



Optimizing National Health Insurance (JKN) Policy to Support Sustainable Health Development in Gianyar Regency, Bali, Indonesia

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ABSTRACT

The National Health Insurance (JKN) program is a key national strategy for achieving the Sustainable Development Goals (SDGs), particularly Goal 3, which focuses on good health and well-being. This study examines the implementation of JKN in Gianyar Regency, Bali, and its effectiveness in reducing the maternal mortality rate (MMR) and infant mortality rate (IMR), which are critical indicators of sustainable health development. Using a qualitative case study approach grounded in Van Meter and Van Horn's policy implementation model, data were collected through in-depth interviews, participatory observation, and document analysis with triangulation for validation. The results indicate that although Gianyar has achieved a high Universal Health Coverage (UHC) rate of 96.41%, the program's effectiveness is constrained by limited fiscal capacity, uneven distribution of the healthcare workforce, inadequate infrastructure, and low public health literacy. This study contributes to the policy discourse by emphasizing the importance of local contextual adaptation, including community-based strategies and digital integration (e.g., e-Kohort KIA), to optimize the implementation of JKN. The findings underscore the importance of multi-actor policy coordination and context-sensitive health financing innovations in supporting sustainable health outcomes at the subnational level.

INTRODUCTION

Sustainable health development is a crucial pillar in achieving overall community welfare and promoting justice. The global agenda of the Sustainable Development Goals (SDGs), launched by the United Nations, places health issues under the 3rd Goal, which aims to ensure a healthy life and promote prosperity for all people of all ages (United Nations, 2015). One of the primary indicators for achieving this goal is to reduce the maternal mortality rate (MMR) to less than 70 per 100,000 live births and the infant mortality rate (IMR) to no more than 12 per 1,000 live births by 2030 (WHO, 2023).

Indonesia responded to this commitment through the National Health Insurance (JKN) policy, which was officially launched in 2014 as part of the implementation of the National Social Security System (SJSN) based on Law Number 40 of 2004. This program is implemented by the Health Social Security Administration Agency (BPJS). It is the state's effort to ensure access to quality health services for all citizens without causing financial difficulties, in line with the principles of Universal Health Coverage (UHC) (Ministry of Health of the Republic of Indonesia, 2020).

Although JKN has recorded significant achievements nationally, including a membership rate of 90.79% as of early 2023 (BPJS Kesehatan, 2023), the effectiveness of its implementation at the regional level is not uniform. This is due to contextual variables such as regional fiscal capacity, distribution of health personnel and facilities, service quality, and socio-cultural aspects of the local community (Arnindiah & Safriantini, 2019; Novita & Hafidz, 2020). In other words, the implementation of JKN is situational and is greatly influenced by local characteristics.

Gianyar Regency in Bali Province is one of the districts that has achieved a high UHC coverage rate of 96.41% as of March 2023 (BPJS Kesehatan Klungkung, 2023). Nonetheless, the data show that key health indicators, such as AKI and AKB, in these areas are still fluctuating and have not yet reached the expected target. AKI in Gianyar Regency reached 198.7 per 100,000 live births in 2021, but by 2023, it had dropped to 86 per 100,000 (Gianyar Regency Health Office, 2023). Similarly, the AKB in Gianyar in 2023 was recorded at 8 per 1,000 live births, which is better than the national average; however, it still requires sustained interventions to ensure a consistent and sustained decline.

Factors that also affect this condition include the geographical complexity of Gianyar, which consists of mountainous areas in the north and plains in the south, resulting in disparities in access to healthcare facilities. In addition, the local cultural character of the community, which remains very traditional in some regions, also influences the acceptance of modern health services, including the use of JKN (Gianyar Regency, 2020). Uneven health service infrastructure and gaps in the distribution of health workers exacerbate this condition (Madani et al., 2022; Pradnyani et al., 2024).

This research aims to fill the gap in the literature by analyzing the relationship between the implementation of JKN and the achievement of sustainable health development in Gianyar Regency, particularly through an evaluation of its impact on reducing AKI and AKB. In contrast to most previous studies that tend to focus on administrative effectiveness or satisfaction of JKN

participants in general, this study takes a contextual and participatory approach to examine how local dynamics affect the effectiveness of JKN policies, as well as identify challenges and opportunities for optimizing the implementation of this program at the regional level.

Thus, the scientific contribution of this study lies not only in the validation of the implementation of JKN as a national policy tool but also in the provision of empirical evidence on the need for policy adaptation at the local level to ensure its effectiveness in supporting the sustainable health development agenda, by the socio-economic and geographical characteristics of each region.

LITERATURE REVIEW

Van Meter and Van Horn Policy Implementation Theory

The primary theoretical framework guiding this study is the theory of public policy implementation, as developed by Van Meter and Van Horn (1975). This theory explains that the success of a policy is not only determined by the content of the policy itself but also highly depends on the implementation process, which is influenced by various variables. This model identifies six main variables that are interrelated in determining the effectiveness of policy implementation, namely: (1) the size and objectives of the policy, (2) the policy resources, (3) the characteristics of the implementing organization, (4) communication between implementers and implementers with the target, (5) the disposition or attitude of the implementer to the policy, and (6) the conditions of the social, economic, and political environment in which the policy is implemented (Van Meter & Van Horn, 1975).

In the context of implementing the National Health Insurance (JKN) policy, these six variables can be used to evaluate the extent to which the policy can operate effectively at the regional level. For example, the size and objectives of the policy can be seen from the success indicators of Universal Health Coverage (UHC). At the same time, resources include health budgets, medical personnel, and healthcare facilities. Effective communication between implementers is crucial in cross-sector coordination, as the disposition of implementers can impact the integrity and quality of services. Finally, socio-political and environmental factors, such as local culture and regional political commitment, also play a role in shaping the success or failure of JKN policies at the district or city level (Birkland, 2019).

Sustainable Development Goals (SDGs) Perspective: Targets 3.1 and 3.2

As part of the global development agenda, the implementation of JKN policies must also be understood within the framework of the Sustainable Development Goals (SDGs), particularly in Goal 3: "Ensure healthy lives and promote well-being for all at all ages." The primary focus of this study is on Target 3.1, which aims to reduce the maternal mortality rate to less than 70 per 100,000 live births, and Target 3.2, which seeks to reduce the newborn mortality rate to below 12 per 1,000 live births by 2030 (United Nations, 2015).

The implementation of JKN plays a crucial role in achieving these two targets, as it provides wider access to health services, including antenatal,

neonatal, and immunization services. Several studies have found that the active involvement of JKN in financing maternal and child health services can significantly contribute to reducing the mortality rate, although there is variation in effectiveness between regions, depending on local capacity (Bredenkamp et al., 2015; Pisani et al., 2017).

National Health System (SKN) and Service Integration

The National Health System (SKN) in Indonesia is a framework that regulates all aspects of health development, encompassing governance, financing, and health services. SKN functions as an integrated system that bridges national policies and implementation in the regions. The main components of SKN include health human resources, health financing, health services, drugs and medical devices, and health information systems (Ministry of Health of the Republic of Indonesia, 2020).

The implementation of JKN as part of SKN aims to ensure that all residents, particularly vulnerable and low-income groups, receive health services fairly and equitably. However, in its implementation, challenges such as inequality in the distribution of health workers, limited regional funds, and lack of managerial capacity at the level of basic health facilities often hinder the achievement of optimal UHC (Titaley et al., 2020). Therefore, understanding SKN is crucial in evaluating the effectiveness of JKN at the local level, particularly in terms of reducing AKI and AKB as key health indicators.

Conceptualization of the Research Framework

Based on the integration of Van Meter and Van Horn theories, SDGs perspectives, and SKN frameworks, the conceptual framework of this study was built to analyze the extent to which the implementation of JKN policies in Gianyar Regency contributes to the achievement of maternal and child health indicators in a sustainable manner. This analysis not only covers the technocratic aspects of policies, but also pays attention to local social and cultural dynamics, institutional capacity, and political support that help shape health policy implementation practices at the regional level.

METHODOLOGY

Research Approach and Design

This study employs a qualitative approach with an exploratory design, enabling researchers to delve in-depth into the phenomenon of implementing the National Health Insurance (JKN) policy within the local context of Gianyar Regency. The qualitative approach was chosen because it is able to capture the social, cultural, and institutional complexities that accompany policy implementation, as well as provide a space for interpreting the meanings constructed by policy actors (Creswell & Poth, 2018). Case studies are considered suitable for evaluating public policy at the local level because they focus on processes and actors within real-world contexts (Yin, 2018).

Location and Research Subject

The study was conducted in Gianyar Regency, Bali Province, with consideration for the area's achievement of a 96.41% Universal Health Coverage (UHC) coverage rate in 2023, yet it still faces challenges in reducing maternal and infant mortality. Research subjects or key informants are selected

purposively, namely based on their strategic role in implementing JKN policies. The main informants consist of:

- a. Head of the Payangan Health Center, which represents primary health service providers in areas with geographical limitations.
- b. Head of the Gianyar I Health Center, which represents urban areas with better access to facilities.
- c. Head of the Gianyar Regency Health Office, as a policy maker at the regional level.
- d. Head of BPJS Kesehatan Klungkung Branch, who oversees JKN operations in the Gianyar area.

The selection of informants aims to obtain perspectives from various levels of policy implementers, including both technical and administrative personnel, who have a direct understanding of the dynamics of JKN implementation in Gianyar.

Data Collection Techniques

Data were collected using three primary techniques: in-depth interviews, limited participatory observations, and documentation. In-depth interviews were conducted in a semi-structured manner, providing flexibility in exploring informants' answers while maintaining a focus on key issues, such as JKN implementation mechanisms, obstacles faced, and policy adaptation strategies in the field. Observations were made on service activities at the Health Center as well as interactions between policy implementers. Documentation includes analysis of policy documents, JKN program achievement reports, regional health data, and minutes of cross-sectoral meetings.

Data Analysis Techniques

Data analysis was conducted thematically using an open, axial, and selective coding approach, as developed by Braun and Clarke (2006). The analysis process began with the transcription of the interview results, followed by the identification of the main themes that emerged from the empirical data. These themes were analyzed to reveal the relationships between categories, including the perception of implementers, the effectiveness of the policy, and its impact on achieving maternal and child health indicators.

To maintain the validity and reliability of the data, this study employs the triangulation technique, utilizing multiple sources and methods. Source triangulation involves comparing information from multiple informants at different levels, while method triangulation entails combining the results of interviews, observations, and policy documents to ensure data consistency (Patton, 2002). Additionally, the member-checking process involves confirming initial findings with informants to verify the validity of the interpretation.

Research Ethics

This research was conducted in accordance with the ethical principles of social research, including obtaining oral consent from informants, maintaining confidentiality of identities, and ensuring that participation was voluntary and not coerced. All data collected are used for academic purposes only and are objectively analyzed without any conflict of interest.

RESULT AND DISCUSSION

This study found that, although Gianyar Regency had achieved a Universal Health Coverage (UHC) rate of 96.41% as of March 2023 (BPJS Kesehatan Klungkung, 2023), various structural and social challenges still hinder the effectiveness of implementing the National Health Insurance (JKN) policy. The analysis was conducted based on field findings, interviews with key informants, and documentation of quantitative and administrative data. Figure 1 illustrates the level of achievement and the primary challenges in implementing JKN in Gianyar Regency.

JKN and UHC Coverage

The coverage of JKN membership in Gianyar reaches 96.41% of the total population, comprising various membership segments, including Central and Regional Contribution Assistance Recipients (PBI), as well as independent participants and formal workers. This achievement demonstrates that the UHC program has been successfully implemented administratively. However, the quality of implementation has not fully guaranteed adequate and equal access to health services (Gianyar Health Office, 2023).

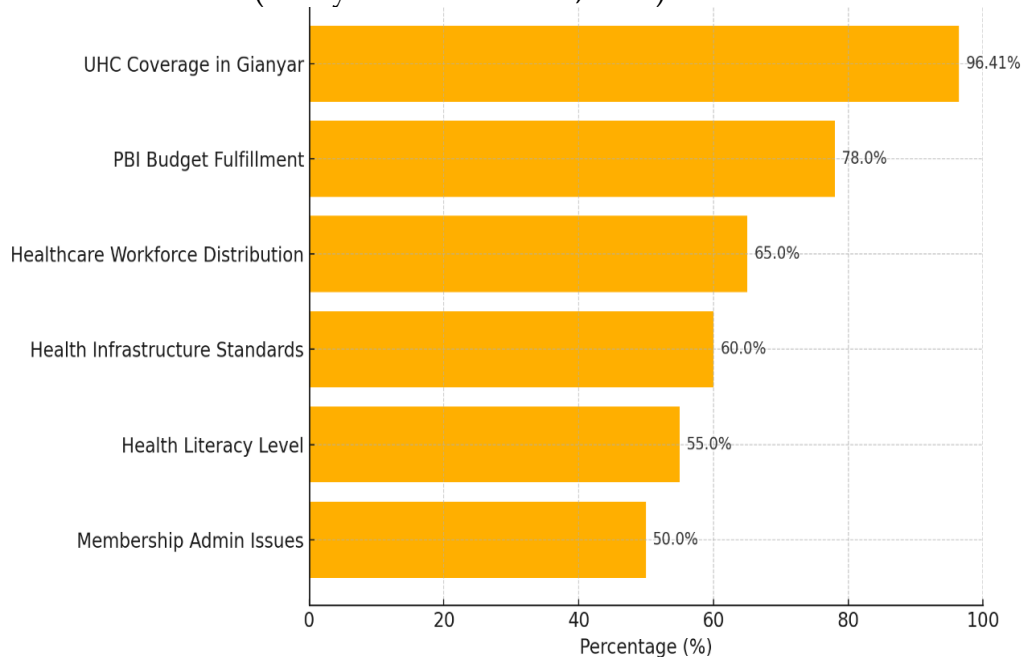


Figure 1. Achievement Levels and Problems of JKN Implementation in Gianyar Regency

Limited Budget for PBI

One of the main obstacles is the limitation of the regional budget in financing PBI. Approximately 22% of Gianyar's total population still relies on regional funding, while the APBD is able to meet only around 78% of the total local PBI needs. This poses a risk of excluding participants from active membership, which can contribute to the stagnation of achieving health indicators (Ministry of Finance of the Republic of Indonesia, 2022).

Unequal Distribution of Health Workers

The results of observations and interviews indicate that the distribution of health workers does not meet WHO standards. The WHO recommends a ratio of 1 doctor per 1,000 population. Based on the research results, data from

the Central Statistics Agency of Gianyar indicate that the doctor-patient ratio in Gianyar still does not meet the standards recommended by the WHO, which is 1:5,000 – 1:1,610, with an average ratio of 1:1,884. Northern areas, such as Payangan District, have only one health center to serve a large and hard-to-reach area. Approximately 65% of active health workers are located in urban areas, while the demand for primary healthcare services is increasing in rural regions (Gianyar Health Office, 2023).

Inadequate Health Infrastructure

Health centers in the northern region of Gianyar, particularly in Payangan and Tegallalang Districts, still lack basic facilities for pregnancy examinations, including ultrasound equipment. The infrastructure feasibility standard is only met by around 60% compared to the provisions of Permenkes No. 75 of 2014 concerning Puskesmas. This has an impact on the limitations of maternal and child health services (Pradnyani et al., 2024). WHO also recommends ideally, one health center to serve 25,000-30,000 residents (Herawati & Bakhri, 2019). However, currently, the ratio of Puskesmas to Population in Gianyar Regency is 1:38,834.6, especially in Payangan District, where one Puskesmas serves 46,549 people.

Low Public Health Literacy

Based on the results of the interviews, the majority of health workers stated that many people still do not understand the benefits of promotive and preventive services guaranteed by JKN. As many as 55% of people tend to only use facilities in emergency situations and are reluctant to participate in health education programs, immunizations, and regular pregnancy check-ups (Yulianti & Madani, 2021). This is a significant obstacle to consistently reducing maternal and infant mortality.

Administrative Problems and Referral Systems

Administrative barriers were also found in terms of changes in membership status and referral mechanisms. Around 50% of cases of delayed handling of maternal emergencies are attributed to rigid, tiered referral procedures, as well as outdated participant data in the use of the BPJS system, such as mobile JKN (BPJS Kesehatan, 2023). Data input errors or population transfers without system updates can disrupt participant access.

Evaluation of JKN Implementation Based on Van Meter and Van Horn Theory

The results of the study show that the implementation of the National Health Insurance (JKN) policy in Gianyar Regency has not run optimally as an instrument to achieve the sustainable development goals (SDGs) in the health sector, especially the target of reducing the Maternal Mortality Rate (AKI) and the Infant Mortality Rate (AKB). Based on the policy implementation model of Van Meter and Van Horn (1975), several aspects are identified as the main obstacles, including communication between implementers, the availability of resources, and the disposition of policy implementers.

Ineffective Policy Communication

One of the main problems lies in the weak cross-sector coordination among BPJS Kesehatan, the Health Office, and the Health Center, which serves

as the primary service provider. The lack of alignment in information causes policy interpretations to vary in the field, as seen in the tiered referral mechanism and the validation of JKN membership (Yulianti & Madani, 2021). The level of effectiveness of policy communication in the field is estimated to reach only 60%, based on the results of interviews with implementers.

Limited Financial Resources and Health Workers

In terms of resources, the limited funds allocated to Contribution Assistance Recipients (PBI) from the APBD pose an obstacle to maintaining active participation. Local governments are only able to meet around 78% of the total PBI funding needs (Ministry of Finance of the Republic of Indonesia, 2022). Additionally, the uneven distribution of health workers leads to disparities in access to services, particularly in the northern area of Gianyar. Data shows that only about 65% of the region has an adequate ratio of health workers according to WHO standards, which is 1 doctor per 1,000 population (Gianyar Health Office, 2023).

Variation of Dispositions and Commitments of Implementers

The disposition or attitude of the implementers to the policy also shows inconsistency. Some implementers have high motivation to serve the community, but others still complain about the administrative burden and low structural support. The average effectiveness score of the implementing disposition is estimated to be only 55% of the optimal standard, which impacts the quality-of-service interactions (Creswell & Poth, 2018).

Community-Based Strategy and Digital Integration

To bridge the gap between national policies and local characteristics, community-based intervention strategies are needed. The implementation of programs such as posyandu based on local culture and village health cadres is considered effective in increasing health literacy and encouraging access to services preventively. A study by Pradnyani et al. (2024) demonstrates that community-based programs can increase pregnancy screening coverage by up to 25% in the Payangan area within one year. In addition, digital integration through the KIA (Maternal and Child Health) e-Cohort platform has begun to be implemented in several health centers as an innovative approach to recording and tracking maternal and infant health data in real-time. This platform has been proven to increase data accuracy and service efficiency by up to 30% (BPJS Kesehatan, 2023).

Visualization of Strategic Gaps

Figure 2 illustrates the performance levels of various strategic factors that impact the success of JKN implementation in Gianyar Regency. Figure 2 illustrates that the main weaknesses still lie in the aspects of implementation disposition (55%), policy communication (60%), and human resource distribution (65%), while the community approach (80%) and digitalization (75%) have great potential to be optimized as a solution.

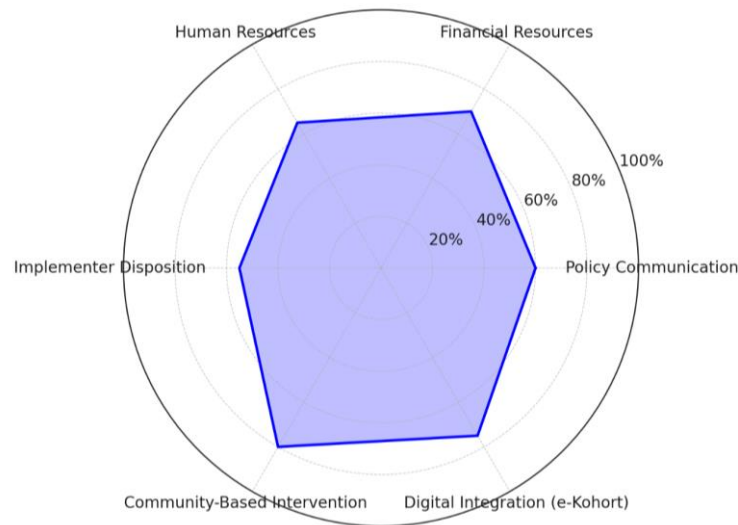


Figure 2. Strategic Gaps and Intervention Needs in JKN Implementation Gianyar

CONCLUSIONS AND RECOMMENDATIONS

This study concludes that the successful implementation of the National Health Insurance (JKN) policy in Gianyar Regency is highly dependent on the ability to adapt policies to local dynamics and characteristics. Although quantitatively, Gianyar has achieved Universal Health Coverage (UHC) at 96.41%, substantial challenges remain in terms of service quality, resource distribution, and public health literacy. Analysis based on the policy implementation theory of Van Meter and Van Horn (1975) reveals that the primary obstacles stem from weak communication between policy implementers, limited human and financial resources, and a non-uniform disposition among implementers. These factors have a direct impact on the effectiveness of essential health services, including maternal and child services that play an important role in reducing maternal (AKI) and infant mortality (CKD) as a key indicator of sustainable health development (United Nations, 2015; WHO, 2023).

On the other hand, community-based approaches and the use of digital innovations such as the KIA e-Cohort have shown great potential in improving health data recording and tracking systems, as well as expanding the reach of public education (Pradnyani et al., 2024). Therefore, the future strategy must be able to bridge macro-national policies with micro-local needs and realities.

Policy and Strategy Recommendations

Based on the above findings and conclusions, the main recommendations for optimizing JKN policies in Gianyar Regency are as follows:

1. Increasing Regional Health Budget Allocation. The Gianyar Regency Government needs to increase the allocation of health funds in the Regional Revenue and Expenditure Budget (APBD) to ensure the continuity of contribution payments for Contribution Assistance Recipients (PBI) and strengthen basic health service facilities. The proportion of the health budget should be adjusted to the standard of at least 10% of the total APBD,

- as mandated in Law Number 36 of 2009 concerning Health (Ministry of Health of the Republic of Indonesia, 2020).
2. Strengthening the Capacity and Distribution of Health Workers. Training and redistribution efforts for health workers should be improved by encouraging incentive schemes that target disadvantaged or underserved areas. Collaboration with local health education institutions can be a strategic solution in providing medical personnel and paramedics who meet local needs (Titaley et al., 2020).
 3. Development of social communication based on local culture. Communication strategies that align with the social and cultural values of the Gianyar people are crucial for increasing literacy and community participation in the JKN program. The use of traditional media, such as banjar-based counselling and the involvement of traditional leaders, along with local content, has proven to be more effective than conventional approaches (Yulianti & Madani, 2021).
 4. Integration of Digital Innovation in the Healthcare System. The use of digital platforms, such as the e-KIA Cohort, the online referral information system, and the JKN mobile application, must be expanded and adjusted to accommodate local technological capacity. Strengthening digitalization can help overcome administrative obstacles and improve the accuracy of service data (BPJS Kesehatan, 2023).
 5. Utilization of the Tourism Sector as an Alternative Source of Financing. As a tourism region, Gianyar has significant potential to develop a health financing scheme that leverages the contributions of the tourism sector. The implementation of health tourism levy or CSR contribution funds from tourism business actors can be an additional source of Regional Original Revenue (PAD) to support the sustainability of local JKN (Bappenas, 2022).

FURTHER STUDY

This study has a major limitation in the scope of the approach used, which focuses on a qualitative analysis of the implementation of the National Health Insurance (JKN) policy in the local context of Gianyar Regency. Although this approach is able to explore social, institutional, and policy implementation dynamics in depth, it does not directly measure the causal relationship and statistical significance between the implementation of JKN and the achievement of key health indicators within the framework of the Sustainable Development Goals (SDGs), especially targets 3.1 and 3.2 related to AKI and AKB.

Therefore, follow-up studies are strongly recommended to adopt a mixed-methods approach that combines the exploratory power of qualitative methods with the generalized validity of quantitative approaches. The use of statistical analysis such as multivariate regression or structural equation modeling (SEM) can provide a deeper understanding of how much JKN contributes to reducing mortality rates, increasing primary care visits, and other health outcomes.

In addition to AKI and AKB, other health indicators that are worth studying in the context of JKN effectiveness include reducing stunting rates (failure to grow in children), access to emergency services, and managing non-

communicable diseases (NCDs) such as hypertension, diabetes, and cancer, which are now the main burden on the Indonesian health system (Bappenas, 2022; WHO, 2023). Quantitative research with a broader scope of time and region can also reveal variations in JKN implementation between districts and cities, as well as factors that strengthen or weaken its impact.

Additionally, it is recommended to explore the potential of big data and digital health information systems in supporting the longitudinal analysis of JKN participant data, referrals, and service outcomes. Platforms such as the KIA e-Cohort, electronic medical records, and BPJS Kesehatan dashboard can be used as rich secondary data sources for modeling and predicting future health policies (Pradnyani et al., 2024). By combining quantitative and qualitative approaches, follow-up studies are expected to provide a more comprehensive and accurate picture of the effectiveness of JKN in supporting sustainable health development in Indonesia, as well as make a real contribution to evidence-based policy formulation.

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