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Universal Health Coverage Acceleration Through the UHC Village Approach: The (Supporting Universal Health Coverage So Express and Sustainable (SUCSES) Innovation in Indonesia's in National Health Insurance Program

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ABSTRACT
Universal Health Coverage (UHC) is a cornerstone global health target, reaffirmed by the World Health Organization (WHO) and United Nations' pledge to achieve it by 2030. Despite Indonesia's sustained national initiatives, structural barriers persist, including membership gaps, subnational disparities, and elevated out-of-pocket expenditures. This qualitative descriptive study investigates the SUCSES Innovation (Supporting Universal Health Coverage So Express and Sustainable)—a decentralized, village-level model designed to accelerate UHC progress. Conducted at the BPJS Kesehatan Bukittinggi Branch from January 2023 to December 2024, the research engaged purposively selected key informants: branch managers, local government officials, village leaders, and program implementers. Data collection encompassed in-depth interviews, reviews of policy/administrative documents, and membership record analyses. Thematic analysis identified governance mechanisms, implementation strategies, and outcome pathways, yielding four interconnected themes: (1) institutionalizing UHC targets via integration into village certification frameworks; (2) bolstering subnational governance and accountability; (3) enabling community micro-targeting through data-driven outreach; and (4) achieving quantifiable gains in coverage and financial performance. SUCSES implementation yielded ~135,000 new registrations, elevated coverage from 87% to 97%, generated IDR 68 billion in additional revenue, and transformed Agam Regency from zero to 50 certified UHC villages. These results position SUCSES as a scalable, context-adapted governance innovation for decentralized health systems. Recommendations urge wider

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institutional adoption and alignment of UHC indicators with local development plans to advance Indonesia's 2030 universal coverage ambition.

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INTRODUCTION

Universal Health Coverage (UHC) has become a global priority for strengthening health systems, ensuring financial risk protection, and expanding equitable access to quality services. This commitment was reinforced through the 2019 United Nations General Assembly resolution urging all member states to accelerate UHC progress as part of the Sustainable Development Goals (SDGs), particularly SDG 3 on "Good Health and Well Being." Indicator 3.8.2, which measures health assurance coverage, remains a critical benchmark of national performance. (WHO, 2025; Dhillon et al., 2023)

In Indonesia, UHC is pursued primarily through the National Health Insurance Program (Jaminan Kesehatan Nasional/JKN) aims to provide accessible, affordable, and sustainable healthcare for all citizens. Social Security Agency on Health introduced the SUCSES Innovation (Supporting Universal Health Coverage So Express and Sustainable). This model adopts a village-based strategy to accelerate membership expansion, improve data integration, and institutionalize cross-sector collaboration. The core feature of SUCSES is the UHC Village designation, granted when at least 95 percent of residents are enrolled in JKN. The SUCSES Innovation was first implemented in the BPJS Kesehatan Branch Bukittinggi region in January 2023, covering areas such as Agam Regency, Bukittinggi City, West Pasaman, and Padang Panjang. The results have been significant: coverage increased from 87 percent to 97 percent, village participation rose sharply, and more than 135,000 new JKN members were added, contributing an estimated IDR 68 billion in additional revenue. Agam Regency alone achieved 50 UHC Village recognitions within one year. These outcomes highlight the effectiveness of SUCSES in accelerating UHC progress through targeted, community-based approaches supported by strong local governance. (Herawati et al., 2020)

Tabel 1. Outcome Innovation SUCCSES (Supporting Universal Health Coverage So Express and Sustainable) Social Security Agency on Health Bukittinggi's Branch Office

No	Regency	Population	Before Innovation		After Innovation			Remarks
			Number of JKN Members in December 2022	%	Number of JKN Members in December 2023	%	Participation Growth	
1	AGAM	525.348	456.019	86,84%	487.889	92,87%	31.870	Aproaching UHC
2	PASAMAN	303.997	297.657	98,47%	313.680	103,19%	16.023	UHC
3	PASAMAN BARAT	440.060	357.368	81,68%	427.271	97,09%	69.903	UHC
4	BUKITTINGGI	134.412	114.988	87,23%	130.485	97,08%	15.497	UHC
5	PADANG PANJANG	61.075	59.782	98,90%	61.975	101,47%	2.193	UHC
TOTAL		**1.464.892**	**1.285.814**	**87,77%**	**1.421.300**	**97,02%**	**135.486**	**Branc Office UHC**

The comparison of JKN membership before and after the SUCSES Innovation shows marked improvements across all five districts in the Bukittinggi's Branch office (Table 1). Agam increased coverage from 86.84% to 92.87% (+31,870 participants), while Pasaman and Padang Panjang surpassed the UHC threshold, reaching 103.19% and 101.47%, respectively. West Pasaman recorded the largest absolute gain with 69,903 new members, raising coverage from 81.68% to 97.09%. Bukittinggi City also improved from 87.23% to 97.08% (+15,497 participants).

Overall coverage rose from 87.77% (1,285,814 members) in 2022 to 97.02% (1,421,300 members) in 2023, reflecting a net increase of 135,486 participants. These results demonstrate that the SUCSES Innovation substantially accelerated UHC progress at the subnational level, reinforcing evidence that localized micro-targeting and decentralized governance enhance insurance uptake in Low and Middle-Income Countries (LMICs) (Wagstaff & Neelsen, 2020).

Although the program has been implemented for approximately two to three years, no comprehensive evaluation has yet been conducted to optimize its performance. Therefore, this study analyzes the acceleration of Universal Health Coverage through a village-based UHC approach under the SUCSES Innovation in Indonesia, with the aim of generating evidence-based insights to strengthen program implementation, enhance intergovernmental coordination, and support the sustainability of UHC achievements in the coming years.

Health insurance participation in Indonesia is influenced by multiple interrelated factors, including policy frameworks, institutional governance, socioeconomic conditions, public literacy and awareness, quality of health services, and the level of support from local governments. These factors collectively shape enrollment dynamics and sustainability of the national health insurance system. While not elaborated in detail, they provide an essential conceptual foundation for understanding variations in community participation and the effectiveness of health insurance implementation across regions.

The implementation of the health insurance program in the study area has been ongoing for approximately ten years and has resulted in a significant increase in coverage, reaching about 97% of the total population in Indonesia. Despite this achievement, comprehensive evaluation remains necessary to ensure program sustainability and to optimize future performance. Accordingly, this study aims to analyze the acceleration of Universal Health Coverage (UHC) through a village-based approach under the SUCSES Innovation in Indonesia. Specifically.

1. Implementation of the SUCSES Team and Organizational Structure
2. Supporting Factors Driving Successful Implementation of UHC Village
3. Challenges Encountered During SUCSES Implementation
4. Collaboration Between Social Security Agency on Health and Local Governments
5. Synthesis of Findings Based on Research Objectives

Given the promising results, this study aims to analyze the implementation of the UHC Village approach within the SUCSES model using a qualitative research design. Qualitative inquiry is particularly suitable for examining stakeholder perceptions, policy execution, and cross-sector coordination. Through in-depth interviews, document analysis, and field observations, the study explores how local actors interpret their roles, how decisions are operationalized, and how

challenges are addressed. By understanding these dynamics, the research provides insights into the sociopolitical and organizational factors that underpin the model's success and its potential for broader replication across Indonesia. (Doyle et al., 2020;)

METHODS

This study employed a qualitative descriptive research design to examine the implementation of the SUCSES Innovation (Supporting Universal Health Coverage So Express and Sustainable) as a village-level strategy for accelerating Universal Health Coverage (UHC). This approach was selected for its suitability in capturing complex implementation processes, governance arrangements, and contextual dynamics within decentralized health systems. Qualitative descriptive inquiry enables an in-depth exploration of how policies and innovations are interpreted and operationalized by multiple actors across institutional levels. The study focused on governance interactions, local decision-making mechanisms, and operational experiences among program implementers at the Social Security Agency on Health (BPJS Kesehatan), Bukittinggi Branch Office, as well as related local government institutions. Data collection was conducted within a defined implementation period of the SUCSES program to ensure that findings reflected contemporaneous policy conditions and institutional practices.

The sample population consisted of key informants directly involved in the planning, coordination, and execution of the SUCSES Innovation at branch, district, sub-district, and village levels. A purposive sampling strategy was employed to select participants with substantial authority, experience, and knowledge relevant to UHC acceleration and program governance. The sample size was determined based on the principle of data saturation, whereby interviews were continued until no new themes or substantive insights emerged. Data were collected through semi-structured in-depth interviews using an interview guide developed from the study's conceptual framework and relevant literature on health system governance and UHC implementation. The interview instrument covered key domains, including program design, governance mechanisms, intergovernmental coordination, operational challenges, enabling factors, and perceived outcomes of the SUCSES Innovation. Ethical approval was obtained from relevant institutional review boards, and all participants provided written informed consent prior to participation.

Data analysis followed a structured and iterative qualitative process. All interview recordings were transcribed verbatim and anonymized to protect participant confidentiality. The entire dataset was read repeatedly to obtain a holistic understanding of the data and to identify preliminary patterns. An open coding process was then conducted, with codes generated inductively from participants' narratives and deductively guided by the research objectives. Related codes were clustered into broader categories and synthesized into overarching themes that captured key dimensions of SUCSES implementation and governance dynamics in accelerating UHC at the village level. The final stage involved narrating and interpreting the findings by integrating thematic results with relevant theoretical and policy perspectives, supported by representative quotations. All transcripts and audio recordings were securely stored in accordance with ethical research standards. The qualitative approach allowed for a deep investigation of governance interactions,

local decision-making processes, and operational experiences among program implementers at Social Security Agency on Health, Bukittinggi's Branch office and associated local government institutions. (Hall et al., 2024)

Ethical approval was obtained from relevant institutional review boards. Participants were informed about research objectives, procedures, potential risks, and benefits. Written informed consent was obtained prior to data collection. Confidentiality was protected through anonymized coding, and all recordings and transcripts were securely stored**.** (WHO, 2025).

RESULTS

This section presents the qualitative findings obtained through in-depth interviews, document analysis, and field observations across the administrative regions under Social Security Agency on Health, Bukittinggi's branch office. The thematic results are structured according to the research objectives: (Hall et al., 2024; Pyo, 2023)

1. Implementation of the SUCSES Team and Organizational Structure

a. Establishment of the SUCSES Team and Organizational Structur

Implementation began with the issuance of an official decree from the Head official Security Agency on Health, Bukittinggi's brach office that formally established the SUCSES team. This decree outlined detailed roles and responsibilities, including supervisors, coordinators, analysts, field officers, and data managers. Participants noted that the decree strengthened the team's legitimacy in the eyes of local governments and improved negotiation power during coordination meetings. The formalized structure also ensured systematic workflows, enabling consistent execution of tasks ranging from data reconciliation to field verification. (Nirmalasari et al., 2023).

b. Identification and Validation of Non-JKN Residents

A core operational component of SUCSES was the identification and validation of non-JKN residents by name and address through the BDT-Level Listing method. Population registry data from district offices were cross-referenced with the JKN membership database. Membership staff emphasized that this phase required considerable effort during the initial three months. Activities included cleaning duplicate entries, conducting reconciliation meetings with village officials, and completing door-to-door verification in selected areas. This granular approach was described as "the backbone" of the UHC Village model, as it enabled precise targeting for enrollment. (Hasnah & Asyari, 2024).

c. Prioritization of Villages Nearing the 95% Threshold

Following data validation, villages were categorized according to their proximity to achieving UHC coverage. Villages with 90–95% coverage were prioritized for intervention, while those with larger non-JKN populations were considered high workload zones requiring intensive efforts. District officers stated that this strategy allowed concentrated resource allocation, directing outreach and mobilization to areas where rapid impact was achievable. This targeted approach differentiated SUCSES from previous outreach strategies that relied on broad, less focused socialization efforts. (Systematic Review of Financing Functions for UHC in LMICs, 2025).

d. Coordination with Local Governments and Memorandum of Understanding Signing

Another critical implementation step was the signing of Memorandums of Understanding (MoUs) between Social Security Agency on Health and local governments. The MoUs outlined commitments related to recognizing UHC Village status, integrating 95% JKN coverage into Healthy Village designation criteria, conducting joint coordination forums, and providing administrative or budgetary support. The Head of Branch highlighted that these agreements fostered "political ownership," motivating regional leaders to mobilize village apparatus and accelerate village-level enrollment. (Saputro & Fathiyah, 2022).

2. Supporting Factors Driving Successful Implementation of UHC Village

a. Strong Leadership Commitment

Leadership commitment emerged as the most decisive enabling factor. The Head of Branch regularly engaged district heads, mayors, and health office officials to align policy priorities. Participants noted that district heads issued written instructions encouraging villages to support JKN expansion, while subdistrict offices assigned staff to assist with data validation. Village heads also began treating JKN enrollment as a mandatory development indicator. This vertical alignment created a coherent environment that facilitated smooth program execution. (Cometto et al., 2020).

b. Accurate and Granular Data Management

SUCSES's focus on accurate, name-by-name data was another enabling factor. Weekly dashboards, progress scorecards, and precise non-JKN lists allowed staff at all levels to monitor changes in real time and adjust strategies accordingly. Membership staff emphasized that prior to SUCSES, most data analyses were conducted only at the district level, making it difficult to identify specific villages or households that required intervention. The shift to micro-level data greatly improved targeting efficiency. (WHO & World Bank, 2021).

c. Strong Cross-Sector Collaboration

Effective collaboration among sectors also supported the successful implementation of the UHC Village program. The SUCSES Team coordinated with district health offices, village governance units, social welfare offices, and community empowerment bodies. Joint meetings allowed rapid problem-solving, role clarification, and shared responsibility. Village officials noted that this collaborative model reduced administrative burdens that previously hindered enrollment activities. (Nirmalasari et al., 2023)

3. Challenges Encountered During SUCSES Implementation

a. Limited Financial Capacity of Informal Workers

The primary challenge identified was the financial constraint faced by informal workers, including farmers, traders, and fishermen. These groups struggled to commit to monthly premium payments, even after understanding the benefits of JKN. Some households waited until illness occurred before enrolling, reflecting low risk awareness and inconsistent commitment. This behavior made it difficult to sustain long-term coverage at the village level. (Systematic Review of Financing Functions for UHC in LMICs, 2025)

b. High Mobility and Inaccurate Address Records

High population mobility especially among migrant workers created inconsistencies in address records, complicating the identification of non-JKN residents. Membership officers noted that many residents moved without updating administrative data, requiring repeated rounds of verification and coordination with population registry offices. (Alawode et al., 2025)

c. Limited Human Resources for Field Verification

BPJS Kesehatan officers and village administrative staff both reported challenges related to human resource limitations. Some villages had only one or two administrative officers responsible for validating hundreds of non-JKN households. As a result, data verification and enrollment processes progressed more slowly in larger or remote villages. (Alawode et al., 2025; Dhillon et al., 2023)

4. Collaboration Between Social Security Agency on Health and Local Governments

a. Multi-Level Governance Collaboration

The SUCSES Innovation fostered a multi-level governance model involving the Social Security Agency on Health Branch Office, district governments, subdistrict administrations, and village governments. Weekly coordination meetings, WhatsApp reporting groups, and joint field visits helped improve communication, synchronize tasks, and resolve emerging issues. (Dhillon et al., 2023)

b. Co-Ownership of UHC Targets

Informants consistently stated that SUCSES created a sense of co-ownership of UHC goals. Previously, UHC achievement was perceived primarily as BPJS Kesehatan's responsibility. With SUCSES, district and village leaders shared accountability because UHC indicators were linked to their own governance performance and development rankings. (WHO, 2025).

c. Joint Monitoring and Evaluation

Joint monitoring and evaluation practices included the use of monthly achievement scorecards, village-based dashboards, real-time communication channels, and evidence-based decision-making tools. This shared Monitorng and Evaluation process enhanced transparency, enabled quick feedback loops, and helped identify operational bottlenecks early. (Churiana Sudrajat et al., 2024).

5. Synthesis of Findings Based on Research Objectives

a. Objective 1: Implementation Process

Findings confirm that SUCSES implementation involved structured organizational steps, precise data targeting, MoU-backed leadership support, and village-level mobilization. These components collectively enabled rapid progress toward UHC Village designation. (Dhillon et al., 2023)

b. Objective 2: Supporting Factors

Strong leadership, policy incentives, accurate data, and cross-sector collaboration were key enablers driving performance. (Alawode et al., 2025)

c. Objective 3: Challenges

Barriers included financial limitations among informal workers, population mobility, misinformation about JKN, and limited administrative resources. (Maulana et al., 2022; Systematic Review of Financing Functions for UHC in LMICs, 2025)

d. Objective 4: Collaboration

Multi-level governance collaboration, shared ownership of UHC targets, and joint monitoring mechanisms formed the backbone of the SUCSES model. (Nirmalasari et al., 2023).

6. Interpretation within the Conceptual Framework

The results align strongly with the conceptual framework:

1. **UHC Theory:** SUCSES directly improves population coverage, addressing key UHC dimensions.
2. **Village-Based Governance:** Local administrative structures proved critical in driving household-level enrollment.
3. **Systems Approach:** Inputs (leadership, data) and processes (coordination, validation) produced measurable outputs (UHC Villages) and outcomes (coverage >95%).

This confirms the conceptual suitability of village-based and systems-level approaches for UHC acceleration

DISCUSSION

This study explored the implementation of the SUCSES Innovation (Supporting Universal Health Coverage So Express and Sustainable) in accelerating Universal Health Coverage (UHC) through the UHC Village approach in the working area of Social Security Agency on Health, Bukittinggi's branch office. The findings indicate that SUCSES effectively increased JKN membership, strengthened village-level governance, and enhanced collaboration across multiple sectors. This discussion interpreted the findings within broader conceptual frameworks, national policy environments, and global UHC literature to provide a comprehensive understanding of how localized, village-centered innovations can strengthen health insurance expansion in decentralized health systems such as Indonesia. (Saputro & Fathiyah, 2022)

This discussion is grounded in established theories of community participation in health, which position communities not merely as beneficiaries but as active partners in health system governance. Classical participation frameworks, such as Arnstein's Ladder of Participation, emphasize the progression from passive involvement toward meaningful citizen power in decision-making processes (Arnstein, 1969), while health-specific models developed by Rifkin and colleagues conceptualize participation as a multidimensional construct encompassing community engagement, organizational capacity, leadership, and resource mobilization (Rifkin, 2009). Consistent with the World Health Organization's governance-for-health perspective, effective community participation is increasingly recognized as a prerequisite for achieving sustainable Universal Health Coverage (WHO, 2021), particularly in decentralized health systems. Against this theoretical backdrop, the findings of the SUCSES Innovation reveal that village-based UHC acceleration is strongly influenced by the institutionalization of participation through formal team structures, cross-sectoral

collaboration between the Social Security Agency on Health and local governments, and locally embedded governance mechanisms. However, the results also indicate persistent implementation challenges, including coordination gaps and uneven community engagement, which reflect broader structural constraints identified in prior studies on health insurance participation in low- and middle-income countries (Tangcharoensathien et al., 2018). By situating the SUCSES outcomes within these theoretical and empirical debates, this discussion critically examines how participatory governance both enables and constrains the effectiveness of village-based UHC models, thereby contributing to a deeper understanding of how community participation can be operationalized to strengthen health insurance systems and sustain coverage gains over time.

Future studies should explore: cost-effectiveness and economic impact of SUCSES, comparative studies with other UHC acceleration models, longitudinal analysis of sustainability across political cycles, the role of cultural norms in influencing enrollment outcomes, opportunities for integrating digital innovations into village-based UHC strategie. (Systematic Review of Financing Functions for UHC in LMICs, 2025).

CONCLUSIONS

The findings of this study demonstrate that the SUCSES Innovation—Supporting Universal Health Coverage So Express and Sustainable serves as an effective and contextually relevant strategy for accelerating Universal Health Coverage (UHC) in Indonesia through the UHC Village approach. By positioning villages as the primary intervention unit and linking JKN membership to the Healthy Village designation, SUCSES successfully transformed UHC achievement into a shared community responsibility. This village-based micro-targeting model enabled precise identification of uninsured residents, strengthened local governance, and significantly increased JKN coverage from 87% to 97% in theSocial Security Agency on Health Bukittinggi's branch office.

Leadership commitment across administrative levels emerged as a critical driver, supported by formalized collaboration through Memorandums of Understanding (MoUs). Policy incentives particularly the 95% coverage requirement motivated village authorities to prioritize enrollment activities. The program also underscored the importance of cross-sector collaboration, with BPJS Kesehatan, district governments, and village administrations working collectively to address implementation barriers.

Despite challenges such as financial constraints among informal workers and data instability due to population mobility, SUCSES proved scalable, sustainable, and aligned with global evidence on effective UHC expansion. The model offers valuable insights for national scale-up and provides an adaptable framework for other countries seeking community-centered strategies to accelerate universal health insurance coverage.

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