

COUNTRY PROFILE INDONESIA

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Legal System

As Indonesia was colonized by the Netherlands, it inherited the civil law system of the Netherlands, in which the legal instruments are codified in a statute and serve as the primary source of law.

Health Care System

The Government of Indonesia through the Ministry of Health is still struggling with the establishment of the Universal Health Care System. The program is called the *Jaminan Kesehatan Masyarakat* (JAMKESMAS). Jamkesmas started in 2005 with the name “Askeskin”, renamed in 2007, and currently covers more than 76.4 million people or about 40% of poor and near-poor people. The ‘premium’ rate is Rp 6500 per person per month (about USD 8 per person per year), which constitutes a quarter of the annual central government health budget (1). Furthermore, there are no insurance contributions from beneficiaries or local governments. The Jamkesmas is fully financed from the central government revenues. The benefit package of Jamkesmas is generous and there are no copayments. However, there is still out-of-pocket spending and service providers are limited to public and government-owned facilities. Theoretically, Jamkesmas benefit package is more than Askes (civil servants health insurance) and Jamsostek (private sector employees; see below).

The evaluation by the World Bank in 2013 pointed out some (still) negative implications of Jamkesmas (2), which are: high levels of mistargeting and leakages to the non-poor, low level of socialization and awareness of benefits, low utilization and relatively low quality of care, regional inconsistencies in the availability of the basic benefits package, relatively shallow levels of financial protection, and poor accountability and feedback mechanisms. The reimbursements of Jamkesmas moreover do not represent the real cost of the health service, and the public providers receive government subsidies in the form of salary payments and capital investments.

For people working in private sectors as employees in firms with more than 10 employees (2), there is a possibility to obtain a social insurance for employees called Jamsostek (Jaminan Social Tenaga Kerja). Jamsostek is provided by a publicly-owned insurance company called PT. Jamsostek. Employers are not obliged to purchase this ‘private’ funded social insurance for their employees. Furthermore, a very small percentage of the population purchases very expensive private voluntary health insurance, provided by foreign financial service companies.

Treaty ratifications

	Signed	Ratified	Acceded
International Convention on Economic, Social and Cultural Rights		Ratified by Law No. 11 of 2005	
Convention on the Elimination of All Forms of Discrimination against	Signed 29 July 1980 (3)	Ratified 13 September 1984 (4) by Law No. 7 Year	

Women		1984	
Convention of the Rights of the Child	Signed 26 January 1990 (5)	Ratified 5 September 1990 (6) by President's Decision No 36 Year 1990	
ILO Convention 169 (Indigenous and Tribal People Convention)	Indonesia does not recognize the application of the concept of indigenous people in Indonesia (7)		
International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families	Signed 22 September 2004 (8)	Ratified 31 May 2012 (9) by Law No 6 Year 2012	
Convention on the Rights of Persons with Disabilities	Signed 30 March 2007 (10)	Ratified 30 November 2011 (11) by Law No 19 Year 2011	
Others (specific to each country)			

Constitution

There is a provision about the Right to Health under the Constitution, Art. 28 H. 1.
Original text,
"Pasal 28 H,
1). Setiap orang berhak hidup sejahtera lahir dan batin, bertempat tinggal dan mendapatkan lingkungan hidup yang baik dan sehat serta berhak memperoleh pelayanan kesehatan."

Translation:
"Article 28H
(1) Every person shall have the right to live in physical and spiritual prosperity, to have a home and to enjoy a good and healthy environment, and shall have the right to obtain medical care"

Overview of Relevant Provisions

Indicators	National Legislation	National Regulation
Government Commitment Mandatory Language	Indonesia ratified the International Covenant on Economic, Social and Cultural Rights on 28 October 2005 by Law No. 11 of 2005. The ratification was deposited to the United Nations Secretary General in New York on 23 February 2006 (Committee on Economic, Social and Cultural Rights, Implementation of the International Covenant on Economic, Social and Cultural Rights, Initial Reports submitted by States Parties under Articles 16 and 17 of the Covenant, E/C.12/IDN/1,	

	<p>29 October 2012, p. 3)</p> <p>Law number 36 of 2009, Art. 4 “Everyone has the right to health.” Further explanation of the Article 4, “Right to health meant in this article is the right to obtain healthcare from healthcare facility in order to achieve the highest attainable standard of health”</p> <p>Article 14 “The government is responsible to plan, arrange, organize, develop, and supervise the organization of healthcare effort which are equitably distributed and affordable to the people”</p> <p>Article 19 “The government is responsible for the availability of all healthcare effort which are qualified, safe, efficient, and affordable”</p> <p>Article 20 “The government is responsible to conduct healthcare assurance through national social assurance system for individual healthcare effort”</p> <p>Article 40 (1) “The government is to arrange the list and type of medicine that essentially must be available for the people’s interest (3) “The government is to ensure that the medicine in section (1) is available equitably and affordable to the people”</p>	
<p>Sustainable Financing</p> <p>State Reimbursement System</p> <p>State Subsidy</p>	<p>Law Number 40 Year 2004 Article 17 4. The fee of social assurance program for the poor and people who cannot afford it shall be paid by the government.</p> <p>Governmental Rule Number 101 Year 2012 concerning the Receiver of Health Insurance Fee Aid</p> <p>Article 2 (1)Criteria of the poor and people who cannot afford the fee will be determined by the Minister after coordinating with ministers and/or the head of the concerned foundation.</p>	
Rational Selection	Law number 36 of 2009 about Health	- Instruction of the President of the

	<p>“Article 7 Everyone has the right to acquire information and education about the health in equal and responsible means.”</p> <p>“Article 8 Everyone has the right to acquire information about his/her medical data including the medical action and cure which have been done or would be done to him/her by the medical personnels.”</p>	<p>Republic of Indonesia number 1 of 2010 about the Acceleration of the Implementation National Development Priority 2010</p> <p>Priority 3: Health, page 8.</p> <p>Program: Assistance of the National Essential Medicine</p> <p>Plan of action: Improvement of the public medicine supply and health assistance</p> <p>Result: Percentage of the availability of the medicine and vaccine, 80.</p> <p>Accomplishment target: December 2010.</p> <p>- The Decision of the Minister of Health of the Republic of Indonesia number 312/Menkes/SK/IX/2013 about the List of the National Essential Medicine 2013.”</p> <p>In this Decision, the Minister of Health of the Republic of Indonesia established the list of the essential medicine that has to be fulfilled by every hospital and</p>
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		<p>health centre in Indonesia.</p> <ul style="list-style-type: none">- "The Decision of the Minister of Health of the Republic of Indonesia number 89/Menkes/SK/11/2013 about the Formularium Program of the National Health Insurance." <p>"Decided:</p> <p>Adopting:</p> <p>Second: Formularium as meant in the first dictum is the list of the chosen medicines which are the most necessary and must be available in healthcare facilities in order to facilitate Jamkesmas and in accordance with the Guidance of the Implementation of Jamkesmas by the Minister of Health.</p> <ul style="list-style-type: none">- The Joint Regulation of the Minister of Health and Minister of Domestic Affairs number 138/Menkes/PB/11/2009. Number 12 of 2009 about the Guidelines of the Health Care Service Tariff for the Member of PT. Askes (Persero) and Their Family Members in Puskesmas,
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		Balai Kesehatan Masyarakat and Rumah Sakit Daerah.
Affordable Prices	<p>Law number 36 of 2009 about Health</p> <p>“Chapter 15, Protection and the Use of the Pharmaceutical and Medical Facilities, Article 98, 1). Pharmaceutical supply and medical facilities must be safe, effective/useful, qualified and affordable.”</p>	<ul style="list-style-type: none"> - “The Decision of the Minister of Health of the Republic of Indonesia number 312/Menkes/SK/IX/2013 about the List of the National Essential Medicine 2013.” - “The Decision of the Minister of Health of the Republic of Indonesia number 094/Menkes/SK/II/2012 about the Medicine Price for the Government Assistance of 2012.” - “The Decision of the Minister of Health of the Republic of Indonesia about the Price of the Generic Medicine 2008.” - “The Decision of the Minister of Health of the Republic of Indonesia number 092/Menkes/SK/II/2012 about the Highest Commercial Price for the Generic Medicine of 2012. - These Decisions show that the Government of the Republic of Indonesia which is represented by the Minister

		<p>of Health regulates and manages the establishment of the essential medicine for the society (The Decision of the Minister of Health of the Republic of Indonesia number 312/Menkes/SK/IX/2013 about the List of the National Essential Medicine 2013). The Government also establish the ceiling/maximum price for the medicine which are supported by the Government through the Government's subsidy and the generic medicine. Based on those Decisions, a conclusion could be derived that the Government is responsible for the availability and affordability of the medicine by establishing the list of the essential medicine to ensure that every hospital and health centre in Indonesia have the medicine and also the ceiling for the medicines, both for the medicines which are supported by the Government therefore the</p>
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		<p>Government gives subsidy for it (The Decision of the Minister of Health of the Republic of Indonesia number 094/Menkes/SK/II/2012 about the Medicine Price for the Government Assistance of 2012) and the ceiling/maximum price for the generic medicine (The Decision of the Minister of Health of the Republic of Indonesia about the Price of the Generic Medicine 2008 and the Decision of the Minister of Health of the Republic of Indonesia number 092/Menkes/SK/II/2012 about the Highest Commercial Price for the Generic Medicine of 2012).</p>
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Sources

<ul style="list-style-type: none"> ▪ Concerning the laws which regulates the health sector in Indonesia, the Minister of Health decisions and regulations, the main source is the Ministry of Health Republic of Indonesia, the Ministry of Health Republic of Indonesia: Jakarta, www.depkes.go.id, (accessed 20 January 2014). ▪ All of the laws, regulations and decisions of the Ministers are stored in the main web site of the Ministry of Justice Republic of Indonesia, the Ministry of Justice Republic of Indonesia: Jakarta, http://www.kemenkumham.go.id/, (accessed 20 January 2014). ▪ Specific web sites for the Ministry of Health in the legal database of the Ministry of Justice are: <ol style="list-style-type: none"> a. The Ministry of Justice Republic of Indonesia, the Directorate General of Laws and Regulations, the Ministry of Justice Republic of Indonesia: Jakarta, http://ditjenpp.kemenkumham.go.id/database-peraturan/undang-undang.html (accessed 20 January 2014) and the Ministry of Justice, Republic of Indonesia, the Directorate General of Laws and Regulations, the Ministry of Justice Republic of Indonesia: Jakarta, http://ditjenpp.kemenkumham.go.id/database-peraturan/peraturan-menteri.html, (accessed 20 January 2014). b. The authorized translation of the Constitution is available at, the Ministry of Justice Republic

of Indonesia, the Directorate General of Laws and Regulations, the Ministry of Justice Republic of Indonesia: Jakarta, <http://ditjenpp.kemenkumham.go.id/database-peraturan/uud-ri-tahun-1945.html>, (accessed 20 January 2014).

Indonesia Government Commitment

Provision:

Undang-Undang No 36 Tahun 2009 (Law No. 36 Year 2009)

Article 14

(1) The government is responsible in planning, arranging, organizing, developing, and supervising the organization of healthcare efforts which are equitably distributed and affordable to the people

Article 19

The government is responsible for the availability of all healthcare efforts which are qualified, safe, efficient, and affordable.

Article 20

(1) The government is responsible for the implementation of health insurance program through the national social insurance system for the individual health effort

Article 40

(1) The government arranges the list and type of medicine which essentially have to be available for the importance of the people.

(2) The list and type of the medicine as mentioned in section (1) shall be reviewed and enhanced at least every 2 (two) years in accordance with the requirement of need and technology

(3) The government guarantees that the medicine in section (1) is available prevalently and affordably to the people

Article 48

(1) The organization of healthcare effort in Article 47 can be implemented through the following activities:

- a. healthcare service;
- b. traditional healthcare service;
- c. improvement of health and disease prevention;
- d. healing diseases and health recovery
- e. reproductive health;
- f. family planning;
- g. school health;
- h. sports health;
- i. health service in the event of disaster;
- j. blood service;
- k. tooth and mouth health;
- l. overcoming impaired vision and hearing
- m. eye health;
- n. securing and utilizing pharmaceutical provision and medical devices;
- o. securing food and drinks;
- p. securing addictive substances; and/or
- q. autopsy.

Comments:

Article 28H of the Indonesian Constitution enshrines the right to healthcare. However, it does not contain specific mandatory wording on the provision of essential medicine and pharmaceuticals. Specific obligations for the government are laid down in National Legislation Number 36 Year 2009. Article 14 of the National Legislation sets out an obligation to “plan, arrange, organize, develop, and supervise the organization of healthcare effort which are equitably distributed and affordable to the people”, while Article 19 requires the government to ensure the availability of healthcare effort and Article 20 establishes the responsibility of the government to carry out health assurance through the national

assurance system. On the aspect of pharmaceuticals and/or essential medicines, Article 40 requires the government not only to create a list of essential medicine, but also to ensure the affordability and availability such medicine to the people. Moreover, under Article 48(n), the “safeguarding and utilization of pharmaceuticals” is included as part of the “organization of healthcare effort”, and Part 15 of the National Legislation further specifies the government’s obligation in relation to such activity.

Government Commitment Sustainable Financing Overview

Indonesia Sustainable Financing State Subsidy

Provision:

Undang-Undang RI Nomor 40 tahun 2004 tentang Sistem Jaminan Sosial Nasional (Law Number 40 Year 2004 about the National Assurance System)

Article 13

1. Employers are gradually required to register himself and his works as a participant to the Organizing Body of Social Insurance, in accordance with the social insurance program followed

Article 14

1. The government gradually registers the receiver of fee assistance as a participant of the Organizing Body of Social Insurance
2. The receivers of the fee assistance in section (1) are the poor and people who cannot afford it.

Article 17

1. Every participant is obliged to pay the fee which are determined in accordance to their wage or a certain nominal amount
2. Every employer is required to collect fee from their workers, add the fee which are part of their obligation, and pay the fee to the Organizing Body of Social Insurance gradually
3. The amount of the fee in section (1) and (2) is determined for each of the program type gradually in accordance with social development, economy, and feasible basic life needs
4. Social assurance program fee for the poor and people who cannot afford it is paid by the government
5. In the first stage, the fee in section (4) is paid by the government for health insurance program

Peraturan Pemerintah Republik Indonesia Nomor 101 Tahun 2012 tentang Penerima Bantuan Iuran Jaminan Kesehatan (Governmental Rule Number 101 Year 2012 on the Receiver of Health Insurance Fee Assistance)

Article 2

(1) The criteria of the poor and people who cannot afford it is determined by the Minister after coordinating with minister and/or the head of the related body.
(2) The criteria of the poor and people who cannot afford it in section (1) becomes a basis for the institution which organizes governmental affairs in the field of statistics to collect data

Comments:

The legal ground for the financing of the current healthcare system in Indonesia is regulated by Law Number 40 Year 2004 (Undang-Undang RI Nomor 40 tahun 2004). Under Article 17(4), the government is obliged to pay for the cost of the fee of the social assurance system for the poor and people who cannot afford social assurance fee. Under Article 14(1), the government must register the receiver of the fee aid to a body called Badan Penyelenggara Jaminan Sosial. Article 2 of the Governmental Rule Number 101 Year 2012 (Peraturan Pemerintah Republik Indonesia Nomor 101 Tahun 2012) also enshrines that the criteria of the poor and people who cannot afford social assurance fee shall be determined by the Minister.

On the other hand, people who are outside the scope of “the poor and people who cannot afford social assurance fee” are, under Article 17(1), obliged to pay the fee based on the percentage of wage or a certain number. Employers are also required under Article 13(1) to register themselves and their works to the body which runs the social insurance system (Badan Penyelenggara Jaminan Sosial). Article 17(2) further elucidates that every employer must charge a certain fee from its employer and pays it to the Badan Penyelenggara Jaminan Sosial periodically. As has been stated, this is waived for the poor and people who cannot afford social assurance fee under Article 17(4)

Rational Selection Overview

Indonesia Rational Selection Essential Medicines Framework

Provision:

Undang-undang nomor 36 tahun 2009 tentang Kesehatan (Law number 36 of 2009 about Health)

Article 7

Everyone has the right to get the information and education about health in an equal and responsible way.

Article 8

Everyone has the right to get the information about his health including every medical action and cure which he has received or would receive from the medical personnel.

Article 15

The Government is responsible for the availability of the environment, structure and facility, physically and socially for the society to attain the highest standard of health.

Article 16

The Government is responsible for the availability of the resources in the health sector which are fair and equally distributed for the whole society to attain the highest standard of health.

Article 17

The Government is responsible for the availability of the information, education and health facility to increase and cultivate the highest attainable standard of health.

Article 18

The Government is responsible to empower and prompt the active role from the society in all form of medical efforts.

The Government is responsible for the availability of all form of medical efforts which has the quality, safe, efficient and affordable.

Article 20

(1) The Government is responsible for the implementation of the health insurance of the society through the national social insurance system for the individual health efforts.

(2) The implementation of the national social insurance as referred by the para 1 would be conducted in accordance with the law.

Article 31

The health service must:

- a. give the widest access for the demand of the research and development in the health sector.
- b. send the result of the research to the local government or the Ministry of Health.

Article 55

The Government must established the standard for the quality of the health service.

Article 56

(1) Everyone has the right to accept or refuse partially or all the medical emergency which

would be given to him after accepting and understanding comprehensively the information about such medical action.

(2) The right to accept or refuse partially as referred in the para 1 would not be applied to:

a. a person who has contagious disease which the disease could easily spread to the society.

b. a person who is unconscious

c. a person who has the severe mental illness.

Article 73

The Government must ensure the availability of the means of information and health service facility for reproduction which are safe, qualified, and affordable for the society, including the Family Planning

Chapter XIV

Health Information

Article 168

(1) To establish the effective and efficient medical effort, it needs the health information.

(2) Health information as referred in the para 1 would be conducted through the cross sectoral information system.

(3) Further passage concerning this information system as referred in the para 2 would be regulated by the Governmental Regulation.

Article 169

The Government would give the ease to the society to attain access concerning the health information in the effort to increase the standard of health of the society.

Comments:

Indonesia has managed to set the adequate provisions concerning the establishment of the rational selection criteria for the citizens. In the Law number 12 of 2013, the Government of the Republic of Indonesia has set certain criteria on the medical treatment and medicine that would be reimbursed by the Government if in any case the insured has to get the medical treatment or use the medicine in the hospital of health centre. Concerning the availability of the essential medicine list, the Government of Indonesia which is represented by the Ministry of Health, through the Decision of the Minister of Health of the Government of the Republic of Indonesia number 312/MENKES/SK/IX/2013 (Keputusan Menteri Kesehatan Republik Indonesia nomor 312/MENKES/SK/IX/2013 tentang Daftar Obat Esensial Nasional 2013) has established the list of the essential medicines which every health centre and hospital in Indonesia should have. The list is annually updated in order to ensure that the medical needs of the citizen be fulfilled by the Government. In the field of information, the Government of the Republic of Indonesia has been obliged by the law number 32 of 2006 to provide the citizen with adequate information in relation with their health condition. The law has stated that every Indonesian citizen has the right to acquire information concerning his or her health condition.

However, at the level of implementation, the provisions in those laws are not sufficiently implemented. Therefore, in the appendix of the Presidential Regulation number 72 of 2012 concerning the National Health System, the Government mentioned several problems which hamper the implementation of the National Health System such as the incongruity of development plans between the Central and Local Government, weak health information system due to the lack of cooperation between the Central and the Local Government, and the lack of one single comprehensive health law/act.

Indonesia also has the provisions which ensure that the Government has the obligations to give sufficient understanding and knowledge about the availability and accessibility of the essential medicine and health care facilities to the citizens. Furthermore, Indonesia has a National List of Essential Medicine that was aimed to cover the WHO Essential Medicine List. The last publication was in 2008, after an evaluation of the transparency of the selection process of essential medicines in 2007. Table 1 shows that EML of Indonesia covers various drugs. Some drugs are not available, simply as a result of the absence of the disease in Indonesia, e.g. African trypanosomiasis. Some drugs in Indonesia EML list are not in the WHO list, although it is unlikely that the related disorders are typical in Indonesia. Surprisingly, expensive medicines such as antivirals and cytotoxic medicines are available

in Indonesia. These two facts are more likely caused by medicine donation from developed countries.

Table 1. The number of drugs in EML of WHO (2013) and Indonesia (2008)

	WHO EML list (2003)	Indonesia EML list (2008)
1. ANAESTHETICS		
1.1 General anaesthetics and oxygen		8
1.1.1 Inhalational medicines	4	
1.1.2 Injectable medicine	2	
1.2 Local anaesthetics	4	3
1.3 Preoperative medication and sedation for short-term procedure	3	3
2. MEDICINES FOR PAIN AND PALLIATIVE CARE		
2.1 Non-opioids and non-steroidal anti-inflammatory medicines (NSAIDs)	3	7
2.2 Opioid analgesics	2	5
2.3 Medicines for other common symptoms in palliative care	15	
3. ANTIALLERGICS AND MEDICINES USED IN ANAPHYLAXIS	5	4
4. ANTIDOTES AND OTHER SUBSTANCES USED IN POISONINGS		
4.1 Non-specific	1	3
4.2 Specific	14	9
5. ANTICONVULSANTS/ANTIEPILEPTICS	8	6
6. ANTI-INFECTIVE MEDICINES		
6.1 Anthelmintics		
6.1.1 Intestinal anthelmintics	6	4
6.1.2 Antifilarials	3	1
6.1.3 Antischistosomes and other antitrematode medicines	3	1
6.2 Antibacterials		
6.2.1 Beta Lactam medicines	15	9
6.2.2 Other antibacterials	14	16
6.2.3 Antileprosy medicine	3	3
6.2.4 Antituberculosis medicines	19	9
6.3 Antifungal medicines	7	8
* Urinary antiseptics		4
6.4 Antiviral medicines		
6.4.1 Antih herpes medicines	1	1
6.4.2 Antiretrovirals		
6.4.2.1 Nucleoside/Nucleotide reverse transcriptase inhibitors	7	3
6.4.2.2 Non-nucleoside reverse transcriptase inhibitor	2	2
6.4.2.3 Protease inhibitors	10	1
6.4.3 Other antivirals	3	

6.5 Antiprotozoal medicines		
6.5.1 Antiamoebic and anti giardiasis medicines	2	2
6.5.2 Antileishmaniasis medicines	4	
6.5.3 Antimalarial medicines		
6.5.3.1 For curative treatment	12	7
6.5.3.2 For prophylaxis	4	1
6.5.4 Antipneumocystosis and antitoxoplasmosis medicines	4	
6.5.5 Antitrypanosomal medicines		
6.5.5.1 African trypanosomiasis	6	
6.5.5.2 American trypanosomiasis	2	
7. ANTIMIGRAINE MEDICINES		
7.1 For treatment of acute attack	3	2
7.2 For prophylaxis	1	2
8. ANTINEOPLASTIC AND IMMUNOSUPPRESSIVES		
8.1 Immunosuppressive medicines	2	2
8.2 Cytotoxic and adjuvant medicines	25	20
8.3 Hormones and antihormones	5	3
9. ANTIPARKINSONISM MEDICINES	2	2
10. MEDICINES AFFECTING THE BLOOD		
10.1 Antianaemia medicines	4	3
10.2 Medicines affecting coagulation	8	4
10.3 Other medicines for haemoglobinopathies	2	
11. BLOOD PRODUCTS AND PLASMA SUBSTITUTES OF HUMAN ORIGIN		
11.1 Blood and blood components	4	3
11.2 Plasma-derived medicines		2
11.2.1 Human immunoglobulin	1	
11.2.2 Blood coagulation factors	2	
11.3 Plasma substitutes	1	
12. CARDIOVASCULAR MEDICINES		
12.1 Antianginal medicines	4	4
12.2 Antiarrhythmic medicines	6	7
12.3 Antihypertensive medicines	7	8
12.4 Medicines used in heart failure	7	3
12.5 Antithrombotic medicines	2	1
12.6 Lipid-lowering agents	1	1
* PLATELET ANTIAGGREGATION		1
* ANTI THROMBOTIC MEDICINES		1
* MEDICINES USED for SHOCK ATTACK		5
13. DERMATOLOGICAL MEDICINES (topical)		
13.1 Antifungal medicines	4	3
13.2 Anti-infective medicines	3	2
13.3 Anti-inflammatory and antipruritic medicines	3	3
13.4 Medicines affecting skin differentiation and proliferation	6	4
13.5 Scabicides and pediculicides	2	2
14. DIAGNOSTIC AGENTS		
14.1 Ophthalmic medicines	2	

14.2 Radiocontrast media	5	11
* Others		4
15. DISINFECTANTS AND ANTISEPTICS		
15.1 Antiseptics	3	4
15.2 Disinfectants	3	5
* MEDICINES and DENTAL MATERIAL USED FOR ORAL HEALTH		
* MEDICINES USED FOR DENTAL and ORAL HEALTH,		10
* DENTAL MATERIAL USED FOR ORAL HEALTH		7
16. DIURETICS	8	4
17. GASTROINTESTINAL MEDICINES	1	
17.1 Antiulcer medicines	2	3
17.2 Antiemetic medicines	3	3
17.3 Anti-inflammatory medicines	2	1
17.4 Laxatives	1	
17.5 Medicines used in diarrhoea		1
17.5.1 Oral rehydration	1	
17.5.2 Medicines for diarrhoea in children	1	
18. HORMONES, OTHER ENDOCRINE MEDICINES AND CONTRACEPTIVES		
18.1 Adrenal hormones and synthetic substitutes	2	5
18.2 Androgens	1	1
18.3 Contraceptives		
18.3.1 Oral hormonal contraceptives	3	1
18.3.2 Injectable hormonal contraceptives	3	1
18.3.3 Intrauterine devices	1	1
18.3.4 Barrier methods	2	
18.3.5 Implantable contraceptives	1	1
18.4 Estrogens		2
18.5 Insulins and other medicines used for diabetes	6	6
18.6 Ovulation inducers	1	
18.7 Progestogens	1	2
18.8 Thyroid hormones and antithyroid medicines	6	3
19. IMMUNOLOGICALS		
19.1 Diagnostic agents	1	
19.2 Sera and immunoglobulins	5	6
19.3 Vaccines	21	8
20. MUSCLE RELAXANTS (PERIPHERALLY-ACTING) AND CHOLINESTERASE INHIBITORS	6	5
21. OPHTHALMOLOGICAL PREPARATIONS		
21.1 Anti-infective agent	5	5
21.2 Anti-inflammatory agents	1	1
21.3 Local anaesthetics	1	2
21.4 Miotics and antiglaucoma medicine	4	3
21.5 Mydriatics	2	2

21.6 Anti vascular endothelial growth factor (VEGF)	1	
22. OXYTOCICS AND ANTIOXYTOCICS		
22.1 Oxytocics	4	2
22.2 Antioxytocics (tocolytics)	1	1
23. PERITONEAL DIALYSIS SOLUTION	1	2
24. MEDICINES FOR MENTAL AND BEHAVIOURAL DISORDERS		
24.1 Medicines used in psychotic disorders	7	5
24.2 Medicines used in mood disorders		
24.2.1 Medicines used in depressive disorders	3	3
24.2.2 Medicines used in bipolar disorders	3	
24.3 Medicines for anxiety disorders	1	1
24.4 Medicines used for obsessive compulsive disorders	1	1
24.5 Medicines for disorders due to psychoactive substance use	2	
25. MEDICINES ACTING ON THE RESPIRATORY TRACT		
25.1 Antiasthmatic and medicines for chronic obstructive pulmonary disease	5	6
25.2 ANTITUSSIVES		2
25.3 EXPECTORANT		2
26. SOLUTIONS CORRECTING WATER, ELECTROLYTE AND ACID-BASE DISTURBANCES		
26.1 Oral	2	3
26.2 Parenteral	6	13
26.3 Miscellaneous	1	1
27. VITAMINS AND MINERALS	12	10
28. EAR, NOSE AND THROAT MEDICINES IN CHILDREN	4	4
29. SPECIFIC MEDICINES FOR NEONATAL CARE		
29.1 Medicines administered to the neonate	5	
29.2 Medicines administered to the mother	1	
30. MEDICINES FOR DISEASES OF JOINTS		
30.1 Medicines used to treat gout	1	2
30.2 Disease modifying agents used in rheumatoid disorders (DMARDs)	6	
30.3 Juvenile joint disease	1	

* Only for Indonesian EML

Affordable Prices Overview

Indonesia Affordable Prices Availability of Generics

Provision:

Undang-Undang Nomor 36 Tahun 2009 Law number 36 of 2009

Article 19

The Government is responsible for the availability of all form of medical efforts which has the quality, safe, efficient and affordable.

Article 32

(1) In the times of emergency, the health facilities, either public or private, has to give medical assistance to save the life of the patient and the prevention of disability.

(2) In the times of emergency, the health facilities, either public or private is prohibited to refuse and/or demand the entrance fee.

Part Three

Health Supplies

(1) The government guarantees the availability, even distribution, and affordability of health supplies, especially essential medicines

(2) In guaranteeing the availability of emergency medicines, the government can undertake a special policy for the provision and utilization of medicine and substances with medicinal efficacy

Article 37

(1) The management of health supplies is done in order to fulfill the basic need of the people for health supplies

(2) The management of health supplies in form of essential medicines and certain basic medicinal devices is undertaken by considering the benefit, price, and other factors related to even distribution

Article 40

(1) The government arranges the list and type of medicine which essentially have to be available for the importance of the people.

(2) The list and type of the medicine as mentioned in section (1) shall be reviewed and enhanced at least every 2 (two) years in accordance with the requirement of need and technology

(3) The government guarantees that the medicine in section (1) is available prevalently and affordably to the people

(...)

(6) The availability of health supplies in form of generic medicines which are included in the national essential medicine list must be guaranteed, so that the government regulate the pricing

Comments:

The Government of the Republic of Indonesia which is represented by the Ministry of Health has provided the legal basis for the Government to set the generic medicine price. Through the Decision of the Minister of Health number 092/MENKES/SK/II/2012, the Minister of Health set the highest price for the generic medicine in the Indonesian market. The ceiling is needed in order to keep the price of the generic medicine be controllable by the Government. This Decision is in conformity with the Law number 25 of 2004 concerning the National Social Insurance System which in the Article 25 mandated the Government to set the highest price of the medicine by the law.

In the Law number 36 of 2009, in the Article 19, the Government of the Republic of Indonesia has been obliged to provide citizen with affordable medicines. In Article 40(3), the Government of the Republic of Indonesia has been obliged to ensure that essential medicines are equally distributed and affordable in the society.

Based on those legal bases, the provisions which safeguard the need for the affordability of the essential medicine is sufficient. However, challenges still persist at the level of implementation. Based on the Appendix of the Presidential Regulation number 72 of 2012 concerning the National Health System, the Government of the Republic of Indonesia has acknowledged that the essential concept of generic medicine has not adequately been implemented. According to paragraph A. 5. 37 of the Peraturan Pemerintah (Governmental Rule), indeed generic medicine is well used only in medical centres; the public and private hospitals are still relying on non-generic medicine to a considerable extent.

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Annex

Provisions related to Government Commitment in Indonesian

Undang-Undang No 36 Tahun 2009

Pasal 14

(1) Pemerintah bertanggung jawab merencanakan, mengatur, menyelenggarakan, membina, dan mengawasi penyelenggaraan upaya kesehatan yang merata dan terjangkau oleh masyarakat.

(2) Tanggung jawab Pemerintah sebagaimana dimaksud pada ayat (1) dikhususkan pada pelayanan publik.

Pasal 19

Pemerintah bertanggung jawab atas ketersediaan segala bentuk upaya kesehatan yang bermutu, aman, efisien, dan terjangkau

Pasal 20

(1) Pemerintah bertanggung jawab atas pelaksanaan jaminan kesehatan masyarakat melalui sistem jaminan sosial nasional bagi upaya kesehatan perorangan.

Pasal 40

(1) Pemerintah menyusun daftar dan jenis obat yang secara esensial harus tersedia bagi kepentingan masyarakat

(2) Daftar dan jenis obat sebagaimana dimaksud pada ayat (1) ditinjau dan disempurnakan paling lama setiap 2 (dua) tahun sesuai dengan perkembangan kebutuhan dan teknologi.

(3) Pemerintah menjamin agar obat sebagaimana dimaksud pada ayat (1) tersedia secara merata dan terjangkau oleh masyarakat

Pasal 48

(1) Penyelenggaraan upaya kesehatan sebagaimana dimaksud dalam Pasal 47 dilaksanakan melalui kegiatan:

a. pelayanan kesehatan;

b. pelayanan kesehatan tradisional;

c. peningkatan kesehatan dan pencegahan penyakit;

d. penyembuhan penyakit dan pemulihan kesehatan;

e. kesehatan reproduksi;

f. keluarga berencana;

g. kesehatan sekolah;

h. kesehatan olahraga;

i. pelayanan kesehatan pada bencana;

j. pelayanan darah;

k. kesehatan gigi dan mulut;

l. penanggulangan gangguan penglihatan dan gangguan pendengaran;

m. kesehatan mata;

n. pengamanan dan penggunaan sediaan farmasi dan alat kesehatan;

o. pengamanan makanan dan minuman;

p. pengamanan zat adiktif; dan/atau

q. bedah mayat.

Provisions related to Sustainable Financing in Indonesian

Undang-Undang RI Nomor 40 Tahun 2004

Pasal 13

1. Pemberi kerja secara bertahap wajib mendaftarkan dirinya dan pekerjaannya sebagai peserta kepada Badan Penyelenggara Jaminan Sosial, sesuai dengan program jaminan sosial yang diikuti.

Pasal 14

1. Pemerintah secara bertahap mendaftarkan penerima bantuan iuran sebagai peserta kepada Badan Penyelenggara Jaminan Sosial.
2. Penerima bantuan iuran sebagaimana dimaksud pada ayat (1) adalah fakir miskin dan orang tidak mampu.

Pasal 17

1. Setiap peserta wajib membayar iuran yang besarnya ditetapkan berdasarkan persentase dari upah atau suatu jumlah nominal tertentu.
2. Setiap pemberi kerja wajib memungut iuran dari pekerjanya, menambahkan iuran yang menjadi kewajibannya dan membayarkan iuran tersebut kepada Badan Penyelenggara Jaminan Sosial secara berkala.
3. Besarnya iuran sebagaimana dimaksud pada ayat (1) dan ayat (2) ditetapkan untuk setiap jenis program secara berkala sesuai dengan perkembangan sosial, ekonomi dan kebutuhan dasar hidup yang layak.
4. Iuran program jaminan sosial bagi fakir miskin dan orang yang tidak mampu dibayar oleh Pemerintah.
5. Pada tahap pertama, iuran sebagaimana dimaksud pada ayat (4) dibayar oleh Pemerintah untuk program jaminan kesehatan.

Peraturan Pemerintah Republik Indonesia Nomor 101 Tahun 2012 tentang Penerima Bantuan Iuran Jaminan Kesehatan

Pasal 2

(1) Kriteria Fakir Miskin dan Orang Tidak Mampu ditetapkan oleh Menteri setelah berkoordinasi dengan menteri dan/atau pimpinan lembaga

terkait.

(2) Kriteria Fakir Miskin dan Orang Tidak Mampu sebagaimana dimaksud pada ayat (1) menjadi dasar bagi lembaga yang menyelenggarakan

urusan pemerintahan di bidang statistik untuk melakukan pendataan.

Provisions related to Rational Selection in Indonesian

Undang-undang nomor 36 tahun 2009 tentang Kesehatan

Pasal 7

Setiap orang berhak untuk mendapatkan informasi dan edukasi tentang kesehatan yang seimbang dan bertanggungjawab.

Pasal 8

Setiap orang berhak memperoleh informasi tentang data kesehatan dirinya termasuk tindakan dan pengobatan yang telah maupun yang akan diterimanya dari tenaga kesehatan.

Pasal 15

Pemerintah bertanggung jawab atas ketersediaan lingkungan, tatanan, fasilitas kesehatan baik fisik maupun sosial bagi masyarakat untuk mencapai derajat kesehatan yang setinggi-tingginya.

Pasal 16

Pemerintah bertanggung jawab atas ketersediaan sumber daya di bidang kesehatan yang adil dan merata bagi seluruh masyarakat untuk memperoleh derajat kesehatan yang setinggi-tingginya.

Pasal 17

Pemerintah bertanggung jawab atas ketersediaan akses terhadap informasi, edukasi, dan fasilitas pelayanan kesehatan untuk meningkatkan dan memelihara derajat kesehatan yang setinggi-tingginya.

Pasal 18

Pemerintah bertanggung jawab memberdayakan dan mendorong peran aktif masyarakat dalam segala bentuk upaya kesehatan.

Pasal 19

Pemerintah bertanggung jawab atas ketersediaan segala bentuk upaya kesehatan yang bermutu, aman, efisien, dan terjangkau.

Pasal 20

(1) Pemerintah bertanggung jawab atas pelaksanaan jaminan kesehatan masyarakat melalui sistem jaminan sosial nasional bagi upaya kesehatan perorangan.

(2) Pelaksanaan sistem jaminan sosial nasional sebagaimana dimaksud pada ayat (1) dilaksanakan sesuai ketentuan perundang-undangan.

Pasal 31

Fasilitas pelayanan kesehatan wajib:

- a. memberikan akses yang luas bagi kebutuhan penelitian dan pengembangan di bidang kesehatan; dan
- b. mengirimkan laporan hasil penelitian dan pengembangan kepada pemerintah daerah atau Menteri.

Pasal 55

Pemerintah wajib menetapkan standar mutu pelayanan kesehatan.

Pasal 56

(1) Setiap orang berhak menerima atau menolak sebagian atau seluruh tindakan pertolongan yang akan diberikan kepadanya setelah menerima dan memahami informasi mengenai tindakan tersebut secara lengkap.

(2) Hak menerima atau menolak sebagaimana dimaksud pada ayat (1) tidak berlaku pada:

- a. penderita penyakit yang penyakitnya dapat secara cepat menular ke dalam masyarakat yang lebih luas;

b. keadaan seseorang yang tidak sadarkan diri; atau

c. gangguan mental berat.

Pasal 73

Pemerintah wajib menjamin ketersediaan sarana informasi dan sarana pelayanan kesehatan reproduksi yang aman, bermutu, dan terjangkau masyarakat, termasuk keluarga berencana.

Bab XIV

Informasi Kesehatan

Pasal 168

(1) Untuk menyelenggarakan upaya kesehatan yang efektif dan efisien diperlukan informasi kesehatan.

(2) Informasi kesehatan sebagaimana dimaksud pada ayat (1) dilakukan melalui sistem informasi yang melalui lintas sektor.

(3) Ketentuan lebih lanjut mengenai sistem informasi sebagaimana dimaksud pada ayat (2) diatur dengan Peraturan Pemerintah.

Pasal 169

Pemerintah memberikan kemudahan kepada masyarakat untuk memperoleh akses terhadap informasi kesehatan dalam upaya meningkatkan derajat kesehatan masyarakat.”

Keputusan Menteri Kesehatan Republik Indonesia nomor 312/MENKES/SK/IX/2013 tentang Daftar Obat Esensial Nasional 2013

The Decision of the Minister of Health of the Republic Indonesia number 312/MENKES/SK/IX/2013 concerning the List of National Essential Medicine 2013.

“Menimbang: a. Bahwa dalam rangka meningkatkan mutu pelayanan kesehatan dan untuk menjamin ketersediaan obat yang lebih merata dan terjangkau oleh masyarakat perlu disusun Daftar Obat Esensial Nasional;

MEMUTUSKAN:

Menetapkan: KEPUTUSAN MENTERI KESEHATAN TENTANG DAFTAR OBAT ESENSIAL NASIONAL 2013.

KESATU: Daftar Obat Esensial Nasional 2013, yang selanjutnya disebut DOEN 2013 sebagaimana tercantum dalam Lampiran yang merupakan bagian yang tidak terpisahkan dalam Keputusan Menteri ini.

KEDUA: Penerapan DOEN harus dilaksanakan secara konsisten dan terus menerus di semua fasilitas pelayanan kesehatan.”

Peraturan Presiden Republik Indonesia Nomor 12 tahun 2013 tentang Jaminan Kesehatan.

“Pasal 22

(1) Pelayanan kesehatan yang dijamin terdiri atas:

a. pelayanan kesehatan tingkat pertama, meliputi pelayanan kesehatan non spesialisik yang mencakup:

1. administrasi pelayanan;
2. pelayanan promotif dan preventif;
3. pemeriksaan, pengobatan dan konsultasi medis;
4. tindakan medis non spesialisik, baik operatif maupun non operatif;
5. pelayanan obat dan bahan medis habis pakai;
6. transfusi darah sesuai dengan kebutuhan medis;
7. pemeriksaan penunjang diagnostik laboratorium tingkat pratama; dan
8. rawat inap tingkat pertama sesuai dengan indikasi.

b. Pelayanan kesehatan rujukan tingkat lanjutan meliputi pelayanan kesehatan yang mencakup:

1. rawat jalan yang meliputi:

- a) administrasi pelayanan;
- b) pemeriksaan, pengobatan dan konsultasi spesialisik oleh dokter spesialis dan subspecialis;
- c) tindakan medis spesialisik sesuai dengan indikasi medis;
- d) pelayanan obat dan bahan medis habis pakai;
- e) pelayanan alat kesehatan implan;
- f) pelayanan penunjang diagnostik lanjutan sesuai dengan indikasi medis;
- g) rehabilitasi medis;
- h) pelayanan darah;
- i) pelayanan kedokteran forensik; dan
- j) pelayanan jenazah di Fasilitas Kesehatan.

2. rawat inap yang meliputi:

- a) perawatan inap non intensif; dan
 - b) perawatan inap di ruang intensif.
- c. pelayanan kesehatan lain yang ditetapkan oleh menteri.

2. Dalam hal pelayanan kesehatan lain sebagaimana dimaksud pada ayat (1) huruf c telah ditanggung dalam program pemerintah maka tidak termasuk dalam pelayanan kesehatan yang dijamin.

3. Dalam hal diperlukan, selain pelayanan kesehatan yang dimaksud pada ayat (1) Peserta juga berhak mendapatkan pelayanan berupa alat bantu kesehatan.

4. Jenis dan plafon harga alat bantu kesehatan sebagaimana yang dimaksud pada ayat (3) ditetapkan oleh menteri.

Pasal 24

Peserta yang menginginkan kelas perawatan yang lebih tinggi dari pada haknya dengan mengikuti asuransi kesehatan tambahan, atau membayar sendiri selisih antara biaya yang dijamin oleh BPJS Kesehatan dengan biaya yang harus dibayar akibat peningkatan kelas perawatan.

Pasal 25

Pelayanan kesehatan yang tidak dijamin meliputi:

- a. pelayanan kesehatan yang dilakukan tanpa melalui prosedur sebagaimana diatur dalam peraturan yang berlaku;
- b. pelayanan kesehatan yang dilakukan di Fasilitas Kesehatan yang tidak bekerjasama dengan BPJS Kesehatan, kecuali untuk kasus gawat darurat;
- c. pelayanan kesehatan yang telah dijamin oleh program jaminan kecelakaan kerja terhadap penyakit atau cedera akibat kecelakaan kerja atau hubungan kerja;
- d. pelayanan kesehatan yang dilakukan di luar negeri;
- e. pelayanan kesehatan untuk tujuan estetik;
- f. pelayanan untuk mengatasi masalah infertilitas;
- g. pelayanan meratakan gigi (ortodontisi);
- h. gangguan kesehatan/ penyakit akibat ketergantungan obat dan/atau alkohol;
- i. gangguan kesehatan akibat sengaja menyakiti diri sendiri, atau akibat melakukan hobi yang membahayakan diri sendiri;
- j. pengobatan komplementer, alternatif dan tradisional, termasuk akupunktur, shin she, chiropratic, yang belum dinyatakan efektif berdasarkan penilaian teknologi kesehatan (health technology assessment).
- k. pengobatan dan tindakan medis yang dikategorikan sebagai percobaan (eksperimen);
- l. alat kontrasepsi, kosmetik, makanan bayi, dan susu;
- m. perbekalan kesehatan rumah tangga;
- n. pelayanan kesehatan akibat bencana pada masa tanggap darurat, kejadian luar biasa/wabah; dan
- o. biaya pelayanan lainnya yang tidak ada hubungan dengan Manfaat Jaminan Kesehatan yang diberikan.

Bagian Kedua

Pelayanan Obat dan Bahan Medis Habis Pakai

Pasal 32

1. Pelayanan obat dan bahan medis habis pakai untuk Peserta Jaminan Kesehatan pada Fasilitas Kesehatan berpedoman pada daftar dan harga obat, dan bahan medis habis pakai yang ditetapkan oleh Menteri.

2. Daftar dan harga obat dan bahan medis habis pakai sebagaimana dimaksud pada ayat (1) ditinjau kembali paling lambat 2 (dua) tahun sekali.

Bab VIII

Fasilitas Kesehatan

Tanggung Jawab Ketersediaan Fasilitas Kesehatan dan Penyelenggaraan Jaminan Kesehatan

Pasal 35

(1) Pemerintah dan Pemerintah Daerah bertanggungjawab atas ketersediaan Fasilitas Kesehatan dan penyelenggaraan pelayanan kesehatan untuk pelaksanaan program Jaminan Kesehatan.

(2) Pemerintah dan Pemerintah Daerah dapat memberikan kesempatan kepada swasta untuk berperan serta memenuhi ketersediaan Fasilitas Kesehatan dan penyelenggaraan pelayanan kesehatan.”

Peraturan Presiden Republik Indonesia nomor 72 tahun 2012 tentang Sistem Kesehatan Nasional

“A. 6. Manajemen, Informasi dan Regulasi Kesehatan

38. Perencanaan pembangunan kesehatan antara pusat dan daerah belum sinkron. Begitu pula dengan perencanaan jangka panjang/menengah masih belum menjadi acuan dalam menyusun perencanaan jangka pendek. Demikian juga dengan banyak kebijakan yang belum disusun berbasis bukti dan belum bersinergi baik perencanaan di tingkat pusat dan/atau di tingkat daerah.

39. Sistem informasi kesehatan menjadi lemah setelah menerapkan kebijakan desentralisasi. Data dan informasi kesehatan untuk perencanaan tidak tersedia tepat waktu.

40. Sistem Informasi Kesehatan Nasional (Siknas) yang berbasis fasilitas sudah mencapai tingkat kabupaten/kota namun belum dimanfaatkan secara optimal.

41. Surveilans yang belum dilaksanakan secara baik dan menyeluruh.

42. Hukum kesehatan belum tertata secara sistematis dan harmonis serta belum mendukung pembangunan kesehatan secara utuh. Peraturan perundang-undangan bidang kesehatan pada saat ini belum cukup, baik jumlah, jenis, maupun efektifitasnya.

43. Pemerintah belum sepenuhnya dapat menyelenggarakan pembangunan kesehatan yang efektif, efisien, dan bermutu sesuai dengan prinsip-prinsip tata pemerintahan uang baik (good governance).

Provisions related to Affordable Prices in Indonesian

Undang-Undang Nomor 36 Tahun 2009

Pasal 19

Pemerintah bertanggung jawab atas ketersediaan segala bentuk upaya kesehatan yang bermutu, aman, efisien, dan terjangkau.

Pasal 32

(1) Dalam keadaan darurat, fasilitas pelayanan kesehatan, baik pemerintah maupun swasta, wajib memberikan pelayanan kesehatan bagi penyelamatan nyawa pasien dan pencegahan kecacatan terlebih dahulu.

(2) Dalam keadaan darurat, fasilitas pelayanan kesehatan, baik pemerintah maupun swasta dilarang menolak pasien dan/atau meminta uang muka.

Bagian Ketiga

Perbekalan Kesehatan

(1) Pemerintah menjamin ketersediaan, pemerataan, dan keterjangkauan perbekalan kesehatan, terutama obat esensial.

(2) Dalam menjamin ketersediaan obat keadaan darurat, Pemerintah dapat melakukan kebijakan khusus untuk pengadaan dan pemanfaatan obat dan bahan yang berkhasiat obat.”

Pasal 37

(1) Pengelolaan perbekalan kesehatan dilakukan agar kebutuhan dasar masyarakat akan perbekalan kesehatan terpenuhi.

(2) Pengelolaan perbekalan kesehatan yang berupa obat esensial dan alat kesehatan dasar tertentu dilaksanakan dengan memperhatikan kemanfaatan, harga, dan faktor yang berkaitan dengan pemerataan.

Pasal 40

(1) Pemerintah menyusun daftar dan jenis obat yang secara esensial harus tersedia bagi kepentingan masyarakat.

(2). Daftar dan jenis obat sebagaimana dimaksud pada ayat (1) ditinjau dan disempurnakan paling lama setiap 2 (dua) tahun sesuai dengan perkembangan kebutuhan dan teknologi.

(3) Pemerintah menjamin agar obat sebagaimana dimaksud pada ayat (1) tersedia secara merata dan terjangkau oleh masyarakat.

(4) Dalam keadaan darurat, Pemerintah dapat melakukan kebijakan khusus untuk pengadaan dan pemanfaatan perbekalan kesehatan.

(5) Ketentuan mengenai keadaan darurat sebagaimana dimaksud pada ayat (4) dilakukan dengan mengadakan pengecualian terhadap ketentuan paten sesuai dengan peraturan perundang-undangan yang mengatur paten.

(6) Perbekalan kesehatan berupa obat generik yang termasuk dalam daftar obat esensial nasional harus dijamin ketersediaannya, sehingga penetapan harganya dikendalikan oleh Pemerintah.”

Undang-Undang RI Nomor 40 tahun 2004 tentang Sistem Jaminan Sosial Nasional

Law number 40 of 2004 concerning the National Insurance System

Pasal 25

Daftar dan harga tertinggi obat-obatan, serta bahan medis habis pakai yang dijamin oleh Badan Penyelenggaraan Jaminan Sosial ditetapkan sesuai dengan peraturan perundang-undangan

Keputusan Menteri Kesehatan Nomor 092/MENKES/SK/II/2012 tentang Harga Eceran Tertinggi Obat Generik Tahun 2012.

The Decision from the Minister of Health number 092/MENKES/SK/II/2012 concerning the Highest Price for the Generic Medicine in 2012.

Menimbang: a. Bahwa dalam rangka menjamin ketersediaan dan pemerataan obat untuk memenuhi kebutuhan pelayanan kesehatan, perlu dilakukan rasionalisasi terhadap harga obat generik yang telah ditetapkan dalam Keputusan Menteri Kesehatan Nomor 632/Menkes/SK/II/2011;

b. bahwa berdasarkan pertimbangan sebagaimana dimaksud dalam huruf a, perlu menetapkan Keputusan Menteri Kesehatan tentang Harga Eceran Tertinggi Obat Generik Tahun 2012;

Memutuskan:

Menetapkan: KEPUTUSAN MENTERI KESEHATAN TENTANG HARGA ECERAN TERTINGGI OBAT GENERIK TAHUN 2012.

KESATU: Dalam Keputusan Menteri ini yang dimaksud dengan Harga Eceran Tertinggi Obat Generik Tahun 2012 selanjutnya disingkat HET adalah harga jual tertinggi obat generik di apotek, rumah sakit dan fasilitas pelayanan kesehatan lainnya yang berlaku untuk seluruh Indonesia.

KEDUA: Rincian jenis obat, satuan kemasan dan HET sebagaimana dimaksud Diktum Kesatu tercantum dalam Lampiran yang merupakan bagian tidak terpisahkan dalam Keputusan Menteri ini.

KETIGA: Harga Netto Apotek (HNA) ditetapkan tidak lebih besar dari 74% (tujuh puluh empat persen) HET.

KEEMPAT: Harga Netto Apotek + Pajak Pertambahan Nilai (HNA+PPN) adalah harga jual pabrik obat dan/atau Pedagang Besar Farmasi kepada apotek dan rumah sakit.

KELIMA: Apotek, rumah sakit dan fasilitas pelayanan kesehatan lainnya yang melayani penyerahan obat generik hanya dapat menjual pada harga maksimal sama dengan HET.

KEENAM: Pembinaan dan pengawasan terhadap pelaksanaan Keputusan Menteri ini dilakukan secara berjenjang oleh Direktur Jenderal Bina Kefarmasian dan Alat Kesehatan, Kepala Dinas Kesehatan provinsi, dan Kepala Dinas Kesehatan Kabupaten/Kota sesuai dengan tugas dan fungsi masing-masing.

KETUJUH: Pada saat Keputusan Menteri ini mulai berlaku, Keputusan Menteri Kesehatan Nomor 632/MENKES/SK/III/2011 tentang Harga Eceran Obat Generik Tahun 2011 dicabut dan dinyatakan tidak berlaku."

Peraturan Presiden Republik Indonesia nomor 72 tahun 2012 tentang Sistem Kesehatan Nasional

A. 5. Sediaan Farmasi, Alat Kesehatan, dan Makanan

33. Pasar Sediaan Farmasi masih didominasi oleh produksi domestik, sementara itu bahan baku impor mencapai 85% dari kebutuhan. Di Indonesia terdapat 9.600 jenis tanaman berpotensi mempunyai efek pengobatan, dan baru 300 jenis tanaman yang telah digunakan sebagai bahan baku.

34. Upaya perlindungan masyarakat terhadap penggunaan sediaan farmasi, alat kesehatan, dan makanan telah dilakukan secara komprehensif. Sementara itu Pemerintah telah berusaha untuk menurunkan harga obat, namun masih banyak kendala yang dihadapi.

35. Penggunaan obat rasional masih belum dilaksanakan di seluruh fasilitas pelayanan kesehatan, masih banyak pengobatan yang tidak dilakukan sesuai dengan formularium.

36. Daftar Obat Esensial Nasional (DOEN) yang digunakan sebagai dasar penyediaan obat di pelayanan kesehatan publik. Daftar Obat Esensial Nasional (DOEN) tersebut telah disusun sejak tahun 1980 dan direvisi secara berkala.

37. Lebih dari 90% obat yang diresepkan di Puskesmas merupakan obat esensial generik. Namun, tidak diikuti oleh fasilitas pelayanan kesehatan lainnya, antara lain di rumah sakit pemerintah kurang dari 76%, rumah sakit swasta 49%, dan apotek kurang dari 47%. Hal ini menunjukkan bahwa konsep obat esensial generik belum sepenuhnya diterapkan.”