regulations and allocate budgets to support the National Health Insurance program in their regions. Furthermore, the Regents/Mayors also received instructions to ensure that every resident in their area is registered as an active participant in the National Health Insurance program. The government needs to allocate a budget for the health sector in the APBD structure in one budget year. A fairly large budget allocation from local governments has been an important factor in the successful implementation of UHC, which is reflected in the achievement of high JKN participation coverage rates.

Deficiencies in terms of recording and reporting that have not been implemented properly in handling problematic JKN membership, so this is not recorded properly, even though this recording and reporting is a key element in determining steps for handling health insurance for the future, as evaluation material for planning. Ideally, recording and reporting should be made by the community health center and the Pelalawan District Health Service. This recording and reporting is useful as a reference for steps in handling health insurance for the future, as evaluation material for planning.

In accordance with research according to (Nazir & Darmawati, 2018), recording and reporting are indicators of the success of an activity, without recording and reporting any activity or program will not be visible. The importance of good recording and reporting in health insurance management. This shows that recording and reporting problems are not new problems, but are well known and need to be addressed seriously.

Analysis of Universal Health Coverage (UHC) Achievements from Triangular Policy Analysis Aspect in Pelalawan Regency

Based on the results of the triangulation method, the results of research observations also found that not all patients received counseling about the benefits and advantages of using JKN, even though the public really needed information about the benefits of JKN, of the several patients who came to visit health facilities, not all patients knew about the greater benefits. wide regarding JKN, therefore there is a need for socialization both inside the building when the patient or the patient's family visits the health center or outside the building when we visit the village and socialization is also carried out through social media messaging or other social media in accordance with research conducted by (Chumaida et al., 2020) counseling is assistance provided by a counselor to an individual, through face-to-face or a reciprocal relationship between the two. This counseling is really needed by the community, considering that not all people understand and understand the benefits of JKN.

The results of this research are also in line with research (Aisyah et al., 2022) where JKN counseling helps UHC participants or prospective participants understand better what JKN is, what benefits they get, and how to access the health services covered by the program. . Through counseling, UHC participants can ensure that their rights as JKN participants are understood and fulfilled. They can learn about the range of services available, claims procedures, and their rights to adequate and quality health care. Counseling helps participants choose a service package that suits their health needs. Participants can understand the differences between the service packages offered and choose the one that best suits their health and financial conditions.

The dominant strategy in increasing UHC achievements is continuous outreach and advocacy. Socialization is not only aimed at the general public but also at all lines of public services, such as Social Services, DPMPTS, Police, and Education Department. Improved communication and a more targeted approach need to be implemented to generate public interest and ensure better understanding of the benefits of UHC.

Based on these findings, the recommendations given are first, efforts are needed to improve the problematic JKN membership recording and reporting system. This requires a meeting between the Community Health Center and the Health Service regarding appropriate recording standards and an efficient reporting system. Improving the recording and reporting system will ensure that all relevant information related to problematic JKN membership can be properly documented for future evaluation and planning. Second, more proactive steps are needed in providing outreach and counseling to patients about the benefits and importance of JKN. This can be done through a comprehensive education program at the community level, including direct counseling both inside the community health center building and outside the building when visiting villages or conducting mobile community health centers every month. Puskesmas can also utilize social media and printed promotional materials to convey information about JKN to the public. By improving the recording and reporting of problematic JKN membership and increasing outreach and counseling to patients, the Pelalawan Regency government can ensure that the health insurance program runs more effectively and provides maximum benefits for the entire community.

2. Content

Based on the results of in-depth interviews with informants, it shows that all types of health services, whether promotive, preventive, curative or rehabilitative, in Pelalawan Regency are covered by the National Health Insurance (JKN). Based on the results of source triangulation, this is in line with interviews with supporting informants, it is known that promotive, preventive, curative and rehabilitative services are located at first level health facilities and advanced health facilities and are utilized by people who use JKN in Pelalawan Regency, promotive and preventive activities are often carried out at the Puskesmas (first level health facility), where this activity can be carried out both in the Puskesmas building and when going to the village or school, this activity includes changing or improving behavior through efforts that are promotive (improving health) and preventive (prevention), whereas for Curative (healing) and rehabilitative (recovery) are mostly carried out in hospitals, although currently it is also carried out in community health centers, but not as many health cases are handled as in hospitals, considering the limited health equipment and human resources, especially doctors for community health centers who do not yet have specialist staff.

Based on the results of the triangulation method, this is in line with the results of observations which show that promotive, preventive, curative and rehabilitative services are appropriate and running well, both inside the building and services outside the building. There are differences between public services and JKN participants, where when registering for public services there is no need to queue for a long time, there are separate officers who serve them, but at the service polyclinic they still queue like other JKN patients, whereas for medicines there is no difference. The results of the researcher's observations regarding non-cut off services at the health service are appropriate and running well, for poor people who need urgent health services, they are immediately registered as JKN participants and can be directly used for health financing at hospitals in collaboration with the District Government. Pelalawan.

Based on the results of the triangulation method, this is in line with the results of document searches which show that there are monthly promotive and preventive service reports. There is a monthly report on curative and rehabilitative services. As a result of the document review, no recording or reporting of non-cut off participants was found at the Pelalawan District Health Service.

The results of this research are in line with research (Mariyam, 2018) entitled National Social Security System Through the Social Security Administering Body (BPJS) Health (Insurance Law Perspective), where the benefits of health services provided by BPJS include promotive, preventive, curative and rehabilitative services, and this service can be obtained especially at first level health facilities such as community health centers. All types of health services, whether promotive, preventive, curative or rehabilitative, are covered by the National Health Insurance (JKN). This service is available at primary level (Puskesmas) and advanced level (hospital) health facilities, and can be accessed by people who use JKN.

Based on the results of triangulation of sources from in-depth interviews with main informants and supporting informants for general patient services and JKN patients, there are no differences in services that differentiate in terms of financing, for general patients the

Analysis of Universal Health Coverage (UHC) Achievements from Triangular Policy Analysis Aspect in Pelalawan Regency

medical costs are borne personally, while for JKN patients the medical costs are borne by the APBD, APBN or through membership fees. Based on the results of the researcher's observations, it was found that there were differences in terms of registration services, for general patients there was no need to be in the queue for JKN patients so that general patient services were completed more quickly than for JKN patients. hours to receive services, while in terms of health checks, treatment and counseling there is no difference.

Based on in-depth interviews with main informants and supporting informants, non-cut off services are in the health service and have been running since Pelalawan UHC Regency. The results of observations made by researchers regarding non-cut off services in the Health Service have been running well but the results of observations of recording and reporting documents is still not implemented well, the informant argued that the implementation of activities is carried out online in the system, non-cut off services at the Health Service provide significant freedom for the community. However, obstacles in recording and reporting must be overcome immediately to ensure accurate evaluation and program sustainability.

The research results show success in providing comprehensive health services in Pelalawan Regency through JKN. However, challenges arise mainly related to limited human resources and equipment at community health centers, which can affect the quality and completeness of services. Increasing human resources and investment in health equipment at the community health center level is key to increasing the capacity of first level health services. Apart from that, the difference in registration services between general patients and JKN patients can create a perception of inequality in society. Ideally, this can be overcome by adding registration officers so that JKN patients can be served quickly like general patients, so that there will no longer be any perception of inequality caused by by this queue, although essential medical services do not experience differences, efforts to improve the welfare of general patients and JKN patients need to continue to be considered. recording and reporting documents are still not carried out well, the informant argued that the implementation of activities is carried out online in the system, recording and reporting of non-cut off services have not been carried out well on the grounds that ideally activities are carried out online even though non-cut off activities are carried out online for easy data access. It must be in hard copy form, considering that not everyone can access the JKN system.

The results of this research are in line with research (Pratama et al., 2023) that even though the National Health Insurance (JKN) has provided comprehensive health services, there are still challenges that need to be overcome. One of the main challenges is limited human resources and equipment at community health centers, which can affect the quality and completeness of health services. Therefore, increasing human resources and investing in health equipment at the community health center level is key in increasing the capacity of first level health services.

According to the researchers' analysis, overall the implementation of UHC in Pelalawan Regency has had a positive impact on access and quality of health services. Recommendations for improvement include investment in human resources and equipment at community health centers, reviewing registration policies, and improving recording and

reporting systems at the Health Service. Regular evaluation and active community involvement are key in maintaining and improving the effectiveness of UHC in the future.

3. Context

Based on the results of in-depth interviews with key informants, it is known that the JKN membership policy applies to all Indonesian people, with a focus on health protection and exemption from health costs when sick.

Based on the results of source triangulation, this is in line with the results of in-depth interviews with supporting informants that the JKN membership policy applies to all Indonesian people, with a focus on health protection and exemption from health costs when sick. The estimated number of JKN participants in 2023 is 98% of the total population of Pelalawan Regency, 32% funded by the APBN, 15% funded by the APBD and 51% independent. All health services for communicable and non-communicable diseases are covered by JKN, except in outbreak or pandemic situations such as those that occurred during the previous COVID-19 pandemic. There is no difference or discrimination in service between first, second and third class.

Based on the results of the triangulation method, this is in line with the results of observations made by researchers regarding the service coverage for infectious diseases and non-communicable diseases, which is in accordance with what the informant said, there are no patients with infectious diseases or non-communicable diseases who are not served at first level health facilities, all patients are served according to their respective complaints. The results of observations made by researchers regarding discrimination in health services at health facilities regarding the use of JKN classes one, two and three, no discrimination was found, all participants, both classes 1, 2 and 3, were served according to their complaints and when queuing for registration there was no visible difference, all were served according to queue order.

Based on the results of the triangulation method, this is in line with the results of the document review carried out by researchers, regarding policies handed down from the center to the provinces and to the regions, no documents were found integrating Social Welfare Integrated Data (DTKS) in hard copy form, with the reason that the data was sent randomly online and can only be opened automatically on the 1st to the 11th of each month, whereas during the research, researchers came on the 12th. There were 139,423 DTKS participants who had been integrated into JKN. Ideally, the Social Service has its own data backup, considering that Ministry of Social Affairs data has a limited access time, namely from the 1st to the 11th of each month, so that if needed at any time the data can be accessed easily without having to wait for the 1st to 12th of each month, Presidential Decree Document Number 94 82 of 2018 and Presidential Decree Number 111 were found. The estimated number of JKN participants in 2023 is 98% of the total population of Pelalawan Regency, 32% funded by the APBN, 15% funded by the APBD and 51% independent. As a result of the document review, regarding the service cover for infectious and non-communicable diseases, it appears that there is a document in the form of an outpatient register for patients with infectious and non-communicable diseases. All health services for communicable and non-communicable diseases are covered by JKN, except in outbreak or pandemic situations

Analysis of Universal Health Coverage (UHC) Achievements from Triangular Policy Analysis Aspect in Pelalawan Regency

such as those that occurred during the previous COVID-19 pandemic. There is no difference or discrimination in service between first, second and third class.

Based on the theory that the National Health Insurance (JKN) membership policy which applies to all Indonesian people shows the government's efforts to provide health protection for all its citizens. The principle of waiving health costs when sick is the main goal of JKN. Health economic theory supports the concept of health insurance which involves the participation of the entire community to ensure the availability of sufficient funds to finance health services. Health policy theory states that health policy should be able to create equitable, affordable and quality services for the entire population. JKN tries to achieve this goal by providing better access to health and reducing the burden of health costs for the community. However, implementing this policy also needs to pay attention to sustainability aspects, including the availability of adequate resources and financing (Astari, 2020).

The results of research by (Pertiwi & Gurning, 2023) reveal that the UHC concept was formed with the aim that health as a basic right of all humans can access health services without experiencing discrimination. UHC was created because 40% of the world's population does not have access to essential health services and lacks social protection. The National Health Insurance Program aims to ensure that individuals receive health protection as a form of fulfilling their basic health needs. The research results show that in achieving the UHC target, overall the policy, implementation, targets, environment and process are correct. It can be seen from the UHC policy that it is a solution, the implementers have their respective duties, appropriate targets, a supportive environment and the process is running well with enthusiastic community participation, but there are a few obstacles related to the community not understanding about the UHC program referral system. . Overall, the implementation of the policy has been correct, but there are only a few obstacles in the process, namely that there is still a lack of understanding by the implementers and the public about the UHC program referral system. Those implementing the UHC policy are also expected to continue to increase cooperation and supervision to achieve the targets set and increase public knowledge regarding health insurance.

Research by (Pratama et al., 2023) reveals that to increase the effectiveness of policy implementation, you can look at indicators of the success of implementation. The objectives and effectiveness of policy implementation must be achieved optimally. In implementing policies there must be participation from the community in the implementation of the program. People must also be able to access available health services and use these services to participate in the program. Then, in implementation, you must use resources efficiently and effectively.

The research results show that the integration of DTKS data into JKN is carried out online without hard copy documents. This data integration concept reflects the application of information technology in health management. Health information systems theory emphasizes the importance of information technology in managing health data efficiently and effectively. Using an online system can increase data accessibility and make information management easier. However, the challenge that arises is limited access at certain times, such as on the 1st to 11th of every month. This needs to be a concern because

it can affect the smoothness of the data integration process. Health information management theory emphasizes the need for data security and information availability at all times.

The number of JKN participants in 2023 will be 99.15% of the total population of Pelalawan Regency, which is a form of success in achieving Universal Health Coverage (UHC). JKN financing comes from the APBN, APBD and Mandiri, reflecting the diversification of funding sources, in line with the principle of sustainability of health policy. Health financing theory emphasizes the importance of diversity in funding sources to mitigate the risk of budget shortfalls. Diversification of financing can also increase the independence of regional health systems. However, there needs to be regular monitoring and evaluation of the effectiveness and efficiency of the use of health funds.

Communicable and non-communicable disease services covered by JKN, except in outbreak or pandemic conditions, reflect efforts to provide comprehensive health coverage. Health care theory emphasizes the importance of prevention and treatment of communicable and non-communicable diseases as an integral part of the health system. This policy is also in accordance with the health security concept which emphasizes the need to protect against health threats, including extraordinary events such as pandemics. The COVID-19 pandemic is an important example of the need for flexibility in health policies in dealing with emergency situations.

These results are in line with research by (Saputro & Fathiyah, 2022) which revealed that health financing emphasizes the importance of diversity in funding sources to reduce the risk of budget shortfalls and increase the independence of regional health systems. However, it is important to carry out regular monitoring and evaluation of the effectiveness and efficiency of the use of health funds. Communicable and non-communicable disease services covered by JKN, except in outbreak or pandemic conditions, demonstrate a commitment to providing comprehensive health coverage. The principles of health care emphasize the importance of prevention and treatment of communicable and non-communicable diseases as an integral part of the health system. This policy is also consistent with the concept of health security which emphasizes the need for protection against health threats, including extraordinary events such as pandemics. The COVID-19 pandemic is an important example of the importance of health policy flexibility in dealing with emergency situations. There is no difference or discrimination in services between classes 1, 2 and 3 in accordance with the principle of equitable health services. This emphasizes the importance of implementing the principle of equality in providing access to health services for all levels of society.

Based on the researchers' analysis, there is no difference or discrimination in services between classes 1, 2 and 3 in accordance with the principle of equitable health services. Health service theory advocates equality in access and quality of service for all levels of society. This policy supports the goal of reducing health disparities between social groups. Conclusion The research results reflect the implementation of the JKN policy which focuses on health protection and exemption from health costs during illness. Integration of online DTKS data, estimation of the number of participants, diversification of funding sources, services for communicable and non-communicable diseases, as well as non-discrimination between service classes show holistic efforts in achieving UHC goals. Recommendations can be given in terms of increasing the availability of online data, monitoring the

Analysis of Universal Health Coverage (UHC) Achievements from Triangular Policy Analysis Aspect in Pelalawan Regency

effectiveness of financing, and improving the quality of health services. Apart from that, it is necessary to continue evaluating and adjusting policies according to the dynamics and health needs of the community.

4. Process

The results of in-depth interviews with key informants revealed that initially in March 2022 BPJS Health reported to the health service that there was a PBI JK quota of 56,000 people which could potentially be activated by PBI JK, in the same month the Provincial Health Service held an audience with the Regent of Pelalawan to motivate the Regional Government of Pelalawan Regency to validate the DTKS data so that PBI JK could be activated, the Regent of Pelalawan strongly supported this program so that at the next meeting he included the Social Service and ordered him to immediately propose and verify the DTKS data of 56,000 people to be validated to the Ministry of Social Affairs and not long after, the data was received by Ministry of Social Affairs so that DTKS data can be directly integrated into PBI JK (JKN Entry). Starting from March 2022 to October 2022, JKN coverage in Pelalawan Regency is 96.6% and has exceeded the National target of 95%. This is compared to the previous 2 years, namely in 2020 and 2021, JKN coverage in Pealalwan Regency was less than 30% of the total population, in 2022 there was a quite large jump in JKN coverage in Pelalawan Regency, namely 300% or 3 times the previous year. , this is the success of the Pelalawan District Government in protecting the community in the health sector.

Based on the results of source triangulation, these results are in line with the results of in-depth interviews with supporting informants who stated that initially in March 2022 BPJS Health reported to the Health Service that there was a PBI JK quota of 56,000 people who had the potential to activate PBI JK, in the same month the Provincial Health Service carried out hearing to the Regent of Pelalawan to motivate the Regional Government of Pelalawan Regency to validate the DTKS data so that PBI JK can be activated. After the hearing, the Social Service proposed it to the Ministry of Social Affairs and it was accepted, the DTKS data was integrated into PBI JK (Enter JKN). The majority of factors driving UHC achievement in Pelalawan Regency were related to the proposal of DTKS data, outreach and advocacy. The integration of DTKS participants into JKN data is considered a significant factor. The most dominant strategy to increase JKN outcomes in Pelalawan Regency is to involve all lines of public services such as Social Services, DPMPTSP, Police, Education Department, and the Ministry of Religion. Continuous outreach is also an important factor in motivating people to register themselves and their families as JKN participants.

Based on the results of method triangulation, this is in line with the results of the researcher's observations that the driving factors for achieving UHC in Pelalawan Regency which were stated by the informants were socialization and advocacy both inside the building and outside the building, the researcher saw that it was appropriate, when there were visits from general patients seeking treatment from registration officers. educate patients to immediately register themselves and their families as JKN participants, officers

say that if they are financially unable, patients can register at the sub-district, the sub-district will coordinate with the sub-district and the sub-district will coordinate with the relevant OPD, either the social service or the health service.

Based on the results of method triangulation, the results of document reviews regarding the factors driving the achievement of UHC in Pelalawan Regency, researchers found photos of socialization and advocacy activities, but for social media, researchers found there was a short film containing an invitation to join JKN which was made by the Health Service to be shared. to society. The majority of factors driving UHC achievement in Pelalawan Regency were related to the proposal of DTKS data, outreach and advocacy. The integration of DTKS participants into JKN data is considered a significant factor. The most dominant strategy to increase JKN outcomes in Pelalawan Regency is to involve all lines of public services such as the Social Service (Dinsos), the Investment and One-Stop Service Service (DPMPTSP), the Police, the Education Department (Disdik), and the Regency Ministry of Religion (Kemenag). Pelalawan. Continuous outreach is also an important factor in motivating people to register themselves and their families as JKN participants.

Universal Health Coverage (UHC) is an important concept in achieving global health goals. The research results show that Pelalawan Regency has implemented a series of steps and policies to achieve UHC. One of the main factors driving the achievement of UHC in Pelalawan Regency is the proposal of DTKS data. In March 2022, BPJS Health reported to the Health Service regarding the PBI Health Insurance (PBI JK) quota of 56,000 people. The Provincial Health Service then held an audience with the Regent of Pelalawan to motivate the Regional Government of Pelalawan Regency to validate the DTKS data. This step indicates coordination between relevant agencies to activate PBI JK. In this process, the Social Service makes a proposal to the Ministry of Social Affairs, which is then accepted. Integration of DTKS data into PBI JK (JKN) is a key step to increase JKN coverage in Pelalawan Regency.

In the process of achieving UHC, the most dominant strategy is to involve all lines of public services, including Social Services, DPMPTS, Police, Education and Ministry of Religion. This empowerment of various OPDs reflects a holistic approach that covers the entire spectrum of community services. This step not only illustrates the Pelalawan Regency government's commitment to achieving UHC but also illustrates the synergy between these sectors. Observation results found that there was socialization and advocacy both inside the building and outside the building, although not all people were exposed to this socialization, socialization and advocacy were also key factors in achieving UHC. Although the research found photos of outreach and advocacy activities, social media was also used to make short films inviting people to join JKN. This multimedia approach shows an adaptation to current communication trends, utilizing online platforms to convey information more effectively to the public.

Research by (Parinduri et al., 2023) revealed that the strategy to encourage UHC achievements involves various public service lines such as the Social Service, DPMPTS, Police, Education Department, and the Ministry of Religion. This holistic approach reflects

Analysis of Universal Health Coverage (UHC) Achievements from Triangular Policy Analysis Aspect in Pelalawan Regency

the Pelalawan Regency government's commitment to achieving UHC by involving all related sectors. Socialization and advocacy are also key factors in achieving UHC, both inside and outside health facility buildings. Even though not all people have been exposed to this outreach, outreach and advocacy efforts continue to be carried out, even by using social media and making short films to invite people to join JKN for all residents in Medan City.

Research by (Pratama et al., 2023) reveals that the UHC policy has reduced the financial burden on the community in accessing health services. This program includes health insurance for the entire population, including the poor and vulnerable. Through fair financial schemes, such as the Health Social Security Administration (BPJS), UHC has expanded accessibility and reduced health disparities between social groups. The implementation of UHC has increased health service coverage in Indonesia. Millions of people who previously did not have access to health facilities can now obtain necessary medical care. This program covers a variety of health services, including health examinations, outpatient care, inpatient care, medications, and other medical procedures.

With UHC, people have the opportunity to get comprehensive health services. The UHC policy also encourages improving the quality of health services in Indonesia. The government is focused on developing and improving health infrastructure, including increasing the number and quality of health facilities, as well as increasing the competency of medical personnel. UHC also encourages better service standards and stricter supervision of the quality of health services. All of this aims to provide better services and meet people's health needs.

The importance of continuous socialization is a significant finding in this research. This strategy aims to continue to motivate people to register themselves and their families as JKN participants. Socialization is not only carried out directly to the community, but also involves OPD and other related parties. Thus, the government's efforts are not only focused on increasing coverage, but also on understanding and active community participation in the JKN program. However, the research results also show that there are several challenges, especially regarding recording and reporting. Even though UHC implementation activities are carried out online, recording and reporting are still not optimal. This needs special attention to ensure the data is accurate and can be used for evaluation and future planning.

According to the researcher's overall analysis, the results of this research show that Pelalawan Regency has taken concrete steps to achieve UHC through integration of DTKS data, cross-sector coordination, as well as continuous outreach and advocacy efforts. Although certain challenges remain, the steps that have been taken demonstrate the government's commitment to achieving UHC goals at the local level.

Conclusion

Based on research regarding the Analysis of Universal Health Coverage (UHC) Achievements from the Policy Analysis Triangle Aspect in Pelalawan Regency in 2023, including Actors, Content, Context and Process, the following conclusions were obtained:

Based on the actors, the role of policy makers is in accordance with their respective functions, the implementation of policies to support UHC achievements, the lack of documents for recording and reporting JKN membership problems that have been handled, evaluations that have been carried out and are in accordance with their implementation, and not all patients receive counseling regarding benefits and the priority of using JKN.

Based on the content, all promotive, preventive, curative and rehabilitative services are covered by JKN. There is a difference in service for general patients and JKN patients, general patients are not in the queue for JKN patients. The non-cut off service has been running well. Documents for recording non-cut off services do not yet exist

Based on the context, all communities must be covered by JKN according to Presidential Decree Number 111 of 2013. Regency/City can budget for JKN financing according to Presidential Decree number 83 of 2018. All infectious and non-communicable diseases are covered by JKN. There is no discrimination in services at first level health facilities

Based on the process, planning for UHC in March 2022 will be implemented in October 2022. The driving factor for UHC is the integration of Integrated Social Welfare Data (DTKS) into JKN as well as continuous outreach and advocacy.

The relationship between the Actor, Content, Context and Process variables in achieving Universal Health Coverage (UHC) reflects a complex and interrelated system. Actors, involving all relevant parties including government, health service providers, and society, play a crucial role in implementing and supporting UHC policies. The content of the policy, which covers the range of health services from promotive to rehabilitative, determines the extent and quality of services provided. Context, which refers to the policy and regulatory framework such as Presidential Decree Number 111 of 2013 and Presidential Decree Number 83 of 2018, provides the legal foundation and direction for the implementation of UHC, ensuring that all individuals are covered without discrimination. The process, which includes planning, implementation and evaluation of UHC policies, ensures that the initiative is implemented effectively and achieves its intended goals. The integration of DTKS into JKN and ongoing outreach efforts are concrete examples of how this process takes place.

References

- Aisyah, S., Lituhayu, D., & Djumiarti, T. (2022). Implementasi Kebijakan Universal Health Coverage Untuk Mengatasi Masalah Kesehatan Bagi Bagi Masyarakat Kurang Mampu di Kota Semarang. *Journal of Public Policy and Management Review*, 12(1), 195–215.
- Anwar, A. A., Rahmadani, S., & Rochka, M. M. (2017). Clinical Autonomy dan Kepuasan Kerja Dokter Era JKN. *Uwais Inspirasi Indonesia*.

Analysis of Universal Health Coverage (UHC) Achievements from Triangular Policy Analysis Aspect in Pelalawan Regency

- Aprilla, G. G. (2020). Analisa Kebijakan Standar Pelayanan Minimal Pelayanan Kesehatan Balita Kota Depok Menurut Segitiga Kebijakan Kesehatan. *Jukema (Jurnal Kesehatan Masyarakat Aceh)*, 6(2), 95–105.
- Ariana, P. . (2019). Analisis Segitiga Kebijakan Kesehatan Perda Kawasan Tanpa Rokok Nomor 10 Tahun 2011 Provinsi Bali. *MIDWINERSLION: Jurnal Kesehatan STIKes Buleleng*, 4(1), 74–82.
- Arini, F. D. (2022). Faktor-Faktor Yang Mempengaruhi Pemanfaatan Jaminan Kesehatan Nasional (JKN) Dalam Mewujudkan Universal Health Coverage (UHC) di Kecamatan Medan Baru. *UIN Sumatera Utara*.
- Astari, R. Y. (2020). *Mutu Pelayanan Kebidanan dan Kebijakan Kesehatan*. Deepublish.
- Chumaida, Subagyo, B. S. A., Silvia, F., & Aryatie, I. R. (2020). *Asuransi Kesehatan dan BPJS Kesehatan*. Jakad Media Publishing.
- Clark, G., & Al, E. (2018). An ounce of prevention is worth a pound of cure—universal health coverage to strengthen health security. *Asia & the Pacific Policy Studies*, 5(1), 155–164.
- Dachy, R. . (2017). *Proses dan Analisis Kebijakan Kesehatan (Suatu Pendekatan Konseptual)*. Deepublish.
- Dinas Kesehatan Kabupaten Pelalawan. (2022). *Rencana Strategis Dinas Kesehatan Kabupaten Pelalawan*.
- Djamhari, E. A., Aidha, C. N., Herni, Kurniawan, D. W., Fanggidae, S. J., Herawati, Ningrum, D. R., Thaariq, R. M., Kartika, W., & Chrisnahutama, A. (2020). Defisit Jaminan Kesehatan Nasional (JKN): Mengapa dan Bagaimana Mengatasinya? *Prakarsa*.
- Ginting, D. (2019). *Kebijakan Penunjang Medis Rumah Sakit (SNARS)*. Deepublish.
- Hasnah, F., & Asyari, D. P. (2023). Analisis Program Pemberian Vitamin A pada Bayi, Balita dan Ibu Nifas Berdasarkan Segitiga Kebijakan. *Prepotif: Jurnal Kesehatan Masyarakat*, 7(1), 1–9.
- Herawati, H., Franzone, R., & Chrisnahutama, A. (2020). Universal health coverage: tracking Indonesia's progress.
- Herdiana, D. (2020). Pengawasan Kolaboratif Dalam Pelaksanaan Kebijakan Bantuan Sosial Terdampak Covid-19. *Dinamika Pemerintahan*, 3(2).
- Indonesia, P. R. (2014). *Pedoman Pelaksanaan Program Jaminan Kesehatan Nasional Nomor 28 Tahun 2014*. Depkes RI.
- Jaya, I. M. L. M. (2020). *Metode Penelitian Kuantitatif dan Kualitatif Teori, Penerapan, dan Riset Nyata*. Anak Hebat Indonesia.
- Kesehatan, B. (2023). *Peserta BPJS Kesehatan Kabupaten Pelalawan Tahun 2023*.
- Kusumaningrum, A., & Azinar, M. (2018). Kepesertaan Masyarakat Dalam Jaminan Kesehatan Nasional Secara Mandiri. *HIGEIA Journal*, 2(1), 149–160. <https://journal.unnes.ac.id/sju/index.php/higeia/article/view/17642>
- Lehmann, U. (2016). *Understanding and Analyzing Health Policy*. University of the Western Cape.

- Manalu, N. (2019). Determinan Pemanfaatan Pelayanan Kesehatan Oleh Peserta Penerima Bantuan Iuran (PBI) di Puskesmas Desa Lalag Kecamatan Medan Sunggal Tahun 2018. Universitas Sumatera Utara, 1(1).
- Mariyam, S. (2018). Sistem Jaminan Sosial Nasional melalui BPJS Kesehatan (Persektif Hukum Asuransi). *Jurnal Ilmiah UNTAG Semarang*, 7(2), 36–42.
- Marniati. (2021). *Pengantar Analisis Kebijakan Kesehatan*. Rajawali Pers.
- Massie, R. G. . (2019). Kebijakan Kesehatan: Proses Implementasi Analisis dan Penelitian. *Buletin Penelitian Sistem Kesehatan*, 12(4), 409–417.
- Nazir, N., & Darmawati, G. (2018). Perancangan Pencatatan Dan Pelaporan Terpadu Puskesmas Berbasis E-Report Untuk Meningkatkan Kesehatan Masyarakat. *Jurnal Sains Dan Teknologi: Jurnal Keilmuan Dan Aplikasi Teknologi Industri*, 18(2), 75. <https://doi.org/10.36275/stsp.v18i2.109>
- Nelwati, Sabri, R., & Malini, H. (2021). *Buku ajar: Riset kualitatif* (S. Nurachma (ed.); 1st ed.). PT. Rajagrafindo Persada.
- Notoatmodjo, S. (2018). *Metodologi Penelitian Kesehatan*. Rineka Cipta.
- Nurbaety, & Amelia, R. (2022). *Pengantar Administrasi dan Kebijakan Kesehatan*. PT Sahabat Alter Indonesia.
- Parinduri, R. Y., Siregar, B., & Hulu, D. (2023). Implementasi Kebijakan UHC (Universal Health Coverage) di Kota Medan. *Edunomika*, 7(2).
- Pelalawan, D. K. K. (2023). *Dinas Kesehatan Kabupaten Pelalawan*.
- Peraturan Presiden Republik Indonesia Nomor 12 Tahun 2013 Tentang Jaminan Kesehatan (2013).
- Pertiwi, C., & Gurning, F. P. (2023). Implementasi Jaminan Kesehatan Daerah untuk Mencapai Universal Health Coverage (UHC) dalam Pelayanan Kesehatan Puskesmas di Puskesmas Teladan Kota Medan. *PubHealth Jurnal Kesehatan Masyarakat*, 2(2), 73–78. <https://doi.org/10.56211/pubhealth.v2i2.366>
- Pradana, A., & Al, E. (2022). Program Universal Health Coverage (UHC) di Indonesia. *Jurnal Endurance*, 7(2), 462–473.
- Pratama, E. P. P. A., Annajah, S., Adristi, K., & Istanti, N. D. (2023). Analisis efektivitas implementasi kebijakan universal health coverage di Indonesia tinjauan ketersediaan dan kualitas layanan kesehatan: Literature review. *Jurnal Medika Husada*, 3(1), 51–62.
- Putri, A. E. (2014). *Paham JKN: Jaminan Kesehatan Nasional*. Friedrich-Ebert-Stiftung.
- Rany, N., & Yunita, J. (2021). *Metodologi Penelitian Kualitatif Bidang Kesehatan*. CV. Global Aksara Pres.
- Rencana Pembangunan Jangka Menengah Nasional Tahun 2015 – 2019 (2015).
- Rumengan, D. S. S., & Kandou, J. M. L. U. G. D. (2015). Faktor-Faktor yang Berhubungan dengan Pemanfaatan Pelayanan Kesehatan Pada Peserta BPJS Kesehatan di Puskesmas Paniki Bawah Kecamatan Mapanget Kota Manado. *JKMU*, 5(5), 88–100.

Analysis of Universal Health Coverage (UHC) Achievements from Triangular Policy Analysis Aspect in Pelalawan Regency

- Saputro, C. R. A., & Fathiyah, F. (2022). Universal Health Coverage: Internalisasi Norma di Indonesia. *Jurnal Jaminan Kesehatan Nasional (JJKN)*, 2(2), 204–216. <https://doi.org/10.53756/jjkn.v2i2.108>
- Sugiyono. (2019). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Bandung: CV. Alfabeta.
- Talib, M. T. (2022). *Implementasi Kebijakan Kesehatan Pelayanan Rekam Medis*. CV. Azka Pustaka.
- Temesvari, N. A. (2018). Analisis Segitiga Kebijakan Kesehatan dalam Pembentukan Peraturan Menteri Pendayagunaan Aparatur Negara dan Reformasi Birokrasi Republik Indonesia Nomor 30 Tahun 2013 Tentang Jabatan Fungsional Perkam Medis dan Angka Kreditnya. *Indonesian of Health Information Management Journal (INOHIM)*, 6(1), 14–20.
- Tulchinsky, T. H. (2018). Bismarck and the long road to universal health coverage. *Case Studies in Public Health*, 13(1).
- Undang-Undang No 24 Tahun 2011 Tentang Badan Penyelenggara Jaminan Sosial (BPJS) (2011).
- Undang-Undang No 40 Tahun 2004 Tentang Sistem Jaminan Sosial Nasional (SJSN) (2004).
- Yuningsih, R. (2014). Analisis Segitiga Kebijakan Kesehatan dalam Pembentukan Undang-Undang Tenaga Kesehatan. *Aspirasi: Jurnal Masalah-Masalah Sosial*, 5(2).