In 2005, the government launched its programmes of National Health Insurance (Jamkesmas), which aims to improve access to healthcare and health-related services to the poor and vulnerable. However, a lack of public awareness of Jamkesmas benefits and unequal access to healthcare services means that participants did not use healthcare facilities optimally.

JKN is the forerunner in the development of social assistance for health, in line with Law Number 40 of 2004 on National Health Insurance. This law helped kickstart general reforms to national health insurance in Indonesia. Such reforms have had a huge impact, as previous programmes were limited and overlapping in nature, benefits were not optimal and coverage was partial by only reaching a small portion of the population. Targeting did not use standardised methods, leading to complaints about significant mistargeting. Data from Susenas in 2009 shows that only around 33% of targeting was accurate.

Encouraged the issuance of technical regulations on capitation funds (PBI) to accommodate improvements in PBI targeting/data for National Health Insurance.supported estimations to perform a national working meeting with all local governments to disseminate and strengthen local government commitments in implementing JKN. In the meantime, TNP2K created technical guidelines on the estimated calculations of PBI instalments for JKN as well as guidelines on the use of instruments for calculating estimated PBI instalments for JKN.

Encouraged the issuance of Presidential Regulation Number 32 of 2014 on the Management and Use of Capitation Grants for Quality Improvement in Front Line Services, together with the Ministry of Health, Ministry of Finance, BPJS Health, Finance and Development Supervisory Agency, State Audit Agency and other ministries/agencies under the coordination of the Vice President. The regulation provides rules to improve the management and use of capitation grants at non-BLUD community health centres to support implementation.

Developed Management Information Systems (SIM) that display multiple indicators related to the use of health services in hospitals, using data from Jamkesmas claims. SIMs may be used either at the central level or in hospitals in remote areas to show the spread of diseases.

Developed a simple Microsoft® Excel-based tool to assist programmes implementers in conducting trials on PBI instalments calculations and studies. The instrument was given to all stakeholders. In addition, TNP2K created technical guidelines on the estimated calculations of PBI instalments for JKN in hospitals, using data from Jamkesmas claims. SIMs may be used either at the central level or in hospitals in remote areas to show the spread of diseases.

Designed a model for calculating instalments in 2011 that served as the basis of agreed amounts for National Health Insurance PBI, ranging between Rp 6,000/person/month to Rp 19,225/person/month.

Provided technical assistance on the implementation of Circular Letter Number 149 of 2013 from the Ministry of Health on the Amendment of Data JKN recipients as of June 2014 to reveal gaps in the national number of health personnel.

Provided input and technical assistance in drafting of Law Number 24 of 2011 on BPJS, under the mandate, among other things, to establish two administrative bodies on social assistance. BPJS Health began operating on 1 January 2014, while the social assistance managing agency for social assistance, BPJS Kesehatan began operating on 1 January 2021.

National Health Insurance (JKN) demonstrates the government’s commitment in providing health insurance to all Indonesians. It is hoped that JKN can improve the health levels of its citizens, including the poor and vulnerable, so that the productivity of family economies can increase and intergeneration cycles of poverty can be broken.