

# Policy innovation to enhance access to universal health coverage: a case of Kota Semarang

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**Abstract.** Achieving Universal Health Coverage (UHC) has been a policy priority globally including in Indonesia. To achieve UHC, government needs concerted efforts at all levels, from central government to district governments. The efforts at district level government are particularly important in Indonesia as health care is one of decentralized government functions that has to be managed and financed by district government. Under such context, this article analyses the implementation of PANDANARAN program in Kota Semarang. Kota Semarang has been successful in achieving UHC where approximately 95.37 percent of its population is now covered by the National Health Insurance (JKN) program. This success is partly supported by PANDANARAN program in which citizens can directly reporting barriers to access UHC to the Health Office. As a result, this program has successfully improved access to UHC in Kota Semarang. The incremental nature of PANDANARAN is also a suitable response from the government to fill the existing UHC coverage gap. Policy implication that needs to consider is to create substantive transformation in its policy design to ensure sustainability of the program.

## 1 Policy Innovation in Achieving UHC

When the Sustainable Development Goals were adopted in 2015, one of the goals that the world's governments established was to achieve Universal Health Coverage (UHC) [1]. At the 2019 UNGA High Level Meeting on UHC, nations reaffirmed this ambition and focus their dedication to this cause. As a strategic element of SDGs, countries that make strides toward UHC will also make improvement toward other health-related programs and objectives. UHC will enable learning and earning opportunities for adults and children; good health also aids in eradicating poverty and lays the groundwork for long-term economic growth.

In brief, UHC can be defined as protection for all citizens from falling into financial hardship due to illness. UHC also entails that everyone has access to the necessary healthcare without facing financial hardship. Under UHC, citizens should be able to access the complete range of necessary, high-quality health services—from health promotion through prevention, diagnosis, and treatment—as well as palliative care are all included [2]. In Indonesia, UHC

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has been part of national government's priority[3]. UHC is implemented partly through the *Jaminan Kesehatan Nasional* (National Health Insurance Program). The JKN has been implemented since 2014 and currently approximately 82 percent of Indonesian population is covered by JKN [4].

Not limited to central government, local government plays important role in implementing JKN. Through their local budgets, local governments can provide protection for its citizens by insuring its population to the JKN. In Semarang, the government of Kota Semarang has implemented called UHC Kota Semarang. UHC Kota Semarang is a health insurance program funded by the Semarang local budget since October 2017. Approximately 95.37 percent of Kota Semarang population (1,607,975 people out of a total population of 1,686,042) is now covered by the National Health Insurance (JKN) program; with a total of 227,176 people is covered by the local government through UHC Kota Semarang. Kota Semarang UHC members can get access to health services at primary care facilities (*puskemas*), private clinics, doctors in private practice as well as at hospitals.

With such large coverage however, there are still segments of Kota Semarang residents who are yet covered by UHC Kota Semarang. Kota Semarang often receives reports about residents who do not have health insurance but require treatment at health facilities. The reports are particularly high from people in vulnerable groups, namely pregnant women, people with disabilities, and the elderly.

In order to overcome lack of health insurance coverage for these groups, Health Office Kota Semarang initiated policy innovation called PANDANARAN in 2017. PANDANARAN is an Indonesian abbreviation of *Pelayanan Aduan UHC Warga Kota Semarang* or UHC Complaint Service for Semarang Residents. PANDANARAN was created to solve health insurance problems by simplifying citizens access UHC services, shortening the length of time for resolving public complaints (initially patients have to wait for 14 days for resolving problem); and building trust from the citizens regarding UHC services. The policy innovation was integrated through a web-based application called UHC information management system (SIM UHC).

The paper aims to examine the implementation of PANDANARAN through the lens of policy innovation framework. The paper highlights the importance of PANDANARAN as an incremental policy innovation that could provide improved access for citizens to health protection. The incremental nature of PANDANARAN on one hand, is a suitable response from the government to the existing gap.

## 2 Methodology

The research is conducted through qualitative approach. We interviewed 3 policy makers and 5 implementors responsible for the initiation, policy design and implementation of PANDANARAN program. All interviews were conducted in January-March 2022.

## 3 Findings and Discussion

Literatures on innovation in public sector define innovation as the pursuit of original, uncommon, or novel solutions to issues and demands, including the development of new services, new organizational structures, and process enhancements, is what is meant by innovation in the public sector. Innovation requires continues connection of risk-taking and "pro-activity" with innovation [5]. Risk-taking entails the readiness to accept a little amount of risk when allocating resources to chances. Pro activity means foreseeing and solving issues before they arise, being persistent and adaptable, and taking accountability formistakes. Pro-activity guarantees that entrepreneurship runs smoothly.

Perspective on innovation starts from invention, diffusion, effects. Invention refers to exploration, novelty, experimentation, tinkering, discovery, recombination, new to the world. Effects concerns with learning, transfer, adoption, exploitation, new to a particular jurisdiction or agent. Diffusion relates to impacts, outcomes, substantial or radical change, disruption [6]. These innovations can take one of three forms: systemic or transformational, which are major innovations frequently driven by the emergence of new technologies, which transform sectors, giving rise to new workforce structures, types of organizations, relationships between organizations, and step-changes in overall performance. Incremental innovations are relatively minor changes to existing services or processes. Radical innovations are new services, products, or delivery methods, but the dynamics of the sector remain unchanged. The phase of innovation can be further conceptualized in the Figure 1 below.



**Fig. 1.** Phase of innovation.

Source: UK National Audit Office (2009) [7]

The PANDANARAN innovation has been implemented since 2019 through the issuance of the Head of the Semarang Health Office Decree Number 800 / 6291 of 2019 concerning the Formation of a Complaint Management Team at the Semarang Health Office. The implementation of this innovation is guided by the establishing procedures to handle citizens report indirectly or directly. The indirect complaint procedure means that citizens can submit report concerning UHC Kota Semarang through the Governor's Report (LAPOR), LAPOR Hendi, Kota Semarang UHC Hotline, Instagram of Semarang City Government, as well as Facebook and Twitter accounts of Semarang Government.

After receiving report, the Kota Semarang UHC Verification Team conducts verification procedure using the UHC System Information Management (SIM UHC Application). The UHC SIM application is used to see the membership status of citizens reporting the case, whether they already have health insurance or not. If the reporter does not have health insurance, the UHC Verification Team will register the reporter into Kota Semarang UHC membership with predetermined requirements. After completion, the UHC Verification Team will provide answer to the report.

Additionally, citizen can report UHC case to the direct reporting procedure. Through this channel the public can submit a report/complaint directly to the UHC service center. The UHC service Officer receives the complaint and then performs verification using the UHC SIM Application. Complaints submitted by the public at the UHC service counter can be answered on the same day.

The innovative character of PANDANARAN program also lies in its aim to integrate information from Population Registry Office (the *Dispendukcapil*), BPJS Health and health facilities in Kota Semarang. Through SIM UHC, the process of resolving public complaints related to the UHC program becomes faster. Officers only need to input the citizen

registration number to the UHC SIM application and they can see population data, membership status in the JKN Program, type of participation in the JKN Program and types of primary health facilities of the reporter. The UHC SIM application is an important part in helping to speed up the process of resolving public complaints related to the UHC program. The application of SIM UHC is in line with the aims of PANDANARAN that is to accelerate the process of resolving complaints from people who do not have health insurance.

To further maintain and improve PANDANARAN's innovation, this innovation has been evaluated or assessed by various parties, both internally and externally. The evaluation emphasizes the extent to which PANDANARAN's innovation is able in resolving complaints quickly and accurately as well as to what extent the program provides the maximum level of satisfaction to the community. The evaluation method is carried out by utilizing an application that requires the UHC Verification Team to fill out a form every week through internal evaluation web <https://bit.ly/JAMKESKEMITRAAN>.

Evaluation is also carried out through external reviews by the Semarang Government through the measurement of Community Satisfaction Index which aims to obtain feedback on the performance and quality of services provided to the community. Results of the 2021 Community Satisfaction Survey: 85.86 Category B (Good). The results of the evaluation provide recommendations for continuous improvement and improvement, which have been addressed directly and informed back to the public (the reporter).

After being implemented, the PANDANARAN innovation has had a positive impact on the quick and thorough handling of incoming public complaints, among others indicated by the conditions before and after based on the following performance indicators (see Table 1 below).

**Table 1.** Comparative changes before and after policy innovation.

Innovative Elements	Before PANDANARAN	After PANDANARAN
Methods to submit report or complaint related to UHC services	Citizens had to submit report directly to UHC service counter (Loket UHC) at the Semarang Health Office	Citizens can report or submit complaints though UHC or through Government social media
Duration to resolve complaint or report	14 days x 24 jam	1 day x 24 jam
Number of complaint/reports	2021: 76 reports	January-April 2022: 15 reports
Kota Semarang UHC membership	January 2021: 93,6% December 2021: 94,6%	April 2022: 97,53%

The increased number of UHC membership from 93.6% in January 2021 to 97.53% in April is equivalent to the UHC target in the 2020-2024 National Development Planning that requires all district to have 95-98% UHC membership coverage. The increased coverage brings benefits such as increased health care utilization, increased number of hospitals and advanced clinics serving UHC (increased from 23 advanced health facilities in 2019 and 2020 to 26 health facilities in 2022), increased number of primary health services serving citizens from 247 in 2020 to 248 in 2022.

The success of PANDANARAN is possible through combination of factors. In terms of manpower, PANDANARAN is supported by Semarang Mayor as the driving force of innovation. Head of Health Office Kota Semarang also plays important role as implementer of Universal Health Coverage (UHC) together with Head of BPJS Kesehatan as health insurance provider, Head of Citizen Registry Office (Dispendukcapil), Head of Social Service, Head of Manpower Office, Head of Hospital, Head of Public Health Center. At the community level, PANDANARAN has been part of government community program by incorporating district health leaders such as women groups (PKK), youth groups

(Karangtaruna), Health cadres, Community Social Officer, Community Leaders. PANDANARAN is also supported by Health Professional Organizations such as Indonesian Doctor Association Semarang branch. The community involvement in the design and implementation of PANDANARAN suggests how UHC innovation expand territory and reflexivity of health in society [8].

In terms of financial support, PANDANARAN has received budget support through the Regional Revenue and Expenditure Budget (APBD), Special Allocation Funds (DAK), CSR and self-help from the community. Furthermore, PANDANARAN also utilizes computerized information management system through SIM UHC that can facilitate integration of Data Warehouse from Kota Semarang UHC program. PANDANARAN is also supported by offline UHC service counters at 37 primary health care (Puskesmas) in Semarang, BPJS Health service counters, citizen registration counters. The support from actors confirms Covey's argument that leaders need to make sure that enough time and funds are made aside to deal with critical issues in the design and implementation of innovation policy [9].

UHC SIM application is particularly important to help the community when registering for UHC. PANDANARAN is also connected to OPEN LAPAK application that provides billing data for National Health Insurance participants. In addition, PANDANARAN with the support of WEB SERVICE provides access to validate population administration data. In the digital era, most of PANDANARAN activities are carried out with digitalization, where everyone can easily access information, get fast service, and good complaint management.

In order to ensure the sustainability of PANDANARAN innovation, the following strategies are implemented:

- An institutional strategy: Kota Semarang established PANDANARAN with the mayor's regulations relating to the National Health Insurance program at Kota Semarang. The Mayoral decree was then followed by the issuance of Decree of the Head of the Semarang Health Office on the Establishment of a Complaint Management Team for the Semarang City Health Office. These regulations are in line with the development priority of Kota Semarang City as laid out in the local government planning (RPJMD) 2016-2021.
- Social strategy: through community empowerment and cross-sectoral participation from the community (Kelurahan, RW and RT levels) in the socialization of the UHC program. Cross-sector collaboration includes collaboration with other government units, private hospitals, companies and stakeholders related to health professional organizations who actively participate in the UHC program in Semarang. Semarang Health Office conduct yearly review for the cooperation with relevant stakeholders and health facilities so that this partnership can benefit citizens by improving public health services. The social strategy is in line with Koch and Hauknes's assertion where innovation should be supported with real structures and systems (such as staff idea boxes, staff fora, stakeholder feedback mechanisms, networking activities, competency building, encouragement of alternativethinking, etc.) designed to promote, stimulate, or spread innovation.
- Managerial strategy: Kota Semarang regularly conducts Stakeholder Communication Forum which was formed based on the SK KC BPJS Health No. 12 of 2021. The health office also Focus Discussion Groups (FGD) for officers related to UHC service activities such as the UHC Verification Team. Regular meetings are conducted to monitor and evaluate the performance of the UHC registration counter service. The emergence of PANDANARAN is a seed of new governance in the implementation of UHC in Kota Semarang by offering what Blum said as fascinating ways to govern efforts to be more efficiently and actively affect the orientations of health services [10].

## 4 Conclusion

Through the PANDANARAN innovation, Kota Semarang transforms the complaints handling system to be more efficient. The government claims that under PANDANARAN program, patients and communities can indirectly submit complaints through various digital channels namely, the Governor's Report (*Lapor Gubernur*), *Lapor Hendi*, UHC Hotline, Instagram account of Kota Semarang health office, as well as its facebook and twitter official accounts. This innovation changes the previous complaint model where citizens had to come in person to government office in order to file report or complaint.

Through Kota Semarang UHC System Information Management, Kota Semarang has been able to integrate all stakeholders such as the Civil Registration Office, BPJS Health and Hospitals in Semarang in the complaint handling system. As such, Kota Semarang hopes to create a faster process of resolving public complaints related to the UHC program. PANDANARAN as an incremental policy innovation could provide improved access for citizens to health protection. The incremental nature of PANDANARAN is a suitable response from the government to the existing gap. Policy implication that needs to consider for future research and policy reform could look at how to sustain PANDANARAN for long run. Substantive transformation in its policy design is imperative to ensure PANDANARAN effectively address access to UHC in Kota Semarang.

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