

INTISARI

Proporsi sektor informal mendominasi angkatan kerja di Indonesia. Namun keberadaan mereka belum sepenuhnya ter-cover dalam sistem jaminan kesehatan yang ada. Kepemilikan jaminan kesehatan akan berpengaruh terhadap utilisasi pelayanan kesehatan, pengeluaran kesehatan dan status kesehatan. Ketiadaan jaminan kesehatan di kalangan sektor informal akan mengakibatkan pengeluaran katastrofik yang mengancam mereka jatuh miskin. Studi ini bertujuan untuk menganalisis kebijakan jaminan kesehatan sektor informal.

Analisis studi menggunakan data sekunder yang berasal dari data *panel Indonesia Family Life Survey* (IFLS) tahun 2000 & 2007 dan data *pool cross section* Susenas 2010 & 2011. Sampel penelitian ini terdiri dari individu/kepala RT yang bekerja di sektor informal & berusia produktif (15-65 tahun). Model ekonometrik digunakan untuk mengestimasi determinan kepemilikan jaminan kesehatan dan mengestimasi dampak jaminan kesehatan terhadap utilisasi pelayanan kesehatan. Pendekatan segitiga kebijakan digunakan untuk menganalisis kebijakan jaminan kesehatan sektor informal

Hasil penelitian menunjukkan bahwa karakteristik sektor informal sangat beragam. Mayoritas sektor informal belum memiliki jaminan kesehatan. Kepemilikan jaminan kesehatan subsidi mendominasi wilayah timur Indonesia dan jaminan kesehatan kontribusi mendominasi Jawa Bali. Tingkat kunjungan rawat jalan dan rawat inap di fasilitas kesehatan didominasi oleh sektor informal yang berada di Jawa Bali. Jaminan kesehatan subsidi tidak memberikan dampak terhadap kunjungan rawat jalan dan rawat inap sedangkan jaminan kesehatan kontribusi memberikan dampak positif terhadap kunjungan rawat jalan. Kebijakan Askeskin/Jamkesmas belum tepat sasaran dalam meng-cover sektor informal miskin. Peppers No. 111 tahun 2013 belum melibatkan pekerja sektor informal dalam pengambilan kebijakan.

Kebijakan jaminan kesehatan sektor informal perlu dikembangkan berdasarkan *evidence based* agar nantinya mampu menjamin perlindungan kesehatan bagi sektor informal secara menyeluruh.

Kata Kunci: sektor informal, determinan, evaluasi dampak, jaminan kesehatan, *Fixed Effect, Difference in Difference*

ABSTRACT

The proportion of informal sector dominates the labor force in Indonesia. Yet, their presence has not fully happened *cover* the existing health insurance system. Ownership of health insurance will affect in utilization of health services, health expenditures and health status. The lack of health insurance among the informal sector will result in catastrophic expenditures that threaten them impoverished. This study aimed to analyze the informal sector health insurance policy.

Analysis of studies using secondary data coming from *panel* data *Indonesia Family Life Survey* (IFLS) in 2000 & 2007 and the data *pool cross section* of Susenas in 2010 and 2011. The research sample consisted of individuals / RT heads who work in the informal sector and in productive age (15 - 65 years). Econometric models are used to estimate the determinants of health insurance ownership and estimating the impact of health insurance on health care utilization. Policy triangle approach is used to analyze the informal sector health insurance policy

The results showed that the characteristics of the informal sector is very diverse. The majority of informal sector do not have health insurance. Ownership of health insurance subsidies dominate the eastern region of Indonesia and health insurance contributions dominate the Java Bali. The level of outpatient visits and inpatient care at a health facility is dominated by the informal sector which is in Java and Bali. Health insurance subsidies do not give effect to the outpatient visits and inpatient health insurance contributions whereas a positive impact on outpatient visits. Policy of Askeskin/JAMKESMAS mistargeting to reach informal sector who poor. Pepres No. 111 of 2013 has not involved the informal sector in policy *making*.

Informal sector health insurance policy needs to be developed based *on evidence based* that will be able to ensure health protection for the informal sector as a whole.

Keywords: informal sector, determinants, impact evaluation, health insurance, *Fixed Effect, Difference in Difference*