

**ECONOMIST
IMPACT**

Patient voices Indonesia: caught between care, cost and clarity



Supported by



Foreword



Yosie William Iroth
Chief Health Officer,
Prudential Indonesia

Since the pandemic, people in Indonesia have become more aware of the need to look after their health. And with demand for healthcare continuing to rise, the system is having to adapt to meet patients' changing expectations. Significant progress has been made in expanding access to healthcare across the nation. But, like many countries, Indonesia faces the challenges of an ageing population and the growing prevalence of chronic diseases.

We supported this research to better understand the realities patients face—what they expect from healthcare, what gets in the way, and how the system can evolve to serve them better. The insights in this report are based on a survey conducted by Economist Impact across four markets, including Indonesia. By listening to patients, everyone involved in healthcare, including insurers, can play a role in making care more accessible, more affordable, and ultimately, hassle free.

The survey shows that access to care is not the only challenge patients face. Competing priorities, unclear health information, and a lack of trusted advice all play a big role in patients' healthcare decisions. Perhaps most notably of all, 93% of respondents said they had delayed healthcare in the past year, often due to financial responsibilities or prioritising childcare. This finding alone shows how important it is to make healthcare work for patients – to make it hassle-free and affordable, while guiding them at every step.

At Prudential Indonesia, we believe that understanding patients' needs is key to making care more relevant to daily life. Sharing these insights can strengthen the conversation around patient-centred care and help build a system that offers people greater peace of mind when they need it most.

We see this research as a starting point for action and hope the findings encourage deeper collaboration across government, regulators, healthcare providers and insurers to improve access to care for all Indonesians.

Market spotlight: Indonesia

Few countries have moved faster towards universal health coverage than Indonesia.¹ Before 2014, health coverage was fragmented, serving mainly civil servants, the military and formal-sector workers.² That changed with the launch of Jaminan Kesehatan Nasional (JKN). Within a decade, JKN reached near-universal enrolment: by August 2024, 98% of Indonesia's 285.7m people were registered (see Box 1).^{3,4}

High enrolment has helped reduce out-of-pocket spending and lower the risk of catastrophic health costs.⁷ The challenge now is to ensure that coverage translates into consistent, reliable access. Around 20% of JKN members are inactive, often due to missed payments, which limits their access to JKN services.⁶

Recent reforms such as annual health checks, digital health records, the Mobile JKN app and telemedicine, reflect Indonesia's commitment to broadening access and strengthening prevention. These initiatives are designed to help people engage earlier with the health system. Regional differences remain, however: Jakarta has one doctor per 800 people, compared with one per 10,000 in parts of eastern Indonesia.^{2,8}

To understand how Indonesians experience their healthcare system, Economist Impact surveyed 1,006 people in the country and interviewed two local experts. Identical surveys were conducted in Hong Kong, Malaysia and Singapore, with a total sample of 4,203 people.*

Box 1: JKN at a glance

What is it?

JKN is Indonesia's national health insurance scheme, launched in 2014 and managed by the Social Security Agency for Health (BPJS-Kesehatan).

Who funds it?

The scheme is financed through a mix of government subsidies and mandatory contributions.^{5,6}

What does it cover?

It provides basic healthcare services, including preventive, curative, and rehabilitative care. It covers medical services (e.g., care, medicine, devices) and non-medical services like hospital rooms and ambulances.³

Who's covered?

Almost all Indonesians, along with long-term foreign residents. Members fall into two groups:

- Penerima Bantuan Iuran (PBI), the government-subsidised low-income group, and
- Non-PBI or contributory members, those who pay their own way.²

* Economist Impact. *Patient Voices: Experiences of Healthcare Access in Asia*. For a comprehensive overview of the research methodology, please refer to the Appendix of this report.

Delays, disruption and opportunity cost of access

As the world's largest archipelago, with more than 17,000 islands, Indonesia faces both challenges and opportunities in healthcare delivery. Recent reforms—such as the hospital-based residency scheme and special assignment programmes—are designed to expand the number of medical specialists and improve their distribution across regions.⁹ While rural and remote areas continue to experience shortages of staff, hospital beds and essential medicines (Figure 1), these initiatives signal a concerted effort to narrow the gap and strengthen care nationwide.¹⁰

“If access takes ten hours, people delay care,” says Festus Susilo, chief executive officer at Mitra Plumbon Healthcare Group. “Not because they don't want it, but because of the added cost of transportation, accommodation and time away from family.” In many remote areas, travel costs alone exceed the price of treatment.¹¹ Insurance may cover medical bills, but not lost wages, absence from work or disruption to family life.

Figure 1: Service capacity and access index, Indonesia

UHC service capacity and access index shows the wide variation across regions

■ <58 ■ 59-67 ■ 68-77 ■ 78-83 ■ >84



UHC service capacity and access index scores are based on three indicators: hospital beds per capita, health worker density, and access to essential medicines

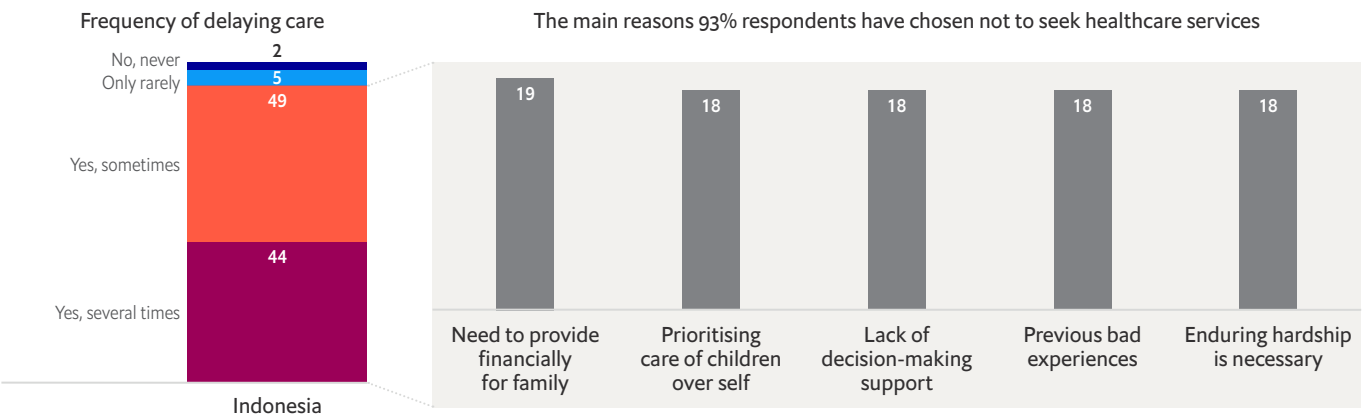
Source: Universal Health Coverage: Tracking Indonesia's Progress.¹⁰

“If access takes ten hours, people delay care. Not because they don't want it, but because of the added cost of transportation, accommodation and time away from family.”

Festus Susilo, chief executive officer, Mitra Plumbon Healthcare Group, Indonesia

Figure 2: Frequency of and reasons for delaying care

% of respondents (Frequency: single response allowed; Reasons: up to three responses selected).* Numbers have been rounded for ease of interpretation



* Left chart: N=1,006 adults surveyed
Right chart: N=932 (Based on the subset of respondents who cited delaying care sometimes or several times in the past 12 months.)
April–May 2025.
Source: Economist Impact, 2025

Such pressures shape behaviour. A third of respondents (34%) said they value care that causes minimal disruption to daily life. More than 90% had delayed care in the past year, often for family-related reasons: 19% needed to provide financially, 18% prioritised children over themselves the top two cited reasons (Figure 2). These findings suggest that everyday responsibilities, rather than service unavailability, are the main reasons for many to delay care.

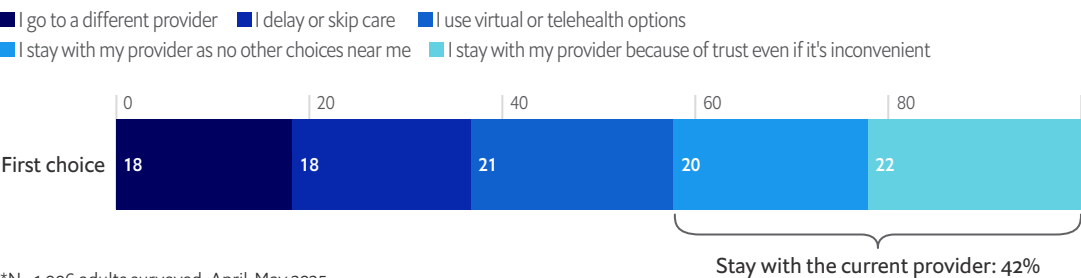
When patients do seek care, many encounter practical challenges. For example, among those who visited a general practitioner in the past year, 77% reported delays in booking appointments or long waiting times. Yet loyalty to providers remains strong. Faced with long waits for appointments, 42% chose to stay, including 22% who emphasised trust in their doctors and 20% who valued the convenience of location. Telehealth was second most cited option, with 21% turning to digital consultations when faced with delays (Figure 3).

The government’s 2024 digital health transformation strategy calls for wider telemedicine at the primary care level, aiming to make virtual consultations a first step rather than a fallback.^{12,13} But infrastructure remains critical. “Telehealth only works if the facility is already there,” says Dr Susilo. “You can’t imagine doing telehealth with a patient in a place lacking medical equipment, adequate facilities and trained healthcare personnel needed to operate them.”

Figure 3: When appointments are delayed, most patients stay put

How do people respond to long waits for medical appointments?

% responding (respondents could select a single response).* Numbers have been rounded for ease of interpretation



*N=1,006 adults surveyed, April–May 2025
Source: Economist Impact, 2025

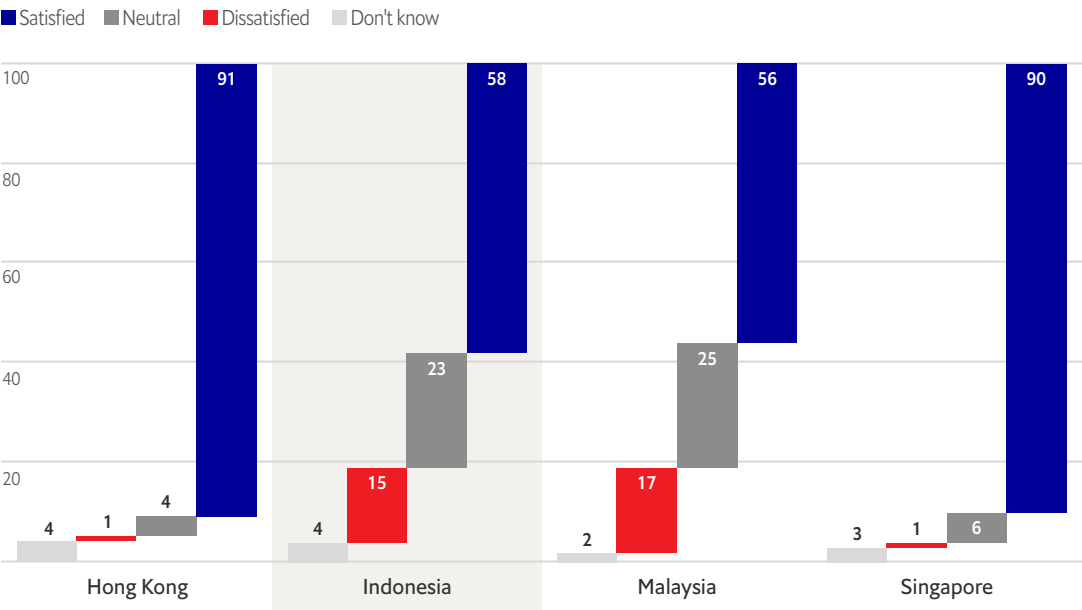
When certainty is scarce, the internet fills the gap

For nearly a quarter of respondents (23%), being able to trust medical advice and diagnosis brought peace of mind. For many others, uncertainty remained: 53% said they lacked the knowledge to make informed decisions, 54% felt discouraged from seeking a second opinion and 51% not knowing where to go when unwell.

Most respondents were satisfied with how their concerns were addressed, though 42% were less so—a figure significantly higher than in Hong Kong or Singapore (Figure 4). “Many patients feel they don’t get enough time with their doctor, especially in JKN-covered consultations,” says Inge Dhamanti, head of the Centre of Excellence for Patient Safety and Quality at Airlangga University. “This limits meaningful dialogue, and often leaves patients uncertain about their diagnosis or treatment.” According to Dr Susilo, this reflects the demands placed on a limited pool of doctors, who must often see large numbers of patients in a single day.

Figure 4: Indonesian respondents feel less heard in the consultation room

Satisfaction with how well medical concerns have been heard in the past year
% responding (respondents could select a single response).* Numbers have been rounded for ease of interpretation

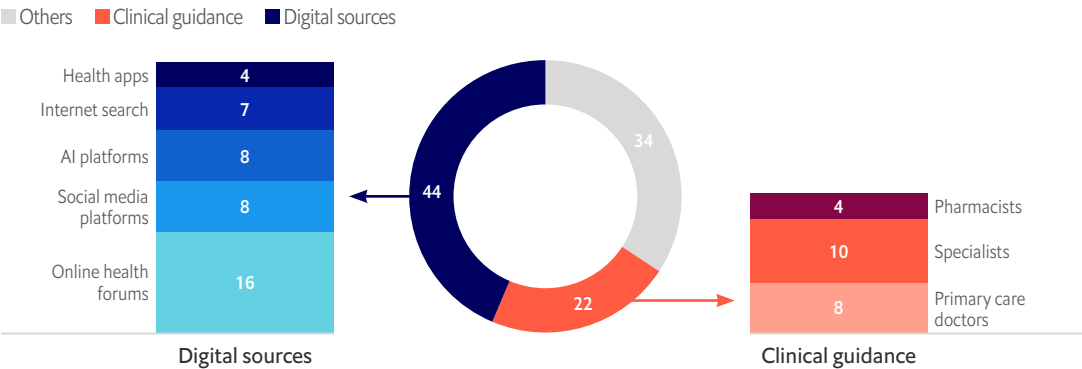


*N=4,203 adults surveyed (1,153 from Hong Kong, 1,006 from Indonesia, 1,020 from Malaysia and 1,024 from Singapore), April-May 2025
Source: Economist Impact, 2025

As a result, patients often look for further reassurance after a diagnosis. Around 44% said they sought information from online sources—such as search engines or health forums—after a diagnosis, more than double the 22% who consulted doctors or pharmacists (Figure 5).

Figure 5: Getting advice on treatment

In the last year, who or what has helped respondents make decisions on their course of care after initial diagnosis? % responding (respondents could select a single response).* Numbers have been rounded for ease of interpretation



* 1,006 adults surveyed, April-May 2025
Source: Economist Impact, 2025

Perceived clarity drives this behaviour. “Many find AI really helpful as it describes any disease very clearly, sometimes better than the doctor,” says Ms Dhamanti. But official platforms often fall short. “They lack evidence-based content,” she notes. “To be useful, information must explain causes and offer solutions clearly and logically. That’s still missing.”

Clear information matters. But patients also need tools to track and understand their own conditions. To close that gap, the government is investing in digital health. SATUSEHAT, a national health-data system, is being rolled out in phases to unify records and give patients secure access to their own health history. Hospitals will no longer require repeated intake forms, and records can be shared more easily between facilities.¹⁴

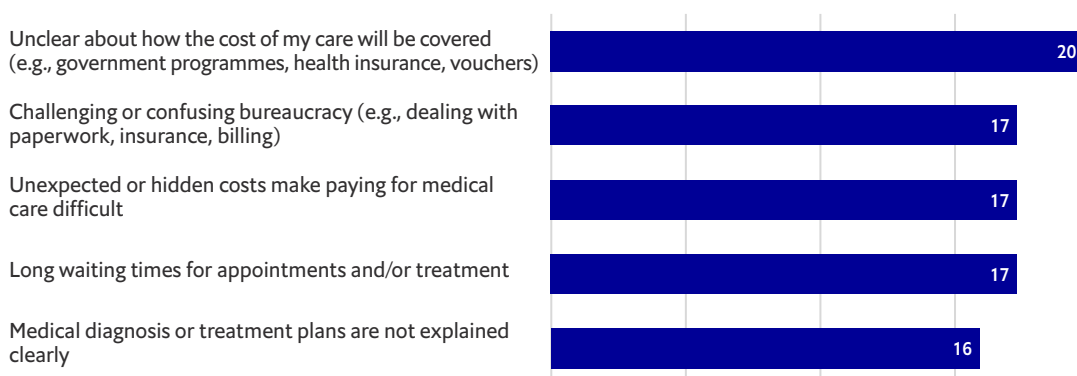
In February 2025 the government launched Pemeriksaan Kesehatan Gratis (PKG), a health-screening initiative with a budget of 3trn rupiah (\$183m). The programme aims to reach 100m people in its first year.¹⁵ PKG links with SATUSEHAT to streamline appointments and health records, and is intended to boost health literacy as well as early detection.¹⁶

“Many find AI really helpful as it describes any disease very clearly, sometimes better than the doctor.”

Inge Dhamanti, head of the Centre of Excellence for Patient Safety and Quality at Airlangga University, Indonesia

Figure 6: Top barriers to better care

% responding (respondents could select up to three responses). * Numbers have been rounded for ease of interpretation



* N=1,006, April-May 2025
Source: Economist Impact, 2025

The fear of cost, more than the cost itself

Cost remains a key consideration for many Indonesians when seeking healthcare—not necessarily because it is always high, but because it is sometimes unclear. One in five respondents cited uncertainty about coverage as their main barrier, and 17% mentioned unexpected costs (Figure 6).

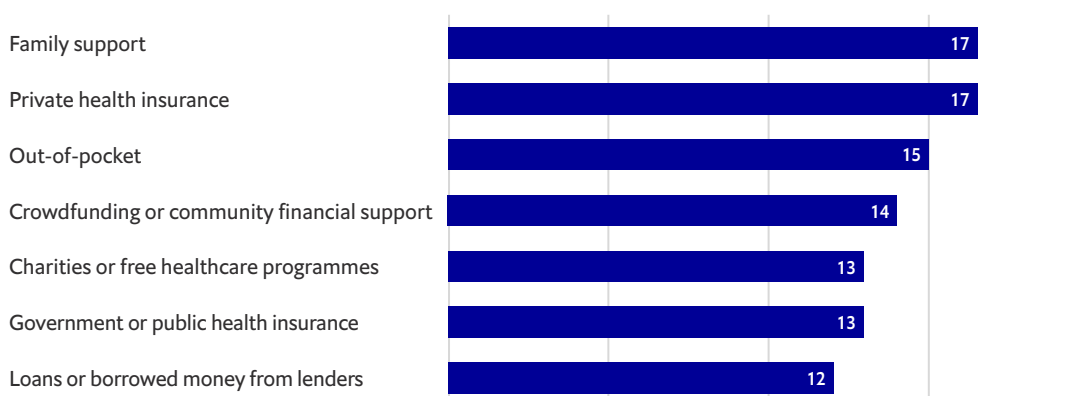
While half of respondents expressed concern about affordability, 65% found their actual costs to be lower than expected. The contrast points to uncertainty around coverage rather than unaffordability alone.

Healthcare is often a shared responsibility within households. In the survey, respondents cited family support and private insurance (17% each) as common ways to pay for care, followed by out-of-pocket payments (15%) or community financing such as crowdfunding (14%). By comparison, 13% relied on JKN, suggesting that many households continue to combine national coverage with other forms of financial support (Figure 7).

Figure 7. Who pays the cost?

How the healthcare services respondents obtain are most often paid for

% responding (respondents could select a single response). * Numbers have been rounded for ease of interpretation



* N=1,006, April-May 2025
Source: Economist Impact, 2025

“Under the new JKN regulation that will be implemented, the standard coverage is minimal—such as one room for four patients,” explains Dr. Susilo. “Additional top-up payments are required for access to better facilities.”

For many, the details of what is and is not covered under JKN remain unclear. “We don’t know exactly what is covered and what is not. This creates confusion,” says Ms Dhamanti. Frequent changes to JKN regulations also add to the confusion.¹⁷ “There is no consistent communication about what is included under JKN,” she adds.

To address this, the government has introduced tools, such as Care Centre, Mobile JKN and BPJS Satu, to improve communication and support patients, though awareness and use of these resources remain limited.¹⁷

Towards more proactive, patient-centred care

Equity in healthcare cannot be achieved by access alone; it requires empowerment, clarity and a system that works with people, not just for them.

In a country where access to care varies significantly across cities, investment in prevention—through community-based screening, health education and early detection—is invaluable. But systemic challenges of access and health workforce shortages are preventing targets from being met.

Flexible care-delivery models, including expanded telehealth and community-based services, can help. Improving health literacy and offering trustworthy official information will also enable more confident decision-making. And making healthcare costs more understandable upfront—before the bill arrives—can rebuild trust and encourage people to seek care as soon as they need it.

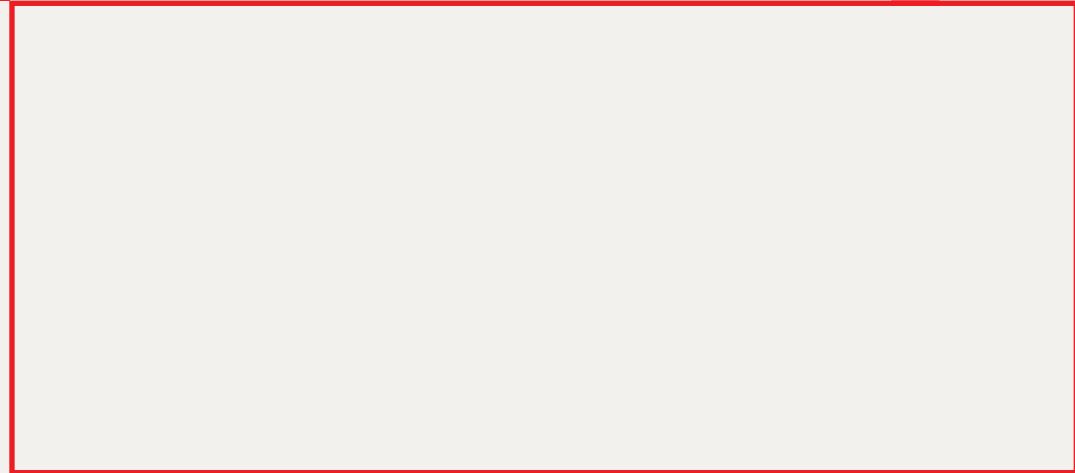
As Indonesia enters its next health chapter, the question is not whether coverage exists, but whether the system connects, communicates and cares.

References

1. Pisani E, Kok MO, Nugroho K. Indonesia's road to universal health coverage: a political journey. *Health Policy and Planning* [Internet]. 2016 [cited 2025 Aug 29];32(2):267. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5400042>
2. Asante A, Cheng Q, Susilo D, Satrya A, Haemmerli M, Fattah RA, et al. The benefits and burden of health financing in Indonesia: analyses of nationally representative cross-sectional data. *Lancet Glob Health* [Internet]. 2023 May 1 [cited 2025 Aug 29];11(5):E770–80. Available from: <https://www.thelancet.com/action/showFullText?pii=S2214109X23000645>
3. Azizatunnisa' L, Probandari A, Kuper H, Banks LM. Health insurance coverage, healthcare use, and financial protection amongst people with disabilities in Indonesia: analysis of the 2021 National Socioeconomic Survey. *The Lancet Regional Health: Southeast Asia* [Internet]. 2025 Jul 9 [cited 2025 Aug 29]; 39, 10063. Available from: <https://www.thelancet.com/action/showFullText?pii=S2772368225001027>
4. Indonesia [Internet]. *World Population Review*. 2025 [cited 2025 Aug 29]. Available from: <https://worldpopulationreview.com/countries/indonesia>
5. International Labour Organisation. Social Protection in Action: Building social protection floors for all. Country Brief: Indonesia. 2021 Dec. Available from: <https://www.social-protection.org/gimi/Media.action?sessionId=Ht1LO3O6uowTqolFhbC6cY2x9nPFRw88icZp6kCaQ9m8Qshl62Uc!1945465934?id=18722>
6. World Health Organisation. Does Indonesia's National Health Insurance Scheme mobile phone application, Mobile JKN, support health financing? Country studies series on digital technologies for health financing [Internet]. 2024 [cited 2025 Aug 29]; Available from: <https://iris.who.int/bitstream/handle/10665/379714/9789240100893-eng.pdf?sequence=1>
7. World Health Organisation. Indonesia's success in achieving 90 percent coverage and minimising out-of-pocket expenses through national health insurance expansion [Internet]. 2023 [cited 2025 Aug 29]. Available from: <https://www.who.int/about/accountability/results/who-results-report-2020-mtr/country-story/2023/indonesia-s-success-in-achieving-90-percent-coverage-and-minimizing-out-of-pocket-expenses-through-national-health-insurance-expansion>
8. Healthcare provision. Indonesia [Internet]. *Economist Intelligence Unit*. 2025 [cited 2025 Aug 29]. Available from: <https://viewpoint.eiu.com/analysis/article/282162028>
9. Kurniati A, Efendi F, Widowati AR, Simanjuntak A, Mudina S, Ikhwansyah B, Noor AYM, McKenna L. What medical specialists want to stay in remote areas of Indonesia: Discrete choice experiments. *PLoS One*. 2024 Aug. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11326650/>
10. Herawati, Franzone R, Chrisnahutama A. Universal Health Coverage: Tracking Indonesia's Progress [Internet]. Jakarta; 2020 [cited 2025 Aug 29]. Available from: <https://theprakarsa.org/wp-content/uploads/2020/04/UHC-Tracking-Indonesias-Progress-2020.pdf>
11. Purwito D, Linggardini K, Jaitieng A. Barriers To Healthcare Access: Examining Travel Time, Waiting Times, And Service Costs in Indonesia Primary Health Care. *Jurnal Berita Ilmu Keperawatan* [Internet]. 2025 Jul 23 [cited 2025 Aug 29];18(2):236–45. Available from: <https://journals2.ums.ac.id/bik/article/view/9068>
12. Suandana IA, Indrayathi A, Januraga PP. Factors Related of Changing First Level Health Facilities (FKTP) on JKN Mandiri Participants in Denpasar City [Internet]. 2018 [cited 2025 Aug 29]. Available from: <https://www.scitepress.org/Papers/2017/70295/70295.pdf>
13. Ministry of Health of the Republic of Indonesia. Blueprint of digital health transformation strategy 2024 [Internet]. 2021 [cited 2025 Aug 29]. Available from: https://extranet.who.int/countryplanningcycles/sites/default/files/public_file_rep/IDN_Indonesia_Digital-Health-Transformation-Strategy_2024.pdf
14. Cabinet Secretariat of the Republic of Indonesia. Health Ministry Launches 'SatuSehat' Platform [Internet]. 2022 [cited 2025 Aug 29]. Available from: <https://setkab.go.id/en/health-ministry-launches-satusehat-platform/>
15. Asprihanto H, Widiyanto S. Indonesia launches \$183 million free health screening to prevent early deaths [Internet]. *Reuters*. 2025 [cited 2025 Aug 29]. Available from: <https://www.reuters.com/business/healthcare-pharmaceuticals/indonesia-launches-183-million-free-health-screening-prevent-early-deaths-2025-02-10/>
16. Nur A, Harbuwono D. Indonesia's first nationwide health screening programme. *Lancet Glob Health* [Internet]. 2025 Apr 1 [cited 2025 Aug 29];13(4):e620. Available from: <https://www.thelancet.com/action/showFullText?pii=S2214109X25000713>
17. Raharja DP, Hanani R, Joyoadisumarta FS, Jessani NS, Mathauer I. The impact of informal patient navigation initiatives on patient empowerment and National Health Insurance responsiveness in Indonesia. *BMJ Glob Health* [Internet]. 2022 Nov 15 [cited 2025 Aug 29];7(Suppl 6). Available from: https://gh.bmj.com/content/7/Suppl_6/e009526

While every effort has been taken to verify the accuracy of this information, Economist Impact cannot accept any responsibility or liability for reliance by any person on this report or any of the information, opinions or conclusions set out in this report.

The findings and views expressed in the report do not necessarily reflect the views of the sponsor.



LONDON

The Adelphi
1-11 John Adam Street
London WC2N 6HT
United Kingdom
Tel: (44) 20 7830 7000
Email: london@economist.com

GENEVA

Rue de la Rôtisserie 11
1204 Geneva
Switzerland
Tel: (41) 22 566 2470
Fax: (41) 22 346 93 47
Email: geneva@economist.com

SYDNEY

Level 14, Unit #138,
5 Martin Place, Sydney
Australia.
Tel: (61) 2 8551 0023
Email: asia@economist.com

NEW YORK

The 900 Third Avenue
16th Floor
New York, NY 10022
United States
Tel: (1.212) 554 0600
Fax: (1.212) 586 1181/2
Email: americas@economist.com

DUBAI

Office 1301a
Aurora Tower
Dubai Media City
Dubai
Tel: (971) 4 433 4202
Fax: (971) 4 438 0224
Email: dubai@economist.com

GURUGRAM

Skootr Spaces, Unit No. 1
12th Floor, Tower B
Building No. 9
Gurugram – 122002
India
Tel: (91) 124 6409 300
Email: asia@economist.com

HONG KONG

1301
12 Taikoo Wan Road
Taikoo Shing
Hong Kong
Tel: (852) 2585 3888
Fax: (852) 2802 7638
Email: asia@economist.com

SINGAPORE

8 Cross Street
#23-01 Manulife Tower
Singapore
048424
Tel: (65) 6534 5177
Fax: (65) 6534 5077
Email: asia@economist.com