

The Implementation of The National Health Insurance Based on Gotong-Royong Principle as the Efforts of Enhancing the Welfare

Endang Wahyati Yustina, Johanes Budisarwo, and Leonardo Eddy Wiwoho

Abstract—The National Health Insurance (JKN) is implemented in order to realize the guarantees and the fulfillment of the decent basic needs of life for every participant and/or his family member. The Indonesian government referred the Health Social Security Agency (BPJS) as the only JKN organizer on January 1, 2014 by using an insurance system. This means that every Indonesian citizen is required to set aside a small sum of money for his or her health's sake. As the organizer of JKN, Health BPJS implements gotong royong or mutual cooperation principle. Gotong royong principle is indeed one of the nation's characteristics. It is an activity jointly and voluntarily carried out by the community's members in order to make work smoothly, easily and lightly run. It is implemented by helping each other, namely the rich helps the poor and the healthy helps the sick. In order to make Indonesia healthier, all Indonesian citizens are expected to actively join JKN. Gotong royong principle is to be a cornerstone of the Act number 24 of 2011 on BPJS and it is further regulated by the Presidential Decree number 12 of 2013 on Health Insurance. By implementing health insurance based on gotong royong principle toward universal health coverage, every Indonesian citizen's rights of having healthy and prosperous life will be fulfilled.

Index Terms—National health insurance (JKN), gotong royong principle, community welfare.

I. INTRODUCTION

The Presidential Decree defines the meaning of health insurance as follows: "health insurance is a guarantee in the form of health protection so that participants gain the benefits of health care and protection to meet basic health needs given to every person who has paid dues or whose contributions are paid by the Government". National Health Insurance (JKN) has multiple benefits, both medical and non-medical. It has comprehensive benefits, meaning that the service provided is complete ranging from preventive, promotive, curative and rehabilitative. The whole service is not affected by the amount of dues paid by the participants. Promotive and preventive are provided for individuals (personal care).

The National Health Insurance (JKN) is part of the National Social Security System (SJSN) which is administered through social health insurance mechanism which is mandatory under the Act of SJSN in order to meet the decent basic needs of the society. It is given to every person

who has paid dues or the dues are paid by the Government.

JKN in Indonesia is implemented after the enactment of the Act Nr. 24 of 2011 on Social Security Agency (BPJS). JKN program has now been running for three years. The benefits received by the community of BPJS participants continues to increase, however, some deficiencies remain. The *gotong royong* principle as the essential foundation for holding JKN should grow. Through this principle it is expected that the burden would together be shared by the government with all its resources, the rich people and the poor who needs help. JKN implementation based on *gotong royong* principle will be a means for the realization of public welfare.

II. NATIONAL HEALTH INSURANCE (JKN)

The National Health Insurance (JKN) in Indonesia is aimed to realize the rights of having healthy life for the whole community as mandated by the Constitution. JKN is held by insurance principles and these insurance principles are to be the foundation of the social security program implementation whose goal is health financing for the community. It is known that the health financing problem is not just a problem in Indonesia alone but it is also a problem of other countries around the world. Therefore, a social security program is launched and one the forms is health insurance for the entire population (universal coverage). Several global agreements such as the UN Human Rights Declaration in 1948, the Convention of the International Labor Organization (ILO), and the resolution of the 58th World Health Assembly (WHA) in 2005 underlie the enactment of the government's policy related to National Social Security System (SJSN). [1]

In accordance with the global agreement, the Act Nr. 24 of 2011 on Social Security Agency (BPJS) was then enacted. It is as a following step of the Act Nr. 40 of 2004 on National Social Security System (SJSN). These Acts regulate the implementation of the national health insurance (JKN) consisting of health BPJS and employment BPJS. Based on Act Nr. 40 of 2004 the social security is mandatory for all citizens including JKN that was started to implement on January 1, 2014 and is managed by health BPJS. The implementation of JKN is operationally stipulated by Government's Regulations and President's Regulations, among others, the Government's Regulation Nr. 101 of 2012 on Recipient Contribution (PBI), President's Regulation No. 12 of 2013 on Health Insurance as amended by Presidential Decree Nr. 111 of 2014 and subsequently amended by Presidential Decree Nr. 19 of 2016 and last amended by

Manuscript received December 20, 2016; revised March 1, 2017.
The authors are with the Soegijapranata Catholic University, Indonesia.
(e-mail: endang_wahyati@yahoo.com, budisarwo@unika.ac.id, leo@unika.ac.id).

Presidential Decree Nr. 28 of 2016 and JKN Roadmap. JKN program is a joint program of the government and community as well to provide guarantee of health insurance for all Indonesian citizens in order they will obtain healthy, productive, and prosperous life.

JKN reaches all citizens, meaning that the entire population, including foreigners who must pay a certain percentage of the nominal of the dues. However, for the poor and they who cannot afford the dues are paid by the Government. The latest participants are known as the beneficiaries of contributions (PBI). It is expected that all citizens will have become JKN's participants in 2019.

In accordance with the Act Nr. 40 of 2004 on National Social Security System (SJSN), JKN is managed by the principles below:

- 1) *Gotong royong* (mutual cooperation). Every participant is obliged to pay contributions and this will realize *gotong royong* principle, namely the healthy helps the sick and the rich helps the poor.
- 2) Non-profit. The Social Security Agency (BPJS) is not allowed to make a profit. The fund collected from the public is a trust fund, therefore, its use and development should be utilized for the benefit of participants.
- 3) Openness, caution, accountability, efficiency, and effectiveness. These management principles underly the whole fund management derived from participants' contribution and the results of the development.
- 4) Portability. This principle ensures that the participants *eventhough* they move to a new place or a new job, as long as they remain living in the territory of the Republic of Indonesia, they will still be able to use their rights as participants of JKN.
- 5) Participation is mandatory. All citizens should be participants so that they will be protected. Its implementation remains adjusted to the citizens' and government's economic capacity and the feasibility of the program implementation.
- 6) Trust fund. The fund collected from the participants' contributions are deposited funds to the administering body *that* should be well managed for the sake of the participants' interests.
- 7) The result of the social security fund management is entirely used for program development and optimally for the participants' interests.

As noted in the implementation of JKN principles above, the participation is then mandatory. The participant is any body, including a foreigner working in Indonesia for at least 6 (six) months and has paid contribution. As a form of the implementation of *gotong royong* principle in which the rich participants help the poor ones, the participants of JKN are then grouped into two categories, namely Recipient Contribution Participants (PBI) and Non-Recipient Contribution Participants (Non-PBI). Recipient Contribution Participants (PBI) are they who are poor and cannot afford as stipulated by the Ministry of Social Affairs after having a coordination with the Minister and/or the management of relevant institutions. Non-Recipient Contribution Participants (Non-PBI) are they who do not belong to the poor and able to pay the dues individually or collectively to health BPJS.

Non-PBI consists of: 1) worker wage recipients and their families (civil servants, military, police, state officials, non-servant government's officials, private employees), 2) non-waged workers and their family's members (non-employed workers or self-employed, including foreigners working in Indonesia for at least six months), 3) non-workers and their family members (investors, employers, pension recipients, veterans, independence pioneers), 4) pension recipients (civil servants who quitted with pension rights, military and police members having pension rights).

As a provision having compulsory characteristic, the membership is then regulated according to a payment schema as mentioned above, namely PBI and Non-PBI. However, to ensure the implementation of the provision, the support and participation of some parties (stakeholders) are needed. It is obliged for employers to register their workers in JKN program as regulated by the Government's Regulation (PP) Nr. 86 of 2013. The regulation obviously requires the employers, beside the State, to register themselves and their workers as participants of BPJS. The registration is done in stages in accordance with the social security program followed.

Furthermore, the employers are also required to provide complete and correct data of themselves and their workers as well as the family members to BPJS. The employers who do not register themselves, their workers and their families to BPJS, or do not provide complete and correct data will be subject to administrative sanctions. The administrative sanctions can be: a. written reprimand; b. fine; and/or c. not getting certain public services as stated in the Article 5 Paragraph (2) of PP Nr.86 of 2013. It is also stated that the sanction imposition the employers, beside the State and any person, other than the employers, workers and PBI are done by the supervision and inspection of compliance in the administration of social security as stated in the Article 12 Paragraph (1) of PP Nr. 86 of 2013.

The provisions of sanctions are intended as a form of responsibility for each party (including the employers) in order to be able to work together in mutual cooperation or *gotong royong* with the Government and other parties to realize the rights of obtaining healthy life for all Indonesian citizens.

III. GOTONG ROYONG (MUTUAL COOPERATION) PRINCIPLE IN HEALTH INSURANCE

Gotong royong consists of two words, namely *gotong* and *royong* drawn from Javanese language. The word *gotong* or *menggotong* means lifting or carrying heavy objects committed together by several persons while the word *royong* reflects the mutual and fair enjoyment of the work in accordance with the large contribution given. Therefore, *gotong royong* means working together and fairly enjoying the results of the work.[2]

As confirmed by Kamsori, *gotong royong* can be interpreted as an attitude or activity carried out by members of the community. It is cooperatively and mutually done to solve the existing common problems and it is voluntarily done without any remuneration. Such an attitude as *gotong royong*

has already attached by generations inherited by the ancestors and it is very instrumental to support development for the sake of the community or public welfare.[3] According to Azinar Sayuti, *gotong royong* has several benefits, namely the participation and shared responsibility of the citizens concerned in any effort of development, both physical and non-physical and of the areas of the local community's life. [4]

Similar to the understanding of *gotong royong* above, M. Nasroen lays out *gotong royong* as an Indonesian native term which means working together to achieve a desirable result. *Gotong royong* refers to the activity of working together in completing the work and together enjoy the fruits of the work fairly or a effort or work performed selflessly and voluntarily by all citizens according to its limits respectively.[5]

Mutual cooperation is the way of living of the Indonesian society in their efforts to survive and develop. Therefore, it has become a common need of the Indonesian society since in the olden time. Each individual realizes that a lot of work is too hard to be accomplished by him or herself. Mutual cooperation is then to the answer to such a burdened work because the cooperation provides an opportunity for the people to voluntarily cooperate and provides equitable benefits for all. Mutual cooperation will provide an answer against common challenges for the good of all's sake [6] All deed for benefit of all, all sweat for the happiness of all, *gotong royong* principle is a principle that is present for both the rich and not rich (poor), for Moslems and that Christians, for the indigenious Indonesians and the descent Indonesian citizens becoming Indonesians.

Gotong royong is the basic philosophy of the Indonesian nation, the value of *gotong royong* is obviously contained in every principle of the State's official ideology named Pancasila. This ideology consists of five (*panca*) principles (*sila*), namely believe in one God, humanism, nationalism, democracy, and social justice. Pancasila shows the presence of cooperation, mutual help in social life to achieve the common goals. Therefore, it could be concluded that *gotong royong* is the essence of every principle of Pancasila and is one of the characteristics of Indonesian culture.

The history of the human and mankind development is a history of cooperation for common good's sake whereas the the common good itself is the result of the implementation of human dignity in common life, social life, national life and international life. Human interaction should mainly be in the form of cooperation but if a conflict appears there should be a peaceful and fair resolution. In Indonesia fraternity is the result of the encounter of mutual cooperation fraternity and universal human values. The values providing for mutual cooperation are freedom, equality, and fraternity. [7]

Hence the mutual cooperation principles could be characterized as follows:

- 1) as one of the Indonesian society's characteristics to live and develop together.
- 2) as an activity that is jointly and voluntary conducted without expecting any return and is destined to make the work or activity easily, smoothly and lightly run
- 3) it contains universal human values including freedom, equality and fraternity.

- 4) it brings the meaning of mutual assistance conducted to get happiness and harmony in living together within society.

IV. THE IMPLEMENTATION OF GOTONG ROYONG PRINCIPLE TO HEALTH INSURANCE AND PUBLIC WELFARE ENHANCEMENT EFFORTS

Gotong royong principle becoming the foundation of JKN has actually been a principle of social life and also one of the nation's cultural roots in Indonesia. Helping each other and caring for sesame is the hallmark of Indonesian culture. In JKN *gotong royong* principle means that the rich participants are expected to help the poor or the weak, the healthy participants help the sick or highly risky. This is possible because JKN membership is mandatory for the entire population, indiscriminately. Thus, through *gotong royong* principle, social security will foster social justice for the whole Indonesian society.

It is described above, the implementation of *gotong royong* principle is embodied in a particular provision related to the due payment of JKN that includes: Recipient Contribution (PBI) and Non-Recipient Contribution (Non-PBI). The due payment of PBI is conducted by the Government while Non-PBI must pay the due by themselves. The no-waged workers and no-job participants, the due should be paid by themselves while the waged workers the due is jointly paid by the employer and the workers. It also happens for private sector employees

The *gotong royong* principle in JKN has two (2) benefits, namely in the form of medical benefits (health services) and non-medical benefits, that includes accommodation and ambulances. The ambulances are given only for referral patients and it is taken from health facilities based on certain conditions set by health BPJS. The benefit package received in the program of comprehensive JKN is appropriate with medical needs. Thus, the service provided is complete (preventive, promotive, curative and rehabilitative), it is not affected by the amount of the premium of the participants. Promotive and preventive services are given in the context of individual health (personal care). Although the benefits guaranteed in JKN are comprehensive it is still limited, especially things that are categorized supporting and not in accordance with the procedures.

The above provisions are formulated in such a way so that they are expected to provide facilities and to support the successful implementation of the JKN program. The succesful JKN program is believed to create equity in health for all Indonesian citizens based on *gotong royong* principle. Therefore, the available funds will be rightously on target and will assist or finance participants in need.

Based on the results of the study at 4 (four) BPJS offices (Central Java, Jakarta, Banjarmasin and Yogyakarta) it can be noted that the majority of the poor (PBI) have got services in line with their expectations. In general, the poor having health insurance obtain health care in various health facilities, free of charge, for all kinds of services in accordance with the provisions set forth by BPJS. JKN program implementation in Indonesia based on *gotong royong* principle has helped the State in fulfilling its obligations to perform public welfare.

Nevertheless, it should be noted that up to three years of JKN implementation, there are still obstacles found, namely about how to decide the recipients of contributions (PBI). It needs very accurate verification for the right target. Community participation is needed to provide the correct data related to the economic strength of the recipient (FBI) candidates. If due contribution is received by a community group that is not appropriate it would potentially reduce the effectiveness and the beneficiaries of JKN program. This increasingly emphasizes the importance of *gotong royong* principle in the administration of health insurance for the realization of public welfare.

In order to realize the public welfare, a State following welfare state concept as Indonesia, must take enormous part in the life of its own people. State's interference into citizens' private life will be very wide and it is intended for performing public welfare. Similarly, the Government's policy in JKN program is conducted as a form of government intervention to the citizens' life for the purpose of creating prosperity.

Arguelles, Juan Ramon de Paramo, in his writing *Welfare Rights and Health Care*, states that health protection is one of the most important features of shaping a state as a welfare state. When the state produces legal structures to defend health, such measures become an invaluable instrument to better understand state organization as a whole, as well as the current legal system [8]. It further mentions that a welfare state is characterized by its explicit obligation to provide assistance and support to citizens who suffer from specific needs and risks. But such obligations are not derived from extra interventions in time of emergency - a charity of sorts to compensate for failure - but instead from institutional interventions based upon the recognition of individual indigence as a structural feature of modern society [9].

Many people define general welfare or social welfare but, according to Kusmaryanto, a lot of the definition share taken from John Rawls' that is "a general condition that is favorable for everyone". Common good is a goodness that is recognized by and shared for many people. This general welfare principle is included in the realm of ethics because general welfare will not be possibly achieved without making efforts and working together (*gotong-royong*). For example, physical and spiritual health might not be achieved if the people themselves do not work together in an organized way. Therefore, people need to work together within a community based to achieve the common goal [10]. This is to be one of the reasons why JKN program is being implemented in Indonesia [10].

JKN program implementation based on *gotong royong* principle will guarantee every Indonesian citizen to obtain quality health services. It is expected that all Indonesian citizens, without exception, will be guaranteed their welfare, especially in the health sector so that it is to become the nation's major capital of the qualified national development.

V. CONCLUSION

1) National Health Insurance (JKN) program is a

Government's and community's program having the aim of providing a guarantee of whole health insurance for every Indonesian citizen so that the whole Indonesian society will live in healthy, productive, and prosperous conditions. JKN in Indonesia is conducted based on social insurance principles. JKN is organized through a Social Security Agency (BPJS) which was erected by the Act Nr. 24 of 2011 as the implementation of the mandate of the Act of National Social Security System (SJSN). JKN reaches the whole population (all citizens), it is mandatory and brings sanctions to those who do not carry out this program.

- 2) *Gotong royong* principle is a principle that derives from the root of Indonesian culture. This principle has already become foundation of people's daily life. *Gotong royong* principle implies that everything will be done together, helping each other so that the burden will be light.
- 3) *Gotong royong* principle is a major cornerstone in the implementation of JKN. Through the JKN program it is expected that people will get qualified health services and will have an ease of access to the services. *Gotong royong* principle in JKN means that they who are strong or rich help the weak or poor so that it will help the State's responsibility in realizing the rights to health. The implementation of *gotong royong* principle in JKN has been able to realize the rights to a healthy life for the people in line with universal health coverage target. Therefore, prosperity for all Indonesian people will manifest.

REFERENCES

- [1] Thabrany, Hasbullah, *Jaminan Kesehatan Nasional*, Jakarta: RajaGrafindo Persada, pp. 163,164 & 172, 2015, See also: Anonim, *Manual Health Insurance (Bahan Paparan Jaminan Kesehatan Nasional/ JKN)*, Kementerian Kesehatan Republik Indonesia: <http://www.jkn.kemkes.go.id/attachment/unduh/Ebook%20BAHAN%20PAPARAN%20JKN%20DALAM%20SJSN.pdf>
- [2] Moch. Eryk Kamsori, *Study Masyarakat Pedesaan di Indonesia*, Bandung: UPI, p. 33, 2008.
- [3] Moch. Eryk Kamsori, *Study Masyarakat Pedesaan di Indonesia*, Bandung: UPI, p. 31, 2008.
- [4] Azinar Sayuti, *Sistem Gotong-royong dalam Masyarakat Pedesaan Sumatera Barat*, Jakarta: Proyek Inventarisasi dan Dokumentasi Kebudayaan Daerah Departemen Pendidikan dan Kebudayaan, pp. 187, 1983.
- [5] M.Nasroen, *Falsafah Indonesia*, Jakarta: Bulan Bintang, p. 45, 1967.
- [6] Panjaitan, Merphin, *Peradaban Gotong-royong*, Jakarta: Jala Permata Aksara, pp. 6, 42, 2016.
- [7] Panjaitan, Merphin, *Peradaban Gotong-royong*, Jakarta: Jala Permata Aksara, pp. 39, 41, 2016,
- [8] Weisstub, David N & Diaz Pintos, Guillermo (Editor), *Autonomy and Human Rights in Health Care*, Springer, Doorderecht, Nederland, p.100, 2008.
- [9] Weisstub, David N & Diaz Pintos, Guillermo (Editor), *Autonomy and Human Rights in Health Care*, Springer, Doorderecht, Nederland, pp.100, 2008.
- [10] Kusmaryanto, C.B. *Bioetika*, Jakarta: Kompas Press, p. 219, 2016



Endang Wahyati Yustina was born in Salatiga-Indonesia, in 1959. She was the graduated bachelor of law, from Law Faculty, Diponegoro University, Semarang-Indonesia, in 1983. a graduated master of law, from Post Graduate Program, Indonesia University, Jakarta-Indonesia, in 1991, and a graduated doctor of law, from Post Graduate Program, Parahyangan University, Bandung-Indonesia, in 2010. She has worked as a lecturer at the law faculty Soegijapranata Catholic University of Semarang, since 1984 until now, also teaches in the Master of Health Law at the same university. She support the course of administrative law and health law, is also a guest lecturer at several universities, state and private steeper for health law course.

The scientific work in the form of books, Recognize of Hospital Law (Bandung, Indonesia: Keni Media press, 2012), Other titles that are Legal Entities Hospital (After the enactment of Law No. 44 of the Hospital), being prepared publication by Soegijapranata Catholic University Press, Semarang, Indonesia, in 2016. She frequent speaker or resource person at various national forums, regional and local , organized by the Higher Education , Ministry of Health , Hospital, Health Professionals Organization as the Indonesian Doctors Association , etc, especially in the discussion of the legal aspects of Health .She is also active in organizations engaged in the development of health law in Indonesia.

Yohanes Budisarwo was born in Semarang district, on October 24, 1962, A graduated bachelor of law, from Law Faculty of Soegijapranata Catholic University of Semarang 1n 1988. A graduated master of law, from Post Graduate Program of Gadjah Mada University of Yogyakarta, in 1993, and a graduated doctor of law, from Legal Science Doctorate Program (PDIH) of Diponegoro University of Semarang, in 2012. Book Writing in the last years, Health Social Security System in Fulfilling the People's Health Basic Rights (Semarang, Indonesia, Soegijapranata Catholic University Press, 2012)

Leonardo Eddy Wiwoho was born in Semarang, November 06, 1958. A graduated bachelor of law from Law Faculty of Diponegoro University, Semarang, in 1983. A graduated master of law, from Post Graduate Program of Diponegoro University, Semarang, in 2005. Research Experience in the last years, The Implementation of National Health Insurance (JKN) to Private Employees based on the Act Nr. 24 of 2011 on BPJS and Efforts of Public Welfare Improvement, Grants of Leading Research of Higher Education (PUPT) as a research team member.