Indonesia: Obesity Health System

Economic classification

Lower Middle Income[1]

Health system summary

Since the implementation of a, universal social health insurance initiative in 2014 (*Jaminan Kesehatan Nasional [JKN]*), Indonesia has been on the path to universal health coverage. Under JKN (which is mandatory for Indonesian citizens), individuals have access to a defined set of services from public providers as well as private providers who have opted to join the scheme. JKN is financed by employees, employers and the government. The formally employed pay 5% of their salary (5% being total of employee and employer contribution) while informal workers and those self-employed pay a fixed monthly rate. In 2018, JKN was the largest single-payer system in the world with 203 million members[2]. It is hoped that by the end of 2019, JKN will have grown further, covering the whole population.

Despite recent advances, Indonesia's health system suffers some persistent challenges which include high levels of out of pocket expenditure, the complexity of the system and the urban-rural inequities in care. Out of pocket payments are estimated to make up approximately 45% of total health expenditure in Indonesia[3]. Out of pocket payments are said to be common even for those covered by JKN, suggesting that that there is more work to be done to provide the population with true financial protection[4].

Where is Indonesia's government in the journey towards defining 'Obesity as a disease'? 🔴

Where is Indonesia's healthcare provider in the journey towards defining 'Obesity as a disease'? 🟠

In practice, how is obesity treatment largely funded? 🔴

(🟢: Government, 🟠: Insurance, 🔴: Out of pocket expense, ⚪: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity? 🔴

Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity? 🔴

Are there any obesity-specific treatment recommendations or guidelines published for adults? 🟢

Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas? 🔴

Are there any obesity-specific treatment recommendations or guidelines published for children? 🔴

Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas? 🔴

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Obesity and overweight prevalence

⇒ 58.9% of women are living with overweight or obesity

⇒ 38.3% of men are living with overweight or obesity

Key prevention policies

⇒ Mandatory nutrient lists on packaged foods

Summary of stakeholder feedback*

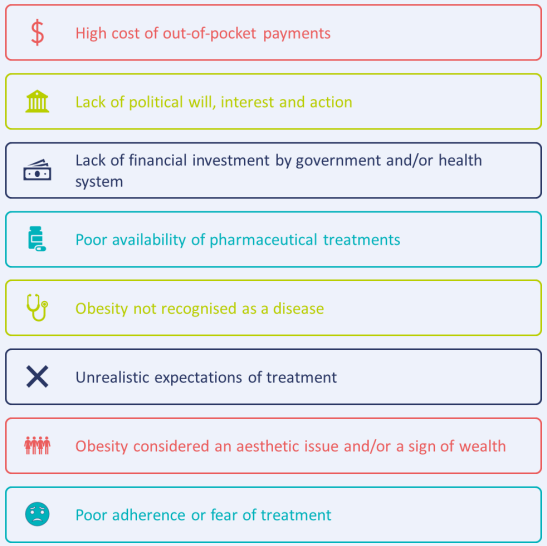
Although awareness around obesity has been rising in Indonesia, it is not yet considered to be a priority, with other diseases considered more important. Stakeholders appreciated that there is some work being done around researching prevalence and screening but lamented that there was inaction around both prevention and treatment. Financial investment in obesity is extremely limited and there are no fiscal measures in place.

Obesity treatment appears to be paid for out of pocket in Indonesia. Out of pocket payments are not unusual generally, but stakeholders also reported that obesity is not covered by insurances and so those seeking treatment have no other choice. It is unclear when people living with obesity receive treatment, but stakeholders reported that most do not enter the system. When they do, there are no clear treatment pathways, and few treatment options.

Indonesia does have a non-communicable disease strategy (and an accompanying implementation guide), but it is reported that the strategy is not working well or having much effect. There were conflicting responses on whether there was obesity treatment recommendations or guidelines, perhaps suggesting that where they do exist that are not effectively disseminated. Training for obesity appears to only be available for Nutritionists.

**Based on interviews/survey returns from 3 stakeholders*

Perceived barriers to treatment



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