

Analisis Tantangan Pendanaan Layanan Kesehatan Primer di Berbagai Negara sebagai Lessons Learned untuk Transformasi Kesehatan Indonesia: Studi Scoping Review = Analysis of Financing Challenges for Primary Health Care in Various Countries as Lessons Learned for Indonesia's Health Transformation: A Scoping Review Study

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Abstrak

Upaya mencapai Universal Health Coverage (UHC) dengan memprioritaskan layanan kesehatan primer (PHC) sudah disepakati melalui Deklarasi Astana Tahun 2018. Identifikasi tantangan dalam sistem pendanaan PHC secara global dilakukan agar menjadi lessons learned untuk perbaikan implementasi kedepan, khususnya bagi Indonesia, sebagai masukan bagi Transformasi Kesehatan. Penelitian ini menggunakan metode *scoping review* melalui tiga *database*, yaitu Pubmed, EBSCOhost MEDLINE, dan Scopus, dengan total 43 literatur terinklusi. Tantangan pendanaan PHC ditinjau melalui tiga fungsi, yaitu *revenue collection*, *pooling*, dan *purchasing*. Tantangan dalam *revenue collection* antara lain sumber pendanaan yang tidak berkelanjutan dan minimnya akuntabilitas proses pengumpulan dana. Tantangan fungsi *pooling* meliputi terbatasnya cakupan peserta dalam *pooling*, banyaknya *pooling* dan tidak tersedianya regulasi yang mengatur beragam *pooling* untuk pendanaan satu program yang sama, lebih diutamakannya pendanaan layanan rujukan dibandingkan PHC, dan belum dilakukannya pengalokasian anggaran yang disesuaikan dengan risiko dan kebutuhan. Sementara itu, tantangan fungsi *purchasing* meliputi paket manfaat yang belum sesuai dengan kebutuhan, beban administratif yang besar untuk *purchasing*, tata kelola *provider* dan *purchaser* yang tidak akuntabel, serta besarnya intervensi politik terhadap keputusan *purchaser* dalam penentuan paket manfaat. Tantangan pendanaan PHC merupakan suatu kesatuan sistem pendanaan, sehingga tantangan yang terjadi di fungsi yang satu akan memengaruhi atau memicu munculnya tantangan di fungsi lainnya. *Lessons learned* untuk Transformasi Kesehatan Indonesia bahwa penghapusan skema alokasi *earmarking* perlu diikuti implementasi RIBK yang akuntabel. Indonesia sudah memiliki komitmen politik berupa berbagai regulasi untuk mencapai UHC melalui PHC, tetapi masih perlu memperhatikan dukungan SDM dan infrastruktur lainnya agar regulasi bisa dijalankan di tingkat layanan primer. Selain itu, *trade-off* antara cakupan penduduk dan cakupan layanan paket manfaat perlu diputuskan dengan berbagai pendekatan yang menjunjung nilai *value for money* dan tetap mengutamakan investasi ke layanan kesehatan primer.

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Efforts to achieve Universal Health Coverage (UHC) by prioritizing primary health care (PHC) have been agreed upon through the 2018 Astana Declaration. Identification of challenges in the PHC financing system globally was carried out to become lessons learned for future implementation improvements, especially for Indonesia, as input for Health Transformation. This study used a scoping review method through three databases, namely Pubmed, EBSCOhost MEDLINE, and Scopus, with a total of 43 included literature. PHC financing challenges were reviewed through three functions, namely revenue collection, pooling, and

purchasing. Challenges in revenue collection include unsustainable financing sources and lack of accountability in the fund collection process. Challenges in the pooling function include the limited coverage of participants in the pool, the large number of pools and the unavailability of regulations governing various pools for financing the same program, the financing prioritization for referral services over PHC, and the lack of budget allocation tailored to risk and needs. Meanwhile, the challenges of the purchasing function include benefit packages that are not in accordance with the needs, a large administrative burden for purchasing, unaccountable governance of providers and purchasers, and a large amount of political intervention in purchaser decisions in determining benefit packages. PHC financing challenges are a unified financing system, so challenges that occur in one function will affect or trigger challenges in other functions. Lessons learned for Indonesia's Health Transformation is that the elimination of the earmarking allocation scheme needs to be followed by the implementation of an accountable RIBK. Indonesia already has the political commitment in the form of various regulations to achieve UHC through PHC. Still, it needs to pay attention to HR support and other infrastructure so that regulations can be implemented at the primary care level. In addition, the trade-off between population coverage and benefit package service coverage needs to be decided with various approaches that uphold value for money and still prioritize investment in primary health services.