

Small Steps, Big Protection: Implementation of the REHAB Program and the Response of Informal JKN Participants

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Abstract

National Health Insurance (JKN) participants in the informal sector often face obstacles in maintaining active membership status due to income instability and low ability to pay contributions. To address this, BPJS Kesehatan launched the Staged Payment Plan (REHAB) program to facilitate easy and gradual payment of contribution arrears. This study aims to analyze the impact of the REHAB program implementation on the response of informal JKN participants in maintaining active membership status. Using a quantitative approach with a survey method of 150 REHAB participants in three large urban areas, data were analyzed using simple linear regression. The results show that easy access to information, installment flexibility, and an educational approach in the REHAB program positively contributed to participants' decisions to pay off arrears and reactivate JKN membership. These findings indicate that the REHAB program has strategic potential in increasing retention of informal sector participants and supporting the sustainability of JKN financing. Therefore, strengthening the socialization and digitalization of the REHAB program should be considered as a sustainable development step.



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Introduction

Access to equitable and sustainable healthcare services has become a global agenda within the Sustainable Development Goals (SDGs), particularly Goal 3 on good health and well-being. One key indicator of this achievement is a national health insurance system that covers the entire population, including workers in the informal sector. However, global challenges persist, particularly in ensuring sustainable financing and retaining participants from informal groups who tend to be economically unstable (WHO, 2022). Many developing countries, including Indonesia, face gaps in participation and continuity of membership among non-formal workers, necessitating alternative strategies to ensure universal health coverage.

In Indonesia, the National Health Insurance (*Jaminan Kesehatan Nasional* or *JKN*), managed by *BPJS Kesehatan* (*Badan Penyelenggara Jaminan Sosial Kesehatan* or Social Security Agency for Health), has become one of the largest health insurance systems in the world in terms of number of participants (World Health Organization, 2024). However, in its implementation, many participants from the informal sector face challenges in maintaining active membership status. The main problem that often arises is the inability to consistently pay monthly contributions, given their unstable income sources. *BPJS Kesehatan* (2023) data shows that participants from the informal sector—who fall into the categories of Non-Wage Recipients (*Peserta Bukan Penerima Upah* or *PBPU*) and Non-Employees (*Bukan Pekerja* or *BP*)—contribute to the highest proportion of participants in arrears, at approximately 55.2% of the total inactive participants.

Various factors influence the high contribution arrears among informal sector participants. First, economic factors, namely fluctuating and uncertain incomes, make it difficult for participants to allocate a routine budget to pay *JKN* contributions. Second, social factors, such as a lack of understanding of the benefits of health insurance and minimal financial literacy. Third, structural or institutional factors, namely the suboptimal billing system and communication approach of *BPJS Kesehatan* towards this segment. Furthermore, many participants who wish to pay off their arrears face obstacles due to the payment system, which demands full payment at once. This exacerbates the risk of discontinuation of health coverage and encourages participants to leave the formal social protection system (World Health Organization, 2024).

The accumulation of these problems has two main impacts. First, from the participant perspective, discontinued membership means they must personally bear the burden of healthcare costs when they are ill, even in emergencies. This has the potential to increase poverty rates due to healthcare costs (medical impoverishment) (Myint et al., 2023). Second, from a system perspective, low participant retention in the informal sector hampers the principle of solidarity-based social insurance and potentially weakens the financial sustainability of the National Health Insurance (*JKN*) program (Saleh et al., 2022). The greater the number of inactive participants, the narrower the program's funding base, which supports public healthcare services (Tandon et al., 2016). Therefore, policy innovations are needed to bridge the gap between participant financial capacity and program sustainability needs.

To address this challenge, *BPJS Kesehatan* launched the Staged Payment Plan (*Rencana Pembayaran Bertahap* or *REHAB*) program as a more inclusive and solution-oriented approach. This program allows participants in arrears to pay their premiums in installments over a period tailored to their financial capabilities, without losing their active membership status. The *REHAB* program was introduced in late 2021 and expanded nationwide in 2022. The mechanism is designed digitally through the Mobile *JKN* application, making it easy for participants to choose installment plans and access information independently. In this context, the *REHAB* program represents a form of policy innovation based on adapting to the needs of participants, particularly vulnerable groups, to remain in the national health insurance system (Myint et al., 2023).

The main variables in this study are the implementation of the *REHAB* program (as variable X) and the response of informal sector participants in reactivating their *JKN* membership (as variable Y). *REHAB* implementation encompasses aspects of program socialization, ease of access, payment scheme flexibility, and digital engagement. Meanwhile, participant responses are measured by their decision to participate in the program, payment levels, and reactivation of their *JKN* membership status (Saleh et al., 2022). This study highlights the dynamic relationship

between policy interventions based on gradual payments and the behavior of informal sector participants, previously considered difficult to reach by regular schemes (Dartanto et al., 2021).

The novelty of this study lies in its evaluative approach to the implementation of the *REHAB* program, which is relatively new and has not been widely studied in the academic literature. Most previous studies have focused more on the technical aspects of *JKN* financing or the characteristics of delinquent participants, but have not specifically evaluated participant responses to the gradual payment program as an integral part of the study. The urgency of this research is increasingly relevant given Indonesia's transition to full Universal Health Coverage (UHC). One important indicator of UHC achievement is the proportion of the population covered by active health insurance. According to a 2023 report by the Indonesian Ministry of Health, although *JKN* coverage has reached over 90% administratively, the presence of active participants remains unstable, particularly in the informal sector. Therefore, strengthening participant retention mechanisms and developing adaptive payment policies such as *REHAB* are crucial to maintaining the program's long-term sustainability. This research aims to address the gap in scientific evidence regarding the effectiveness of this strategy.

Based on the aforementioned background, the objective of this study is to analyze the impact of *REHAB* program implementation on the responses of *JKN* participants in the informal sector, particularly in their decisions to pay off arrears and reactivate their membership. This study also aims to identify key factors influencing the program's success in the field, such as participant understanding, ease of digital access, and perceptions of the program's benefits. The study was conducted in several large urban areas with high levels of *REHAB* participation, using a quantitative approach that allows for generalizability of the results to a broader context.

The benefits of this research are twofold. Theoretically, this research contributes to the development of public policy science, particularly in the areas of social security and health insurance. This study also enriches the literature on participant-response-based program evaluation, which is still limited in the Indonesian context. Practically, the results of this research can serve as a basis for *BPJS Kesehatan* and policymakers to evaluate and optimize the *REHAB* program, both in terms of design, communication approach, and digital system integration. Furthermore, this research is expected to pave the way for the development of other, more inclusive, adaptive repayment models for vulnerable segments of society.

Materials and Methods

This quantitative study, using a descriptive approach, aims to provide an objective overview of the impact of the *REHAB* program implementation on the responses of *JKN* participants in the informal sector. This research strategy was designed to address the need for empirical evidence regarding the *REHAB* program's effectiveness in addressing contribution arrears and increasing active participant retention. Using a quantitative approach, this study prioritizes measurable data systematically obtained from participants in the field, allowing for a more precise and measurable analysis of the relationships between the studied variables.

This research was conducted in three urban areas in Indonesia with significant numbers of *REHAB* program participants: Bandung, Surabaya, and Makassar. These three cities were selected based on several strategic considerations: high levels of participation among *JKN* participants in the informal sector, diverse socioeconomic characteristics of their communities, and accessibility to digital technology used in *REHAB* management. The study lasted three months, from January to March 2025. This timeframe encompassed the licensing process, field data collection, data verification, and the preparation and analysis of research results.

This research addressed several key interrelated aspects relevant to the intended evaluative objectives. The first aspect is mapping the implementation of the *REHAB* program in the field, including the level of socialization received by participants, ease of access through the Mobile *JKN* application, the flexibility of the installment scheme offered, and ease of understanding payment information. The second aspect is participant response to the program, measured by the extent to which participants are interested in participating in *REHAB*, their success in completing installments, and their continued active participation after the program. The third aspect is the factors influencing the success or failure of implementation, including participants' socioeconomic background, digital literacy level, perception of the program's benefits, and previous experience interacting with the *BPJS Kesehatan* system.

The population in this study was all informal sector *JKN* participants who had participated in the *REHAB* program in the three study cities. From this population, 150 respondents were selected purposively, using specific criteria deemed relevant and representative of the characteristics of the general population. These criteria included: informal sector *JKN* participants who were in arrears for more than three months before participating in *REHAB*, having completed at least two installments in the program, having access to the Mobile *JKN* application, and being willing to be interviewed or complete a questionnaire. Respondent selection was carried out with the help of aggregate data from the local *BPJS Kesehatan* branch and involved coordination with service officers.

The main instrument used in this study was a structured questionnaire compiled based on the indicators of the variables studied. This questionnaire was designed to measure participants' perceptions of several dimensions of *REHAB* program implementation, such as ease of access, clarity of information, suitability of the installment scheme to payment ability, and level of satisfaction with the services received. In addition, this instrument also measured indicators of participant response variables, including the decision to participate in the program, payment commitment, and experiences after reactivating participation. The questionnaire was structured on a 1–5 Likert scale, ranging from strongly disagree to strongly agree, to facilitate quantitative data analysis.

Results and Discussion

This study was conducted on 150 respondents from the informal *JKN* (National Health Insurance) sector who participated in the *REHAB* program in three major cities: Bandung, Surabaya, and Makassar. Most respondents had outstanding payments of more than six months prior to *REHAB* and had completed at least two installments under a phased payment scheme. The respondent profile shows that the majority (62%) were informal sector workers with irregular incomes, such as small traders, online motorcycle taxi drivers, and freelancers. Fifty-eight percent of respondents were male and 42% were female, with the dominant age range being 31–45 years. In terms of education, 49% of respondents had a high school education, while the remainder had a junior high school education or lower, indicating a fairly diverse range of literacy characteristics.

Overall, the results indicate that the implementation of the *REHAB* program had a positive impact on participants' responses to maintaining active *JKN* membership. Respondents stated that the *REHAB* program provided a "way out" of the burden of outstanding arrears that had previously prevented them from accessing healthcare services. When asked about their reasons for participating in the program, 76% of respondents stated that the low installment scheme was their primary motivation for registering for *REHAB*. This was reinforced by the results of the payment

flexibility variable, where the average score reached 4.25 on a maximum scale of 5, indicating that the majority of participants considered the program to be appropriate for their financial capabilities.

Ease of access was also a crucial factor in the success of the program. 81% of participants stated that they learned about and registered for REHAB through the Mobile JKN application. This digital feature was considered to simplify the registration process and payment monitoring. The satisfaction score for ease of access was 4.1 on a scale of 5, and respondents considered the digital system to expedite the activation process without requiring in-person visits to a branch office. However, 17% of respondents still reported needing assistance from others to access the application due to limited digital literacy or device issues.

Regarding participant reactivation, the study found that 72% of respondents successfully reactivated their JKN membership within the first two months of participating in REHAB. Of these, 88% stated that they had resumed using BPJS-funded healthcare services, whether for outpatient care, medication, or doctor consultations. This finding indicates that REHAB's presence not only has administrative impacts but also contributes to the real restoration of access to healthcare services. In several cases, participants reported feeling "more at ease" now that they have coverage in case of illness or an emergency.

Participants' positive response was also evident in their payment commitment. Sixty-four percent of respondents completed their installments on schedule, while 28% had delayed payments but continued after receiving reminders via SMS or app notifications. Only 8% of respondents stopped midway due to pressing economic reasons. This indicates that even though participants are economically vulnerable, they are willing to remain in the social protection system if the payment scheme is perceived as fair and appropriate.

This study also identified several factors influencing the effectiveness of program implementation. First, the involvement of BPJS officers in providing initial education influenced participants' understanding of REHAB's benefits and procedures. Respondents who reported receiving direct explanations tended to demonstrate higher levels of understanding and compliance than those who only learned about the program through social media. Second, the perception of JKN benefits after reactivation also strengthened participants' motivation to complete installment payments. Most participants stated that after reactivation, they did not want to lose their membership because "hospital costs were too high to pay out of pocket."

Quantitative data obtained through simple regression analysis showed a significant positive relationship between the quality of program implementation (variable X) and participant responses (variable Y). The regression coefficient of 0.63 indicates that the better participants' perceptions of program flexibility, accessibility, and clarity, the more likely they were to complete installments and maintain active participation. This result is supported by an R-squared value of 0.51, indicating that 51% of the variation in participant responses can be explained by the REHAB program implementation variables (Dartanto et al., 2021).

On the other hand, this study also identified several challenges. Around 12% of respondents expressed confusion when choosing an installment plan, primarily due to the lack of payment simulations and program duration in the app. Several respondents also expressed concern that if they were unable to make installments within one month, their membership status would be immediately deactivated. Therefore, although REHAB was generally considered successful, improvements in communication and interactive features on the digital platform are needed.

Another interesting finding was the influence of the social environment on the decision to participate in the program. Some respondents reported learning about REHAB through recommendations from coworkers or neighbors who had previously successfully settled their arrears. This suggests that a social domino effect can strengthen program expansion if accompanied

by positive testimonials of success. Therefore, community-based promotional strategies have significant potential to expand the reach of participants in the informal sector.

Considering all of the above findings, it can be concluded that the REHAB program has significant potential as a policy instrument to improve the retention of JKN participants in the informal sector. This program not only helps participants pay off arrears but also restores a sense of security in accessing healthcare services. Participants' commitment to gradual payments demonstrates that ability-to-pay interventions are far more effective than single-system systems that require full repayment. Therefore, the findings in this study support the development of REHAB as an alternative repayment model that can be permanently adopted in the national health insurance system.

This discussion demonstrates that the implementation of the REHAB program by BPJS Kesehatan (Indonesian Health Insurance) has had a significant impact on the response of JKN participants from the informal sector in maintaining their active membership status. The main findings of this study indicate that flexibility in arrears payments, easy access to information through digital applications, and a more humanistic communication approach have encouraged participants to rejoin the health insurance system. More broadly, this addresses a global challenge faced by health insurance systems in developing countries: low retention of participants from the informal sector due to economic and bureaucratic constraints (Tandon et al., 2016; WHO, 2022).

The primary issue underlying the REHAB program is the high number of inactive JKN participants, particularly among informal workers without a steady income. BPJS Kesehatan noted that by the end of 2023, more than 55% of the total inactive participants were from the PBPU and BP categories. Upon further investigation, the majority of them had arrears exceeding six months and lacked a realistic mechanism for paying their contributions. This was exacerbated by the previous system, which required full repayment to reactivate the health insurance program. While this policy was in accordance with regulations, it was not sufficiently adaptive to the real conditions of participants with unstable economic conditions, leading them to drop out of the health insurance system. In this context, the REHAB program emerged as an intervention solution that allowed participants to adjust their installments to suit their individual capabilities.

One key factor explaining the success of REHAB's implementation was the flexibility of the payment scheme. Research shows that the majority of respondents stated that the burden of arrears, which initially felt heavy, became more manageable when offered the option of installment payments. This demonstrates that an ability-to-pay policy approach is far more effective in reaching vulnerable groups. A similar study by Giedion et al. (2013) found that health insurance programs in various developing countries only succeeded in sustainably reaching the informal sector if designed with a flexible approach, positive incentives, and a less punitive approach.

In addition to flexibility, digitalization was also a key factor in strengthening the program's adoption. This study noted that 81% of respondents learned about and registered for REHAB through the Mobile JKN application. Fast, transparent access to information, and a registration process that eliminates physical contact with staff contributed to the program's increased acceptance. This is consistent with the trend of digitalizing public services, which prioritizes efficiency and user experience. However, a small percentage of respondents still experienced difficulties operating the application, highlighting the need for digital literacy education, especially for older participants or those with lower levels of education. Therefore, strengthening support channels, both online and offline, is an essential complement.

Furthermore, participants' responses after participating in the REHAB program showed that they not only reactivated their membership but also began actively using JKN services again. This

indicates a reawakening of trust in the system. In several interviews, participants stated that they felt "calmer" because they were protected again, especially in the post-pandemic era when awareness of the importance of health insurance has increased. This reinforces the argument that participation in the insurance system is not only related to economics, but also to perceived value of benefits and a sense of social security.

This study also highlights the important role of education in influencing participant responses. Respondents who reported receiving information and education directly from BPJS Kesehatan officers or through community members tended to have a better understanding and higher installment completion rates. This demonstrates the continued importance of interactive approaches, even in the digital age. In this context, the REHAB program can be strengthened through community-based education strategies, including utilizing religious study groups, social gatherings (arisan), cooperatives, and other local organizations as channels for disseminating information and testimonials of success.

Statistically, the regression analysis in this study indicates that program implementation variables have a significant influence on participant responses. A coefficient of 0.63 and an R^2 of 0.51 indicate that participants' perceptions of REHAB implementation explain more than half of the variation in their decision to settle arrears and re-engage. These figures are strong enough to demonstrate that a well-designed policy intervention can significantly change participant behavior.

Combined with the novelty of the research outlined in the introduction, these results reinforce the claim that few previous studies have specifically examined the impact of REHAB implementation on informal JKN participants. Most previous literature has focused solely on evaluating the active-passive status of JKN participants, without delving deeply into the interaction between program design and participant behavior. Therefore, this study provides a novel contribution to understanding how adaptive and participatory policies can encourage participant reintegration into the national health insurance system.

In addition to academic contributions, these findings also have important policy implications. If the REHAB program proves effective, BPJS Kesehatan should consider making it a permanent strategy for managing arrears, rather than just a temporary program. Furthermore, this model could be expanded to reach new participants who are still hesitant to join JKN due to fears of inability to pay regularly. In this scenario, the REHAB program could be modified as an entry point that bridges the informal sector into the national social protection system.

On the other hand, challenges remain. Several participants expressed concern that if they again experience difficulty paying their installments, their status would be deactivated again. This concern highlights the importance of creating a system that is more empathetic and responsive to the economic dynamics of informal participants. Therefore, a more humane reminder system, flexible installment restructuring, and even integration with social assistance for highly vulnerable groups are needed. Cross-sector synergy between BPJS Kesehatan, the Social Services Agency, and local communities will strengthen the system's overall effectiveness (Adebayo et al., 2017).

Finally, it is important to emphasize that the success of the REHAB program is not solely measured by the number of participants who pay their arrears, but rather by the return of participants' sense of ownership to the social security system. This program provides space for active community participation in the state system, not merely as objects but also as subjects who determine the system's sustainability. Therefore, the success of REHAB can serve as a reflection of how inclusive and responsive policy design can rebuild public trust in state institutions. Based on the overall analysis above, it can be concluded that REHAB is a small step with significant potential for protection. With its flexibility, digitalization, and educational approach, this program addresses the pressing issue of low retention of informal JKN participants and offers a realistic

solution that aligns with the economic conditions of lower-income communities. Compared to traditional approaches that emphasize lump-sum payments, REHAB offers a new paradigm: that the sustainability of a health insurance program is not only a matter of administrative order, but also of building a humane and empowering system (Adebayo et al., 2018).

Conclusion

This study demonstrates that the implementation of the *REHAB* program by *BPJS Kesehatan* (Indonesian Health Insurance) has positively and significantly influenced informal sector *JKN* participants in maintaining active membership, highlighting the importance of flexible payment schemes, accessible digital platforms, and effective education in reducing arrears and increasing re-enrollment. Participants reported that the program provided practical solutions to prior economic constraints, with affordable installments and transparent procedures enhancing their motivation and capacity to comply, while digitalization facilitated adoption, though additional support for less technologically literate groups remains essential. Statistical evidence confirms that the quality of *REHAB* implementation is a key driver of participant retention, supporting the sustainability of the *JKN* program. Given the economic diversity of informal sector participants, the *REHAB* program exemplifies how adaptive, human-centered policies based on ability to pay are more effective than rigid administrative measures. This study suggests that *REHAB* could be further developed as a permanent strategy to strengthen universal coverage and serve as a model for inclusive social policy. Future research should explore long-term impacts across different regions, evaluate cost-effectiveness, and examine integration with other social protection programs to optimize scalability and policy responsiveness.

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