

INTISARI

Biaya pelayanan kanker dan tingginya harga obat inovatif menjadi tantangan dalam keberlanjutan pembiayaan Jaminan Kesehatan Nasional (JKN). *Cost-sharing* dapat menjadi salah satu alternatif pembiayaan, tetapi penerapannya perlu mempertimbangkan preferensi peserta agar tidak menimbulkan hambatan akses maupun beban finansial yang berlebihan. Penelitian ini bertujuan mendeskripsikan proporsi peserta JKN non-PBI yang bersedia berkontribusi, mengestimasi nilai *willingness to pay* (WTP), serta menganalisis faktor yang berhubungan dengan keputusan dan besaran WTP untuk *cost-sharing* obat inovatif kanker.

Penelitian ini merupakan penelitian observasional analitik dengan desain *cross-sectional* menggunakan perspektif *ex-ante*. Data dikumpulkan secara daring pada Juni–Juli 2026 dari 608 peserta JKN non-PBI di Indonesia. WTP diukur menggunakan *Contingent Valuation Method* (CVM) dengan teknik *iterative bidding game* yang dilanjutkan dengan pertanyaan *open-ended*. Keputusan WTP dianalisis menggunakan regresi logistik biner berganda, sedangkan besaran WTP pada responden dengan WTP positif dianalisis menggunakan *Generalized Linear Model* (GLM) dengan distribusi Gamma dan fungsi taut log.

Dari 608 responden, sebanyak 464 responden (76,32%) bersedia membayar. Pada responden dengan WTP positif, median WTP sebesar Rp1.000.000 per bulan dengan rerata sebesar Rp3.756.745 per bulan. Keputusan WTP berhubungan dengan usia, jenis kelamin, pendapatan rumah tangga, dan status kesehatan subjektif, sedangkan besaran WTP berhubungan dengan jumlah tanggungan, pendapatan rumah tangga, dan riwayat kanker diri. Temuan menunjukkan bahwa faktor yang berhubungan dengan keputusan WTP tidak sepenuhnya sama dengan faktor yang berhubungan dengan besaran WTP. WTP dapat memberikan informasi mengenai preferensi peserta terhadap pembiayaan *cost-sharing*, tetapi tidak dapat digunakan sebagai satu-satunya dasar penetapan kontribusi dan perlu dipertimbangkan bersama manfaat klinis, pemerataan akses, perlindungan finansial, serta keberlanjutan pembiayaan JKN.

Kata kunci: *willingness to pay*, *cost-sharing*, obat inovatif kanker, Jaminan Kesehatan Nasional, *contingent valuation method*

ABSTRACT

The high cost of cancer care and innovative medicines poses a challenge to the sustainability of National Health Insurance (JKN) financing. Cost-sharing may serve as an alternative financing mechanism, but its implementation should consider participants' preferences to avoid barriers to access and excessive financial burden. This study aimed to describe the proportion of non-subsidized JKN participants willing to contribute, estimate willingness to pay (WTP), and analyze factors associated with the decision and magnitude of WTP for cost-sharing of innovative cancer medicines.

This analytical observational study used a cross-sectional design with an ex-ante perspective. Data were collected through an online survey from June to July 2026 among 608 non-subsidized JKN participants in Indonesia. WTP was elicited using the Contingent Valuation Method (CVM) with an iterative bidding game followed by an open-ended question. The decision to pay was analyzed using multiple binary logistic regression, while positive WTP magnitude was analyzed using a Generalized Linear Model (GLM) with a Gamma distribution and log link.

Among the 608 respondents, 464 (76.32%) were willing to pay. Among respondents with positive WTP, the median WTP was IDR 1,000,000 per month and the mean was IDR 3,756,745 per month. The decision to pay was associated with age, sex, household income, and subjective health status, while positive WTP magnitude was associated with number of dependents, household income, and personal history of cancer. These findings indicate that factors associated with the decision to pay were not completely identical to those associated with WTP magnitude. WTP may provide information on participants' preferences toward cost-sharing, but it should not be used as the sole basis for determining contributions and should be considered alongside clinical benefits, equitable access, financial protection, and the sustainability of JKN financing.

Keywords: willingness to pay, cost-sharing, innovative cancer medicines, National Health Insurance, contingent valuation method