Publications and eProducts Catalog

Human Development Sector
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Building the Foundation for Inclusive Growth
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## HEALTH

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A concept first presented just over a decade ago, the Double Burden of Malnutrition, or DBM is the coexistence of under-nutrition and over-nutrition of macronutrients and micronutrients across the life course in the same population, community, family and even individual. Of particular concern is the life-course dimension of the DBM, or the link between maternal and fetal under-nutrition and increased susceptibility to over-nutrition and diet related non-communicable diseases (NCD) later in life. The DBM is a global problem that affects rich and poor countries alike: 25 percent of the world’s population is overweight, while 17 percent of pre-school children are underweight and 28.5 percent are stunted, 40 percent of women of reproductive age have anemia, and one-third of the global population still suffers from iodine deficiency. Most low- and middle-income countries (LMICs) are considered to be affected by the DBM, with overweight increasing faster than underweight is decreasing in most of them. While obesity has tripled globally in the last three decades, it has tripled in LMICs in just two decades.

English document links:

Bahasa Indonesia document links:
The Nuts and Bolts of Jamkesmas

Indonesia’s government-financed health coverage program for the poor and near-poor

January 2013, 42 pages

This case study describes and assesses Jamkesmas, Indonesia’s government-financed health coverage program for the poor and near-poor. It provides a detailed description of the scope, depth, and breadth of coverage provided under Jamkesmas, and highlights ways in which the program interacts with the rest of Indonesia’s health system. It also summarizes and discusses evidence on whether Jamkesmas is attaining its stated objectives of removing financial barriers and improving access to health care by the poor and near-poor, what could be improved, and what lessons can be learned from the experience of Jamkesmas that could help inform Indonesia’s quest for universal coverage. The primary theme underlying the study is that supply-side constraints and supply-side subsidies have not been leveraged to increase the effectiveness of the Jamkesmas program. There are significant geographic deficiencies in the availability and quality of the basic benefits package, especially for those living in relatively remote and rural locations of the country, and this limits the effective availability of benefits for many Jamkesmas beneficiaries. The remainder of the case study is organized as follows. Section two provides general background and information on health system outcomes in Indonesia. Section three is an overview of health care financing and delivery. Section four describes the institutional architecture of Jamkesmas. Section five highlights the process of targeting, identification, and enrolment of beneficiaries under the program. Section six focuses on the role of public financing. Section seven outlines the basic benefits package. Section eight provides an overview of the information environment of Jamkesmas. Section nine discusses the special theme of supply-side constraints and supply-side subsidies that dilute the effectiveness of the Jamkesmas program. Section ten discusses the pending agenda around some of the architectural and operational features of Jamkesmas in the context of universal coverage.

English document links:
   - April 2011, 6 pages

2. **Actuarial Costing of Universal Health Insurance Coverage in Indonesia: Options and Preliminary Results**
   - April 2011, 44 pages

3. **Health Financing Meets Maternal Health: Assessing The Impact of Jamkesmas on Skilled Birth Attendance in Indonesia**
   - February 2011, 8 pages

4. **Does Jamkesmas Protect The Population from Health Expenditure Shocks?**
   - February 2011, 4 pages

5. **Financing Universal Coverage: Assessing Fiscal Space for Health**
   - September 2010, 8 pages

6. **Health Management Information System: Why Harmonization is Needed**
   - August 2010, 8 pages
7. **Accelerating Improvement in Maternal Health: Why Reform is Needed**
   August 2010, 8 pages

8. **New Insights into the Provision of Health Services in Indonesia: a Health Workforce Study**
   Published by Office of the Publisher – Washington DC
   2010, 160 pages

9. **“...and then she died”: Indonesia maternal health assessment**
   February 2010, 84 pages

10. **Pharmaceuticals: Why Reform is Needed**
    March 2009, 10 pages

11. **Health Financing in Indonesia: A Reform Roadmap**
    Published by Office of the Publisher – Washington DC
    2009, 154 pages

12. **Giving More Weight to Health: Assessing Fiscal Space for Health in Indonesia**
    January 2009, 62
13 Indonesia’s - Doctor, Midwives, and Nurses: Current Stock, Increasing Needs, Future Challenges and Options
January 2009, 100 pages

14 Investing in School Health and Nutrition in Indonesia
October 2009, 48 pages
English document links:
http://go.worldbank.org/0T7Y6H45K0
Bahasa Indonesia document link:
http://go.worldbank.org/Z9DSSK1T20

15 School Health and Nutrition (Policy Brief)
October 2009, 4 pages
English document links:
http://go.worldbank.org/YNNRCG6YP0
Bahasa Indonesia document link:
http://go.worldbank.org/7HNJLSQTF1

16 Investing in Indonesia’s Health: Challenges and Opportunities for Future Public Spending (Health Public Expenditure Review 2008)
June 2008, 156 pages
English document link:
Bahasa Indonesia document link: