

**Viewpoint****Emerging Challenges in Implementing Universal Health Coverage Due to COVID-19 in Indonesia****Rosyidah Rosyidah^{1,2*}**¹ Centre for Intelligent Healthcare, Faculty of Health and Life Sciences, Coventry University, the United Kingdom² Faculty of Public Health University of Ahmad Dahlan, Yogyakarta, Indonesia* Correspondence: rosyidahrosyidah29@gmail.com

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The goal of Universal Health Coverage (UHC) means a situation in which all individuals and communities have access to health services, whenever and wherever they need them, without financial barriers to obtaining them. UHC covers a wide range of essential health services, from promotion, prevention, treatment, care, rehabilitation, and palliative care for patients with chronic diseases. On the other hand, the COVID-19 Pandemic is devastating national health systems in countries that have strived to provide UHC, hampering their efforts to fulfill the ethos of universal health coverage, which is to "leave no one behind." As mentioned in the World Economic Forum 2021, this issue is interesting because an estimated 400 million people worldwide lack access to essential health services. Approximately 100 million people fall into poverty each year due to not paying their health costs. This number has increased with COVID-19 and will continue to up as people lose their jobs, health insurance, and health spending rise due to COVID-19-related spending on testing, treatment, and vaccines.

Due to the pandemic, Indonesia is experiencing many challenges in implementing UHC. For example, maintaining the quality of health services with various innovations, including; mobile JKN, online queues, online referral systems (P-care), and various efforts supporting the effectiveness of due and post COVID-19 health services. Socialization on how to use digital health services, especially for laypeople, needs to be improved by BPJS Kesehatan as a Social Health Insurance administrator body in Indonesia.

Furthermore, expanding access to health services for the missing-middle group, namely, people who are not included in the Government Contribution Assistance Recipients (PBI) but still find it challenging to pay health care services. People in this category have difficulty paying their BPJS Kesehatan monthly premiums. Mostly, the informal sector's missing-middle group does not have a permanent income. So, they cannot afford to pay the UHC premium regularly. BPJS Kesehatan and relevant stakeholders need to find a suitable strategy to resolve this problem, such as conducting studies on the ability to pay and willingness to pay (ATP/WTP). Synchronization of premium and health service benefits is also essential and needs re-examining.



Partnerships and coordination with multiple sectors will make it easier to overcome various obstacles in overcoming the COVID-19 pandemic. Access to health services in remote areas is also a challenge, to be resolved immediately. At this point, commitment and partnership from all parties are needed, including BPJS Kesehatan, the Ministry of Health, health providers, and policymakers at the regional and central levels. In addition, further studies regarding partnerships are interesting.

Keywords: Universal Health Coverage, Social Health Insurance, Jaminan Kesehatan Nasional (JKN), BPJS Kesehatan, COVID-19