

Strengthening the Sustainability of Indonesia's National Health Insurance Through Promotive and Preventive Care

Penguatan Sustainability Jaminan Kesehatan Nasional
Berbasis Layanan Promotif dan Preventif di Indonesia

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Abstract: *This study analyzes the urgency of reorienting BPJS Kesehatan policy from a predominantly curative approach toward promotive and preventive strategies within Indonesia's health system. Despite the significant increase in national health expenditure, financing remains largely dominated by curative services, particularly hospital care and the treatment of catastrophic diseases, contributing to rising fiscal pressures and inefficiencies. This condition reflects a misalignment between the fundamental objective of health insurance, maintaining a healthy population and its current implementation, which still focuses on treating illness. Using a qualitative method with a literature review approach, this study draws on national policy documents, academic journals, and reports from official institutions. The findings show that strengthening upstream interventions through health promotion, disease prevention, and early detection can significantly reduce morbidity rates and long-term healthcare costs. Structural challenges persist, including the unequal distribution of health workers, a low doctor-to-population ratio, and limited integration of preventive services within the financing system. Therefore, comprehensive health sector reform is required, including strengthening primary healthcare, integrating promotive and preventive programs into BPJS financing, improving public health literacy, and introducing incentive-based mechanisms for healthcare providers. Ultimately, a balanced integration of upstream and downstream approaches is essential to achieving an efficient, equitable, and sustainable health system in Indonesia.*

Keywords: *BPJS Kesehatan; Promotive; Preventive; Health Policy; Health Reform.*

Abstrak : Penelitian ini menganalisis urgensi reorientasi kebijakan BPJS Kesehatan dari pendekatan yang didominasi layanan kuratif menuju strategi promotif dan preventif dalam sistem kesehatan di Indonesia. Meskipun terjadi peningkatan signifikan pada pengeluaran kesehatan nasional, pembiayaan masih didominasi oleh layanan kuratif, khususnya perawatan rumah sakit dan penanganan penyakit katastrofik, yang berkontribusi pada meningkatnya tekanan fiskal serta ketidakefisienan. Kondisi ini mencerminkan adanya ketidakselarasan antara tujuan mendasar jaminan kesehatan—yaitu menjaga populasi tetap sehat—dengan implementasinya saat ini yang masih berfokus pada pengobatan penyakit. Menggunakan metode kualitatif dengan pendekatan

studi pustaka, penelitian ini memanfaatkan dokumen kebijakan nasional, jurnal akademik, dan laporan dari lembaga resmi. Temuan penelitian menunjukkan bahwa penguatan intervensi hulu melalui promosi kesehatan, pencegahan penyakit, dan deteksi dini dapat secara signifikan menurunkan angka kesakitan (morbiditas) serta biaya pelayanan kesehatan jangka panjang. Kendati demikian, tantangan struktural masih bertahan, meliputi ketimpangan distribusi tenaga kesehatan, rendahnya rasio dokter terhadap jumlah penduduk, serta terbatasnya integrasi layanan preventif di dalam sistem pembiayaan. Oleh karena itu, diperlukan reformasi sektor kesehatan secara komprehensif, mencakup penguatan pelayanan kesehatan primer, integrasi program promotif dan preventif ke dalam pembiayaan BPJS, peningkatan literasi kesehatan masyarakat, serta penerapan mekanisme berbasis insentif bagi penyedia layanan kesehatan. Pada akhirnya, integrasi yang seimbang antara pendekatan hulu dan hilir sangat penting untuk mewujudkan sistem kesehatan yang efisien, adil, dan berkelanjutan di Indonesia.

Kata Kunci : BPJS Kesehatan; Pencegahan; Promotif; Kebijakan Kesehatan; Reformasi Kesehatan.

Article Info :

Received Apr 24, 2026 | Revised Sep 08, 2026 | Accepted Sep 16, 2026

1. Introduction

The national health insurance system in Indonesia, administered through *Badan Penyelenggara Jaminan Sosial Kesehatan* (BPJS Kesehatan), is fundamentally designed to ensure equitable access to healthcare services for all citizens in Indonesia (Thabrany, 2014; Kementerian Kesehatan Republik Indonesia, 2023). In practice, the system remains largely oriented toward curative services, focusing more on treating illness than maintaining health (World Bank, 2021; Agustin & Syahuri, 2024). This orientation is evident in the substantial proportion of health financing allocated to pharmaceuticals and medical services, which continues to place increasing pressure on the national health budget (World Health Organization, 2020; Kementerian Kesehatan Republik Indonesia, 2023).

Indonesia's National Health Insurance (Jaminan Kesehatan Nasional/JKN), administered by BPJS Kesehatan, represents a fundamental instrument for ensuring equitable access to healthcare and realizing the constitutional right to health. Since its implementation, JKN has achieved substantial expansion in population coverage, increasing from approximately 52% of the population in 2014 to 94.6% in 2023 (Azeri et al., 2025). More recently, as of 31 July 2026, JKN covered approximately 284.3 million participants, supported by 23,758 first-level health facilities and 3,229 referral hospitals and primary specialty clinics. These achievements demonstrate significant progress toward universal health coverage (UHC).

However, in the authors' view, expanding membership can no longer be the sole measure of JKN's success. The critical challenge is to ensure that extensive coverage translates into better population health, equitable access, effective prevention, and sustainable health financing.

This challenge is becoming more urgent as Indonesia faces a growing burden of non-communicable diseases, population ageing, and increasing demand for healthcare. WHO estimates that the probability of premature mortality from cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases in Indonesia was 24.2% in 2019 (WHO, 2025). Meanwhile, the proportion of people aged 60 years and above in the South-East Asia Region is projected to increase from 12.2% in 2024 to 22.9% by 2050, with Indonesia among the countries expected to experience the largest absolute increase in its older population (WHO Regional Office for South-East Asia, 2024). These epidemiological and demographic shifts will increase demand for long-term care and place greater pressure on a health financing system that remains largely responsive to illness after it occurs.

Financial pressures further reinforce the need for reform. According to the Ministry of Health's Health Development Policy Agency (BKPK), healthcare expenditure through JKN exceeded IDR 1,272 trillion during 2014–2025, while BPJS Kesehatan spent approximately IDR 50.28 trillion on seven major catastrophic diseases in 2025, representing 26.28% of total healthcare service expenditure. By April 2026, the JKN claims ratio had reached 108.72% (BKPK, 2026). These figures do not suggest that curative services should be reduced; rather, they highlight the importance of preventing disease, detecting health risks earlier, and reducing avoidable complications and high-cost treatment. From the authors' perspective, the long-term sustainability of JKN therefore requires not only stronger financial capacity but also a strategic shift toward maintaining population health.

The need for such a shift is also demonstrated by disparities in preventive-service utilization. An analysis of 608,572 JKN participants found significant differences in preventive-care visits according to residence, membership segment, age, sex, and employment status, with lower utilization among informal workers, males, post-millennials, and participants living in rural regencies (Hasibuan, 2025). This evidence demonstrates that broad insurance coverage does not automatically guarantee equitable access to preventive healthcare. JKN must therefore evolve from a model primarily concerned with financing healthcare utilization toward one that actively promotes health, prevents disease, and reduces avoidable healthcare needs.

The authors argue that reorienting BPJS Kesehatan toward promotive and preventive strategies is not merely a technical adjustment to health financing but a strategic and normative requirement within Indonesia's welfare-state framework and the philosophy of Pancasila. The principles of humanity, solidarity, and social justice require health policies to ensure equitable access to quality healthcare, regardless of socioeconomic status or geographical location. In this context, the success of BPJS Kesehatan should be assessed not only by the number of participants enrolled or healthcare claims financed, but also by its contribution to maintaining and improving population health.

Accordingly, the central policy challenge is to transform extensive insurance coverage into sustained improvements in population health. This requires strengthening promotive and preventive interventions at the primary healthcare level, improving incentives for prevention and early detection, integrating population-health outcomes into health financing, and ensuring access to preventive services for vulnerable and geographically disadvantaged populations. Such a shift is consistent with the broader concept of universal health coverage, which encompasses health promotion, disease prevention, screening, treatment, rehabilitation, and person-centred care.

From the authors' perspective, strengthening prevention also provides a concrete means of translating Pancasila into health policy. A health financing system that predominantly responds to advanced illness risks becoming financially reactive, whereas greater investment in prevention can reduce avoidable health risks, improve quality of life, strengthen efficiency, and enhance the resilience of the health system. Therefore, reorienting BPJS Kesehatan toward a stronger promotive and preventive framework is particularly important amid rising chronic disease burdens, population ageing, increasing healthcare expenditure, and persistent inequalities in access to preventive services.

Against this background, this study examines how BPJS Kesehatan policy can be reoriented toward a more promotive and preventive framework and how such a transformation can contribute to a more equitable, sustainable, resilient, and people-centred health system in Indonesia. Ultimately, the study positions preventive-oriented health financing as an important pathway for moving JKN beyond the expansion of insurance coverage toward the broader goal of sustaining population health and realizing social justice in accordance with the values of Pancasila.

2. Method

This study employs a qualitative research design using a literature review approach to analyze the reorientation of BPJS Kesehatan policy toward promotive and preventive strategies within Indonesia's health system (Creswell & Creswell, 2018; Snyder, 2019). The study utilizes secondary data derived from scientific journal articles, government policy documents, and reports from national and international health institutions. These sources were selected to provide theoretical foundations, empirical evidence, and policy evaluations related to health promotion, preventive care, and health financing reform.

Literature was identified through systematic searches of Scopus, PubMed, Web of Science, Google Scholar, and official publications from BPJS Kesehatan, the Ministry of Health, the World Health Organization, and the World Bank. The review primarily included studies published between 2014 and 2025 concerning BPJS Kesehatan, universal health coverage, health financing, health promotion, preventive care, and primary healthcare reform. Articles lacking relevance to financing reform or preventive health policy were excluded from the analysis.

Data analysis was conducted using a descriptive-analytical method by systematically reviewing, comparing, and synthesizing relevant literature (Miles, Huberman, & Saldaña, 2014). The descriptive aspect focuses on presenting key concepts and policies related to health system orientation, while the analytical aspect examines the gap between existing policy implementation and the ideal framework of promotive and preventive healthcare approaches. Through this method, the study aims to develop a comprehensive understanding of the need to transform BPJS Kesehatan from a predominantly curative-oriented system into a more preventive, efficient, and sustainable national health insurance system.

3. Analysis or Discussion

3.1. The Dominance of the Curative Approach in BPJS Kesehatan

Primary objective of the BPJS Kesehatan program within Indonesia's JKN system is to maintain and improve population health rather than merely provide treatment for illness (Thabrany, 2014; World Health Organization, 2020). Empirical evidence indicates that the system remains predominantly curative-oriented. Despite the significant expansion of health financing and near-universal population coverage, expenditure growth continues to be driven largely by hospital-based services, pharmaceuticals, and specialist care rather than preventive interventions (World Bank, 2021; Kementerian Kesehatan RI, 2023).

From an international perspective, this pattern reflects a broader structural imbalance in health systems, particularly in developing countries. Globally, curative care accounts for the majority of health expenditure, while spending on preventive and promotive services remains relatively limited. In many low- and middle-income countries, including Indonesia, preventive expenditure is estimated to account for only around 11–17% of total health spending, compared to higher allocations in OECD countries where primary care and prevention are more strongly institutionalized (OECD, 2020; World Health Organization, 2020). This disparity highlights Indonesia's underinvestment in upstream health interventions.

Figure 1 : BPJS Kesehatan Expenditure by Category and Distribution

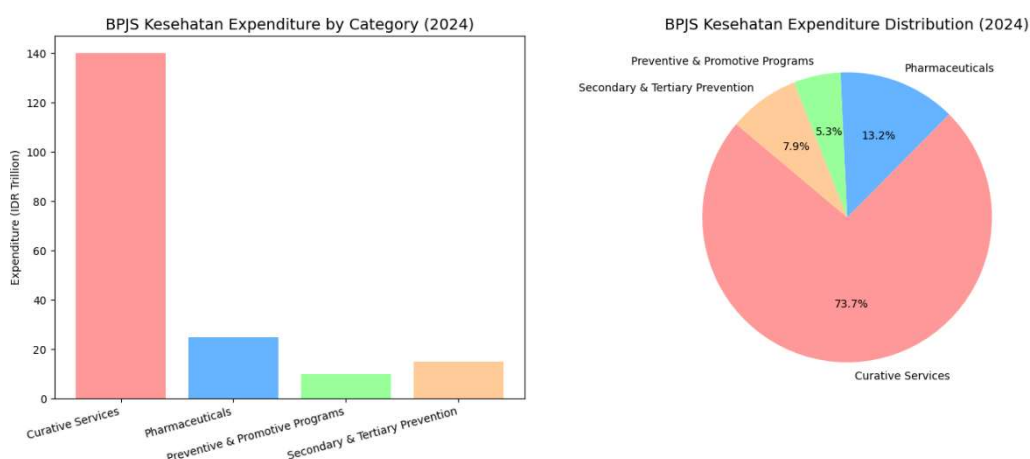


Figure 1 presents a comparative visualization of BPJS Kesehatan expenditure by category for the year 2024. The bar chart illustrates the absolute allocation of funds in IDR trillion, while the pie chart depicts the relative distribution of spending across four major categories: curative services, pharmaceuticals, preventive and promotive programs, and secondary/tertiary prevention.

The charts clearly highlight the dominance of curative services, which account for approximately 80% of total expenditure, reflecting the downstream-oriented focus of the health system. Pharmaceuticals, primarily used for treatment purposes, represent around 10–12% of the total budget. In contrast, preventive and promotive programs, including early detection and health promotion initiatives, constitute only 5–7% of the total allocation. Secondary and tertiary prevention

measures, which include early diagnosis and management of complications, account for 8–10%.

This visual representation highlights a substantial imbalance in resource allocation within Indonesia's health system, where upstream interventions such as primary prevention and community-based health promotion, remain marginal despite their well-established role in reducing morbidity and long-term healthcare costs. This imbalance underscores the urgency of structurally reorienting BPJS Kesehatan policies toward a more balanced and sustainable model that integrates preventive, promotive, and curative strategies.

The dominance of curative care within BPJS Kesehatan is clearly reflected in expenditure and claims trends in recent years. Catastrophic and chronic diseases, including cardiovascular disease, stroke, cancer, and chronic kidney failure, continue to account for a significant proportion of total claims due to their high treatment costs and long-term care requirements (Pangestu et al., 2024). In 2024, BPJS Kesehatan reported that catastrophic diseases accounted for approximately IDR 37.28 trillion, with cardiovascular diseases alone exceeding IDR 19.25 trillion (BPJS Kesehatan, 2024).

These findings indicate that Indonesia's health financing problem is not merely an issue of increasing expenditure, but rather reflects a structural policy bias. BPJS Kesehatan has been designed to finance healthcare after disease occurs rather than investing in maintaining healthy populations. Consequently, the system functions more as illness insurance than as health insurance.

Recent developments further reinforce this trend. As of early 2025, total JKN claims had already reached approximately IDR 47 trillion, indicating a continued escalation in demand for curative services (CNN Indonesia, 2025). By late 2025, total claims expenditure rose sharply to around IDR 156.1 trillion, surpassing contribution revenues and resulting in a claim ratio exceeding 100%, which signals increasing financial pressure on the system (Kompas, 2025). Entering 2026, preliminary reports suggest that claim ratios have continued to rise, further strengthening concerns regarding the long-term fiscal sustainability of BPJS Kesehatan (Kementerian Kesehatan Republik Indonesia, 2025).

At the same time, the number of JKN participants has continued to expand, reaching more than 280 million people by 2025, making it one of the largest single-payer health insurance systems globally (BPJS Kesehatan, 2025). While this expansion reflects significant progress toward universal health coverage, it also intensifies financial

pressures due to increased service utilization, particularly for non-communicable diseases (Mahendradhata et al., 2022; Pangestu et al., 2024).

At the macro-fiscal level, total health service claims reimbursed by BPJS Kesehatan reached approximately IDR 175.1 trillion in 2024 and continued to increase significantly in 2025. Although the system demonstrated relative financial stability in earlier years, recent trends indicate weakening financial resilience, driven by rising claims for chronic and catastrophic diseases (World Bank, 2021; World Health Organization, 2024).

In contrast, preventive and promotive services receive a disproportionately small share of total health expenditure. Global evidence suggests that health systems heavily oriented toward curative care tend to experience higher long-term costs and reduced efficiency (Dieleman et al., 2016; Jamison et al., 2018). In Indonesia, this imbalance is reflected in national health accounts, where the majority of spending is concentrated on hospital-based and therapeutic services, while investment in primary care and prevention remains limited (World Health Organization, 2024).

Recent empirical studies on Indonesia's JKN system further highlight systemic inefficiencies, including hospital dependency, claim management challenges, and limited integration of preventive services (Harahap et al., 2023; Fitriyaningsih et al., 2025). These structural issues reinforce the dominance of downstream services and hinder efforts to improve efficiency and long-term sustainability.

At the household level, spending patterns also reflect a curative bias, with the majority of out-of-pocket expenditure allocated to treatment rather than prevention (Badan Pusat Statistik, 2025). This pattern is closely linked to systemic incentives, limited accessibility of preventive services, and insufficient public awareness of health promotion.

Collectively, these findings demonstrate a persistent systemic bias toward curative spending across multiple levels of Indonesia's health system. While total health expenditure has increased substantially over the past decade, preventive and promotive spending has not grown proportionally. This imbalance highlights the urgent need for a paradigm shift toward a more integrated and prevention-oriented health financing model to ensure long-term sustainability, efficiency, and improved population health outcomes.

Conceptually, this pattern reflects a downstream-dominated health system prioritizing treatment over prevention. Although BPJS

Kesehatan formally incorporates preventive elements, these are largely limited to secondary and tertiary prevention such as early diagnosis and complication management, rather than comprehensive primary prevention aimed at reducing disease incidence (Leavell & Clark, 1965; Green & Tones, 2010). Preventive efforts are thus embedded within a curative framework and do not function as an independent upstream priority.

From the author's perspective, this illustrates a structural paradox: prevention is institutionally recognized but functionally subordinated. Financing and service delivery mechanisms incentivize treatment-oriented interventions, leaving primary prevention underfunded and weakly institutionalized. This imbalance suggests that the problem is not merely a lack of preventive policy but a misalignment between policy intent and operational incentives.

Countries that have achieved greater efficiency and sustainability have strengthened primary healthcare and increased investment in preventive services. For instance, OECD countries show that stronger upstream interventions are associated with better health outcomes and more controlled healthcare costs (OECD, 2020; Marmot, 2015). In contrast, Indonesia's continued reliance on curative care reinforces a reactive system in which rising disease burden translates directly into escalating healthcare expenditure.

Recent international evidence confirms that health systems heavily dependent on curative financing generally experience higher long-term expenditure growth than systems emphasizing primary healthcare and prevention. In Indonesia, the concentration of financing on hospital-based services continues to reduce the fiscal space available for upstream interventions, thereby limiting the capacity of BPJS Kesehatan to improve long-term population health (Fuady et al., 2024; Asante et al., 2023).

From a policy perspective, this financing pattern indicates that BPJS Kesehatan still functions predominantly as an illness-financing institution rather than a health-financing institution. While financial protection remains essential, long-term sustainability requires institutional incentives that reward maintaining healthy populations instead of primarily financing disease treatment.

From the perspective of Pancasila, the dominance of curative financing reflects an imbalance in realizing the state's constitutional obligation to protect public health. The Second Principle, *Just and Civilized Humanity*, requires health policies to prioritize human dignity through disease prevention and health promotion rather than

merely financing treatment after illness occurs. Likewise, the Fifth Principle, *Social Justice for All the People of Indonesia*, emphasizes equitable allocation of health resources so that preventive services become accessible to all citizens regardless of socioeconomic status. Consequently, strengthening promotive and preventive financing is not merely an administrative reform but also an effort to actualize Pancasila values within Indonesia's National Health Insurance system (Azeri et al., 2025).

Moving beyond the conventional dichotomy between curative and preventive care, introducing an integrated upstream–downstream framework to analyze BPJS Kesehatan. It highlights the structural misalignment between policy intent, financing incentives, and service delivery, showing why preventive strategies remain marginal despite formal recognition. From a critical standpoint, without structural reform, including increased preventive spending, incentive realignment, and primary healthcare strengthening the long-term sustainability of BPJS Kesehatan and its core objective of maintaining a healthy population remain at risk.

3.2. The Importance of Promotive and Preventive Approaches

Promotive and preventive approaches are widely recognized as more effective and sustainable strategies for improving population health outcomes, as they emphasize reducing disease incidence through health education, immunization, early detection, and risk-factor management rather than relying primarily on curative care (World Health Organization, 1986; Marmot et al., 2008). Global evidence consistently demonstrates that preventive interventions not only improve health outcomes but also significantly reduce long-term healthcare costs, particularly in addressing the growing burden of non-communicable diseases (NCDs), which remain the leading causes of mortality worldwide (Bloom et al., 2011; WHO, 2023).

From a comparative perspective, countries with strong primary healthcare systems and higher investment in preventive care such as OECD member states, tend to allocate a more balanced proportion of health spending between preventive and curative services. On average, OECD countries allocate around 2–4% of total health expenditure specifically to preventive care, accompanied by strong primary care systems that function as gatekeepers to reduce unnecessary hospital utilization (OECD, 2022). In contrast, Indonesia's health financing structure remains heavily skewed toward curative services, particularly through hospital-based care financed by BPJS

Kesehatan (World Bank, 2020; Agustina et al., 2019). This imbalance indicates a structural weakness in upstream health investment compared to global best practices.

In Indonesia, demographic and epidemiological transitions have contributed to a rising prevalence of NCDs, including diabetes, hypertension, and cardiovascular diseases, which require long-term and costly treatment (IHME, 2020; WHO, 2023). This trend has increased pressure on the national health financing system, particularly under BPJS Kesehatan. Although government health expenditure has increased significantly, reaching approximately IDR 187.5 trillion in the 2024 State Budget, this growth has not been accompanied by an equivalent strengthening of preventive programs (Kementerian Keuangan RI, 2024). Healthcare utilization and costs continue to rise, reflecting the limited effectiveness of upstream interventions (World Bank, 2020).

Empirical evidence from BPJS Kesehatan reinforces the dominance of curative care. Catastrophic diseases, such as cardiovascular diseases, cancer, and chronic kidney failure consistently account for approximately 20–30% of total claims expenditure, despite representing a smaller proportion of total cases (BPJS Kesehatan, 2023; 2024). Total BPJS health expenditure has shown a steady upward trend over the past five years, increasing from approximately IDR 113 trillion in 2019 to over IDR 150 trillion annually in recent reports. This pattern reflects a system increasingly burdened by downstream financing, where resources are concentrated on high-cost treatment rather than cost-effective prevention.

This condition illustrates a structural paradox within Indonesia's health system: while policy discourse emphasizes promotive and preventive strategies, financing mechanisms remain dominated by curative interventions. Compared to countries with strong preventive systems, where improved population health leads to stabilization or reduction in hospital expenditure, Indonesia continues to experience rising healthcare costs alongside increasing utilization rates (OECD, 2022; World Bank, 2020). Preventive strategies have not yet been effectively institutionalized within the BPJS financing framework.

Government policies have increasingly acknowledged the importance of promotive and preventive approaches, as reflected in national priorities such as stunting reduction, primary healthcare transformation, and strengthening health system resilience

(Kementerian Kesehatan RI, 2023). Integration into BPJS Kesehatan remains limited, resulting in a disconnect between upstream policy orientation and downstream financing realities. Without aligning financing incentives with preventive objectives, the system continues to prioritize treatment over prevention.

From a public health perspective, an effective shift toward upstream-oriented development requires not only increased investment in preventive programs but also systemic transformation. This includes reallocating health budgets, strengthening primary healthcare, and improving the distribution and composition of the health workforce. As of 2023, Indonesia has approximately 4.8–5 million health workers, including over 200,000 doctors; yet the doctor-to-population ratio remains below WHO standards, and distribution across regions is highly unequal (Kementerian Kesehatan RI, 2023; WHO, 2023). These structural constraints limit the expansion of preventive services, particularly in rural and underserved areas.

Furthermore, the effectiveness of promotive and preventive approaches is closely linked to broader social determinants of health, including education, income, environment, and social conditions (Solar & Irwin, 2010; Marmot et al., 2008). Without addressing these determinants, health interventions remain fragmented and less effective. Strengthening preventive strategies thus requires a multisectoral approach that integrates health considerations into broader development policies.

Fuady et al. (2024) identified several institutional barriers that continue to hinder the expansion of health promotion financing in Indonesia, including fragmented funding arrangements, weak intersectoral coordination, limited capacity of health promotion personnel, and insufficient monitoring mechanisms. These findings suggest that increasing preventive expenditure alone will not be sufficient unless accompanied by broader governance reforms and stronger institutional coordination (Fuady et al., 2024).

Preventive investment should therefore be viewed as a strategic economic investment rather than merely an additional health expenditure. Evidence indicates that preventive health spending can improve population health, enhance productivity, and contribute to economic performance by maintaining health capital and reducing the need for subsequent curative care (Wang, 2018; Wang et al., 2016). More recently, prevention has increasingly been recognized as an investment that can reduce future healthcare costs, strengthen workforce productivity, and support long-term economic

development (Colombo et al., 2026). Stronger preventive interventions can therefore reduce avoidable hospitalization, increase labour productivity, improve quality of life, and contribute to long-term fiscal sustainability.

Promotive and preventive approaches are essential for enhancing clinical outcomes, reducing avoidable costs, supporting equitable access, and reinforcing health-system sustainability. The financing of primary health care should consequently prioritize sufficient and protected resources for upstream interventions, while aligning provider incentives with the maintenance and improvement of population health (Hanson et al., 2022). Integrating promotive and preventive approaches into financing and service delivery is imperative for Indonesia to transition from a predominantly reactive, curative model to a proactive, health-centered system capable of responding to demographic and epidemiological changes. A fundamental reform that embeds upstream strategies into BPJS Kesehatan would not only improve population health but also strengthen long-term fiscal and operational sustainability. Such a reorientation should position prevention not as a supplementary component of healthcare financing, but as a strategic investment in human capital, productivity, and the resilience of the national health system (Wang, 2018; Colombo et al., 2026).

Promotive and preventive healthcare also represent the practical manifestation of Pancasila's humanistic values. Health promotion empowers citizens to actively maintain their health, encourages community participation, and strengthens collective responsibility for public welfare. Such an approach is fully consistent with the Pancasila principle that development should place human well-being at its center rather than focusing exclusively on curative medical interventions (Azeri et al., 2025).

3.3. Health Sector Reform in BPJS Kesehatan

Reforming Indonesia's health sector through BPJS Kesehatan requires a comprehensive upstream–downstream (*hulu–hilir*) integration to optimize both health outcomes and long-term fiscal sustainability. Upstream elements focus on health promotion, disease prevention, and early intervention, while downstream elements address illness treatment and rehabilitation. International evidence demonstrates that health systems capable of balancing upstream and downstream services achieve better population health outcomes and more efficient resource utilization (World Health Organization, 2010;

Frenk et al., 2010). Despite this, BPJS Kesehatan continues to exhibit a predominantly downstream orientation, with a large share of resources directed toward curative care, especially hospital-based services and treatment of catastrophic conditions (BPJS Kesehatan, 2023; 2024).

A meaningful reform agenda must draw on successful international models where upstream investments have yielded quantifiable health and economic benefits. In many high-income countries, primary healthcare systems that emphasize preventive care correlate with lower rates of avoidable hospitalizations and improved chronic disease management (OECD, 2020; OECD, 2025). For example, OECD data indicate that strengthening primary health care—defined as first-contact, comprehensive, and continuous care can reduce unnecessary hospital use and related costs by improving early detection and coordination of care for chronic conditions (OECD, 2020). Moreover, cross-national studies show that when health spending on preventive and promotive services increases, long-term morbidity and mortality rates decline, validating the role of upstream interventions in enhancing longevity and reducing downstream costs (World Health Organization, 2014; BMC Public Health economic reviews show many prevention strategies are cost-saving).

To translate these international lessons into concrete reforms for BPJS Kesehatan, operational mechanisms and incentives must align with preventive objectives rather than default to fee-for-service curative payment models. Traditional provider payment systems, such as retrospective fee-for-service or case-based tariffs, naturally incentivize treatment volume and complex procedures rather than early detection and risk mitigation. In contrast, capitation, bundled payments, and pay-for-performance (P4P) models can realign incentives toward preventive outcomes. Under a capitation model, primary care providers receive a fixed annual payment per enrolled patient, encouraging investment in health promotion and chronic disease management to prevent costly downstream care. Bundled payments reward providers for achieving defined preventive milestones (e.g., screening rates, vaccination coverage) across a continuum of care. Pay-for-performance schemes can additionally incentivize measurable preventive achievements such as increased immunization coverage or reductions in avoidable hospital admissions, which evidence suggests correlate with lower long-term costs (Bloom et al., 2011; World Bank, 2020).

Recent evaluation of Indonesia's performance-based capitation system demonstrates that financial incentives can encourage greater utilization of primary healthcare services. Nevertheless, the observed impact remains relatively modest, indicating that payment reform alone cannot substantially strengthen preventive healthcare without complementary institutional reforms, stronger primary healthcare capacity, and improved public health literacy (Sambodo et al., 2023).

Practical implementation can be piloted through targeted upstream-focused programs within BPJS Kesehatan. For example, a pilot on diabetes and hypertension screening and lifestyle intervention could be conducted in selected provinces with integrated performance metrics. Providers participating in the pilot could receive bonus payments for meeting predefined targets (e.g., % of eligible population screened, % reduction in uncontrolled hypertension), while lower hospital admission rates for complications serve as outcome markers. Such pilots not only incentivize prevention at the service level but also generate local evidence on cost savings and health impacts, building the case for scaling up upstream reforms nationally.

Effective upstream reform requires integration of Social Determinants of Health (SDOH), education, economic conditions, and environmental factors into health policy and financing. Research shows that higher educational attainment correlates with greater health literacy, earlier care-seeking behavior, and healthier lifestyle practices, all of which reduce preventable disease burden (Marmot et al., 2008; Solar & Irwin, 2010). Economic insecurity and poor living environments increase exposure to risk factors such as unhealthy nutrition, tobacco use, and sedentary lifestyles. BPJS Kesehatan could therefore partner with other government sectors (education, labor, urban planning) to incorporate multi-sectoral preventive strategies into its reform agenda, such as school-based health education, workplace wellness incentives, urban design for active living, and environmental pollution reduction initiatives targeted at high-risk communities.

Strengthening the health workforce is also central to upstream reform. Although Indonesia has approximately 4.8–5 million health workers, including over 200,000 doctors, the distribution remains uneven, and the share of personnel trained for community-oriented preventive care is insufficient (Kementerian Kesehatan RI, 2023; WHO, 2023). A strategic workforce plan should therefore include expanded training in public health, community medicine, and

preventive care, with incentives (e.g., scholarship bonds, rural service bonuses, career advancement pathways) to deploy skilled health workers in underserved areas. Enhancing workforce capacity in preventive care ensures that upstream services are both available and of high quality at the community level.

Digital health technologies such as telemedicine, mobile health screening tools, and electronic health record-based risk stratification offer practical solutions to widen access to preventive services, particularly in remote and underserved regions. Digital platforms can be integrated into BPJS Kesehatan's financing mechanisms to support population health management, outreach, and continuous monitoring of preventive outcomes, thus reinforcing the upstream orientation of service delivery. Consequently, future payment mechanisms within BPJS Kesehatan should gradually evolve from rewarding service volume toward rewarding measurable health outcomes, including vaccination coverage, hypertension control, diabetes prevention, and reductions in avoidable hospital admissions.

Health sector reform should therefore be interpreted not only as institutional modernization but also as the implementation of Pancasila-based governance. The Fourth Principle, *Democratic Life Led by Wisdom of Thoughts in Deliberations Amongst Representatives of the People*, requires health policies to be formulated through participatory decision-making involving government institutions, healthcare providers, academics, and communities. Such collaborative governance strengthens public trust while ensuring that health financing reforms genuinely respond to the needs of society (Azeri et al., 2025; Wicaksono et al., 2026).

The reform of BPJS Kesehatan toward a balanced upstream–downstream system demands operational innovation, incentive alignment, workforce strengthening, and multi-sectoral action. By adopting payment reforms that reward preventive outcomes, piloting upstream initiatives with measurable targets, integrating SDOH into policy, and leveraging digital technologies, Indonesia can transform its health system from a reactive, treatment-centered model to a proactive, population-health-oriented model. These reforms are essential not only for improving health outcomes but also for ensuring equitable access and long-term fiscal sustainability in the face of demographic and epidemiological shifts.

3.4. Health Workforce and Structural Challenges

A critical barrier to strengthening promotive and preventive approaches in Indonesia lies in the imbalance in the distribution, composition, and capacity of the health workforce. As of 2023, Indonesia has approximately 4.8–5 million health workers, including more than 200,000 physicians (Kementerian Kesehatan RI, 2023). This number remains insufficient relative to the country's population size, as reflected in the doctor-to-population ratio of approximately 1:1,200 to 1:1,300, still below the World Health Organization (WHO) standard of 1:1,000 (WHO, 2023). This gap highlights not only quantitative shortages but also deeper structural issues in workforce planning, training, and deployment.

Beyond numerical limitations, a more fundamental challenge concerns the composition of the workforce, which remains disproportionately oriented toward curative services. The dominance of clinically focused professions particularly physicians and specialists has contributed to the underdevelopment of public health personnel, including experts in health promotion, epidemiology, and community-based care. From a systems perspective, this imbalance constrains upstream interventions, as effective promotive and preventive strategies require a workforce equipped with population-based competencies (Frenk et al., 2010; WHO, 2018). If maintaining a healthy population is to be positioned as the upstream goal of health development, workforce recruitment and distribution must be aligned with both current population needs and future epidemiological transitions.

To increasing the number of healthcare professionals, Indonesia must strengthen multidisciplinary collaboration among physicians, nurses, nutritionists, epidemiologists, health promotion specialists, and community health workers. Such collaboration is essential to expand promotive and preventive services beyond traditional clinical settings and improve community-based health interventions (Agustina et al., 2019).

Geographical disparities further exacerbate these structural constraints. Health workers and healthcare facilities are heavily concentrated in urban areas particularly in Java, while rural and remote regions continue to experience significant shortages of both human resources and infrastructure (World Bank, 2020). This uneven distribution limits access to essential preventive services, including health education, early detection, and community-based interventions, thereby reinforcing a reactive, treatment-oriented

system. In underserved areas, delayed diagnosis and limited primary care access often lead to more severe disease progression and higher treatment costs.

The growing burden of non-communicable diseases (NCDs) further intensifies the need for a more balanced and responsive workforce. Conditions such as diabetes, hypertension, and cardiovascular diseases require continuous management, long-term monitoring, and strong primary healthcare systems (IHME, 2020; WHO, 2023). These demands cannot be effectively addressed without integrating both clinical and public health capacities. Current limitations in workforce capacity and the insufficient integration of preventive services continue to hinder the effectiveness of NCD control efforts in Indonesia.

Another structural issue lies in the education and training system for health professionals, which remains largely oriented toward curative and hospital-based care. Community-based and preventive approaches receive comparatively limited emphasis, resulting in a mismatch between educational outputs and system needs. This misalignment reflects a broader global challenge, where health professional education does not adequately prepare graduates to address population health priorities (Frenk et al., 2010). In the Indonesian context, strengthening public health curricula, expanding interprofessional education, and promoting community-based training are essential steps to address this gap.

Governance and policy coordination play a crucial role in shaping workforce outcomes. Fragmented coordination between central and local governments, as well as between the education and health sectors, often leads to inefficiencies in workforce planning and deployment (WHO, 2010; World Bank, 2020). Without integrated governance mechanisms, efforts to redistribute health workers and strengthen preventive services risk remaining fragmented and suboptimal.

In the authors' view, addressing Indonesia's health workforce challenges requires a comprehensive reform strategy that goes beyond increasing the overall number of health professionals. Workforce planning should be closely aligned with population health needs, particularly in rural, remote, border, and island regions where shortages and unequal distribution remain persistent. Evidence indicates that Indonesia continues to experience substantial geographical disparities in the distribution of health workers, with specialists and other highly qualified professionals disproportionately

concentrated in urban areas and provincial capitals (Meliala et al., 2013; Muharram et al., 2024). Therefore, strengthening the role of public health professionals, improving financial and non-financial incentives for deployment and retention in underserved areas, and developing context-specific workforce policies should become integral components of health-system reform. Digital health innovations, including telemedicine, may further complement although not replace the physical presence of health professionals by extending access to expertise in geographically isolated areas.

The authors further argue that workforce policy should be repositioned from a predominantly supply-oriented approach toward a population-health and prevention-oriented model. A well-distributed health workforce is not merely a prerequisite for delivering clinical services; it is also essential for health promotion, disease prevention, early detection, community engagement, and the management of health risks before they develop into costly and severe conditions. In this regard, strengthening primary health care and public health capacity can help Indonesia move from a reactive model focused primarily on treating illness toward a proactive model that prioritizes maintaining population health. Such a transformation is particularly important given the persistent workforce disparities between urban and rural areas and the broader challenges of achieving equitable universal health coverage (Hort et al., 2011; Muharram et al., 2024).

From the perspective of Indonesia's welfare state, the authors contend that the success of BPJS Kesehatan should not be measured solely by the number of healthcare claims financed or the expansion of insurance coverage. More fundamentally, its performance should be assessed by its contribution to maintaining and improving population health, reducing avoidable health inequalities, and ensuring that citizens can obtain appropriate healthcare regardless of their geographical or socioeconomic circumstances. Universal health coverage cannot be fully realized through financial protection alone when substantial disparities remain in the availability and quality of healthcare providers. Therefore, a preventive-oriented financing model represents a more substantive realization of the constitutional right to health and social justice than a system that remains predominantly focused on curative treatment. This perspective is consistent with evidence that Indonesia's progress toward universal health coverage has been accompanied by continuing challenges

related to equity, quality of services, and access among vulnerable populations (Azeri et al., 2025).

From the perspective of Pancasila, the authors argue that the equitable distribution of health workers constitutes a concrete manifestation of the Fifth Principle, *Keadilan Sosial bagi Seluruh Rakyat Indonesia* (Social Justice for All Indonesian People). Health equity requires that access to qualified health professionals should not be determined primarily by geographical location, socioeconomic status, or the attractiveness of a particular region to healthcare providers. Consequently, policies that strengthen workforce distribution, retention, and access in underserved areas should be understood not merely as administrative or technical interventions but also as an ethical and constitutional commitment to social justice. Previous research demonstrates that geographical inequalities in health workforce distribution remain a significant challenge to equitable healthcare access in Indonesia (Meliala et al., 2013; Muharram et al., 2024). In the authors' view, integrating the values of social justice, humanity, and mutual cooperation into health workforce planning can therefore strengthen the alignment between BPJS Kesehatan, universal health coverage, and the broader welfare-state objectives of Indonesia.

3.5. Policy Implications and Strategic Directions

The findings of this study underscore the urgent need for comprehensive policy reforms to strengthen promotive and preventive approaches within Indonesia's health system. A central priority is the reorientation of health financing toward population health outcomes by increasing the proportion of expenditure allocated to health promotion and disease prevention. Despite significant growth in Indonesia's health budget in recent years, a substantial share of spending continues to be absorbed by curative services, reflecting a persistent structural imbalance in resource allocation (Kementerian Keuangan RI, 2024; Agustina et al., 2019). Empirical evidence consistently demonstrates that preventive investment generates higher long-term returns by reducing morbidity and controlling healthcare costs, making it a cornerstone of sustainable health system development (WHO, 2023; Bloom et al., 2011).

Beyond financial reallocation, strengthening regulatory frameworks is essential to address key behavioral and environmental risk factors, including tobacco consumption, unhealthy diets, and

sedentary lifestyles. Preventive-oriented public policies such as tobacco control measures and nutrition interventions have been widely proven to reduce the burden of non-communicable diseases (WHO, 2018; World Bank, 2020). In parallel, the integration of incentive-based mechanisms within BPJS Kesehatan is necessary to shift provider behavior from volume-based service delivery toward outcome-based care. Aligning financial incentives with population health outcomes such as reduced disease incidence and improved preventive coverage can facilitate the transition from a reactive to a proactive health system (Savedoff, 2012; BPJS Kesehatan, 2024).

Strengthening primary healthcare must also be positioned as a key pillar of reform. Robust primary care systems are consistently associated with better health outcomes, lower costs, and improved equity (Starfield et al., 2005; WHO, 2018). Although Indonesia has initiated primary healthcare transformation as part of its national health strategy, implementation remains constrained by limitations in infrastructure, financing integration, and human resources (Kementerian Kesehatan RI, 2023; World Bank, 2020). Integrating promotive and preventive services into BPJS financing mechanisms is therefore critical to ensure continuity, accessibility, and long-term sustainability of care.

Another important dimension is the improvement of public health literacy, which plays a crucial role in shaping health behavior and healthcare utilization. Individuals with higher levels of health literacy are more likely to adopt preventive practices and make informed decisions regarding their health (Nutbeam, 2000). In Indonesia, disparities in education and access to health information continue to limit community engagement in preventive programs, highlighting the need for targeted, inclusive, and culturally sensitive health education strategies.

At the structural level, challenges related to the health workforce remain a significant constraint. Indonesia continues to face shortages and uneven distribution of healthcare personnel, particularly physicians, with ratios still below WHO standards (WHO, 2023; Kementerian Kesehatan RI, 2023). This issue is further compounded by increasing demand driven by population growth and the rising prevalence of chronic diseases (IHME, 2020). Addressing these challenges requires not only expanding education and training capacity but also improving workforce distribution and strengthening the role of public health professionals. In certain contexts, the temporary recruitment of foreign medical personnel may serve as a

complementary strategy to address critical shortages (Frenk et al., 2010; World Bank, 2020).

In parallel, the optimization of digital health technologies presents a strategic opportunity to enhance system efficiency and expand access to care. Telemedicine, for instance, has been shown to reduce geographical barriers, improve service delivery in underserved areas, and support preventive care through remote monitoring and consultation (Keesara et al., 2020). From a critical standpoint, the current discourse on digital health in Indonesia tends to overemphasize technological solutions without adequately addressing underlying structural constraints. Without robust regulatory frameworks, interoperability standards, and alignment with BPJS financing mechanisms, digital health risks becoming a fragmented add-on rather than a system-wide transformation. In this sense, technology alone cannot resolve systemic inefficiencies; it must be embedded within a broader institutional and financing reform agenda.

Improving the quality of healthcare services remains essential to ensure both patient satisfaction and efficient resource utilization. High-quality care contributes not only to better clinical outcomes but also to reducing unnecessary service utilization, thereby alleviating pressure on the health system (Donabedian, 2005; WHO, 2018). Critically, variations in service quality across providers within the BPJS network reveal underlying governance and accountability gaps. These disparities may lead to inefficiencies such as overutilization, duplication of services, and escalating claims costs. Therefore, quality improvement should be repositioned as a central pillar of health system reform, supported by stronger accreditation systems, standardized clinical pathways, and performance-based financing mechanisms.

Advancing an integrated upstream–downstream approach combining promotive, preventive, and curative strategies, requires alignment across financing, service delivery, workforce development, and governance. A critical assessment suggests that Indonesia's primary challenge does not lie in the absence of policy frameworks, but in the persistent gap between policy intent and implementation. Preventive and promotive strategies are well-articulated in national health agendas yet remain weakly institutionalized within financing structures and service delivery practices. This inconsistency has produced a paradoxical system in which prevention is rhetorically prioritized but practically marginalized.

From a critical perspective, incremental reforms are unlikely to resolve these structural contradictions. What is required is a paradigmatic shift in how health is conceptualized and financed, moving from a disease-centered model toward a health-centered model. This entails not only reallocating resources but also redefining performance indicators, restructuring provider incentives, and strengthening accountability mechanisms across all levels of governance. Without such transformation, BPJS Kesehatan risks perpetuating a cycle of rising costs and reactive interventions.

The transformation of BPJS Kesehatan should also be interpreted as an institutional commitment to achieving sustainable universal health coverage. Financial sustainability cannot be secured solely through premium adjustments or expenditure control but requires systematic investment in health promotion, disease prevention, stronger primary healthcare, and better governance of health financing (Asante et al., 2023; Fuady et al., 2024).

The sustainability of Indonesia's health system hinges on its ability to realign its foundational logic, from treating illness to maintaining health. The upstream–downstream framework provides a strategic lens for this transformation, but its effectiveness depends on consistent implementation across policy, financing, and practice. A failure to operationalize this shift will result in continued fiscal pressure, widening health inequities, and suboptimal health outcomes. Conversely, a coherent and integrated reform, grounded in preventive investment, strong primary care, and institutional alignment, offers a viable pathway toward a resilient, equitable, and fiscally sustainable health system. In this regard, the future of BPJS Kesehatan will not be determined by how well it treats disease, but by how effectively it prevents it.

The transformation of BPJS Kesehatan should therefore be guided by Pancasila as Indonesia's philosophical foundation. Rather than emphasizing healthcare financing solely after illness occurs, Pancasila-oriented health policy prioritizes maintaining healthy communities through solidarity, mutual cooperation (*gotong royong*), prevention, and equitable access to quality healthcare. Such an approach reinforces the constitutional objective of achieving social welfare through sustainable health development (Azeri et al., 2025; Wicaksono et al., 2026).

Reorienting BPJS Kesehatan toward promotive and preventive care is not only an economic necessity but also an embodiment of the Second Principle (Just and Civilized Humanity) and the Fifth Principle

(Social Justice for All the People of Indonesia). A health system grounded in Pancasila prioritizes maintaining citizens' well-being before illness occurs, thereby ensuring equitable access, collective welfare, and long-term sustainability.

3.6. Fiscal Sustainability and the Risk of System Overload

An additional critical issue in the implementation of BPJS Kesehatan concerns its long-term fiscal sustainability within Indonesia's broader health financing framework (World Bank, 2021; BPJS Kesehatan, 2024). The continuous increase in claims, particularly for catastrophic diseases such as cardiovascular conditions, cancer, and chronic kidney disease has significantly intensified financial pressures on the system, as these conditions require high-cost and long-term treatment (BPJS Kesehatan, 2023; WHO, 2023). Empirical data indicate that catastrophic diseases account for approximately 20–30% of total BPJS expenditure, despite representing a smaller share of total cases, reflecting a disproportionate cost burden (BPJS Kesehatan, 2023; 2024).

From a fiscal perspective, BPJS Kesehatan has experienced fluctuating financial performance over the past five years. The system recorded deficits in earlier periods, including approximately IDR 15.5 trillion in 2018 and around IDR 13 trillion in 2019, before shifting to a surplus position following policy adjustments such as premium increases and benefit restructuring (DJSN, 2020; World Bank, 2020). In subsequent years, BPJS reported a surplus of approximately IDR 18–39 trillion during 2020–2022, largely driven by improved contribution compliance and reduced utilization during the COVID-19 pandemic (BPJS Kesehatan, 2022; 2023). More recent trends suggest renewed pressure on financial sustainability, as healthcare utilization has rebounded and claims expenditures have continued to rise, with total spending exceeding IDR 150 trillion annually (BPJS Kesehatan, 2024). This pattern indicates that the apparent surplus is not necessarily structural, but rather cyclical and vulnerable to increasing demand for healthcare services (World Bank, 2021).

Comparative evidence from many countries indicates that strengthening primary healthcare and preventive services slows expenditure growth while simultaneously improving health outcomes. Therefore, preventive financing should be considered an investment capable of generating substantial long-term fiscal savings rather than an additional financial burden (Asante et al., 2023).

From a health economics perspective, the sustainability of a national health insurance system depends on its ability to balance cost containment with improvements in population health outcomes (Savedoff, 2012; WHO, 2010). Preventive investment plays a central role in this balance, as it reduces disease incidence and severity, thereby lowering reliance on expensive curative interventions (Bloom et al., 2011; WHO, 2023). Current trends in Indonesia indicate a persistent increase in healthcare utilization and expenditure, suggesting that preventive strategies have not yet been effectively integrated into BPJS financing mechanisms (World Bank, 2020). This reflects a predominantly reactive model of care, in which financial resources are disproportionately allocated to downstream treatment rather than upstream prevention (Agustina et al., 2019).

Moreover, structural drivers such as population growth, demographic aging, and the rising prevalence of non-communicable diseases further exacerbate fiscal pressures on BPJS Kesehatan (IHME, 2020; WHO, 2023). Without a strategic shift toward upstream interventions, the system risks entering a cycle of cost escalation, where increasing disease burden continuously drives higher expenditure. This dynamic creates what can be described as a “cost spiral,” in which the absence of preventive investment leads to higher long-term financial liabilities (World Bank, 2021). Comparative evidence from OECD countries suggests that stronger investment in primary care and prevention is associated with more stable expenditure growth and reduced reliance on hospital-based services (OECD, 2022).

In this context, strengthening promotive and preventive approaches must be understood not only as a public health priority but also as a fiscal imperative (WHO, 2018; Marmot et al., 2008). A sustainable health system requires a gradual rebalancing of expenditure patterns, whereby improvements in population health lead to reduced dependence on high-cost curative services. Without such a shift, BPJS Kesehatan will remain vulnerable to recurrent financial stress, even in periods of temporary surplus.

Comprehensive reform is essential to restore systemic balance. This includes increasing investment in upstream interventions, integrating preventive services into BPJS financing mechanisms, and aligning provider incentives toward health outcomes rather than service volume (Savedoff, 2012; BPJS Kesehatan, 2024). Strengthening cost-control mechanisms such as strategic purchasing, gatekeeping through primary care, and performance-based financing can further

enhance efficiency and fiscal discipline (WHO, 2010; World Bank, 2020).

Fiscal sustainability should also be understood within the broader framework of Pancasila economics and social justice. Sustainable health financing is not merely intended to balance government expenditure but to ensure that every citizen continues to enjoy equal access to healthcare across generations. Therefore, investment in promotive and preventive healthcare represents an investment in realizing social justice, strengthening national resilience, and protecting the dignity of all Indonesian people (Azeri et al., 2025).

The long-term sustainability of BPJS Kesehatan depends on its ability to transition from a reactive financing model to a proactive, prevention-oriented system. Without such transformation, rising healthcare demand and cost pressures will continue to challenge fiscal stability. Conversely, a system that effectively integrates promotive, preventive, and curative approaches will be better positioned to achieve both financial sustainability and improved population health outcomes.

4. Conclusion

The findings indicate that reorienting BPJS Kesehatan from a predominantly curative model toward a stronger promotive and preventive approach is essential for the sustainability of Indonesia's health system. The continued burden of costly chronic diseases, unequal health workforce distribution, and limited integration of prevention highlights the need to strengthen primary healthcare and align financing, workforce development, and service delivery with population health outcomes. The study proposes an integrated upstream–downstream framework that links preventive financing, health system sustainability, and institutional reform. From this perspective, the success of BPJS Kesehatan should be measured not only by its capacity to treat disease, but also by its ability to prevent disease, improve population health, and advance social justice in accordance with Pancasila.

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