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# Evaluation of the National Health Insurance Policy in Improving Public Access to Healthcare Services: A Literature Review

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**ABSTRACT**

**Objective**: This literature review aimed to evaluate the National Health Insurance (Jaminan Kesehatan Nasional/JKN) policy in improving public access to healthcare services and to identify the supporting factors and barriers affecting its implementation. **Methods**: A literature search was conducted across several electronic databases using keywords related to the National Health Insurance, access to healthcare services, universal health coverage, insurance enrollment, healthcare utilization, and equity in healthcare services. Articles were selected according to predetermined inclusion and exclusion criteria and subsequently analyzed using a descriptive narrative approach. **Results**: The review findings indicate that the JKN policy has contributed to expanding population coverage, increasing the utilization of healthcare facilities, and reducing financial barriers to accessing healthcare services. However, its effectiveness continues to be influenced by the unequal distribution of healthcare facilities and personnel, limited geographical accessibility, inadequate participant understanding, inactive membership status, administrative procedures, the referral system, and disparities in service quality across regions. Low-income populations, residents of remote areas, informal-sector workers, and individuals experiencing social disadvantage continue to face barriers to obtaining timely and high-quality healthcare services. **Implications**: Strengthening the JKN policy should focus on ensuring a more equitable distribution of healthcare facilities and personnel, simplifying administrative procedures, improving participants' health insurance literacy, strengthening primary healthcare services, improving the referral system, and continuously monitoring disparities in access. Policy evaluation based on service availability, affordability, accessibility, acceptability, and quality is essential to enable JKN to achieve more equitable and inclusive access to healthcare services.

**Keywords:** National Health Insurance; Health Policy Evaluation; Healthcare Access; Universal Health Coverage; Healthcare Services.

## INTRODUCTION

Health insurance is one of the key instruments for achieving Universal Health Coverage (UHC), a condition in which all people can obtain the healthcare services they need without experiencing financial hardship. In Indonesia, this commitment has been implemented through the National Health Insurance program (Jaminan Kesehatan Nasional/JKN), administered since 2014 by the Health Social Security Administering Body (BPJS Kesehatan). JKN was designed to integrate previously fragmented health insurance schemes, expand population protection, reduce financial barriers, and promote equitable utilization of healthcare services. Although its population coverage has expanded rapidly, the success of JKN should not be assessed solely by the number of enrolled individuals, but also by the program's ability to ensure effective access, high-quality care, equitable distribution of benefits, and financial protection for all segments of society (1)

As of September 2025, JKN enrollment had reached approximately 281.88 million people, representing 99.1% of Indonesia's population. However, the number of active participants stood at only around 228.67 million, or 80.4% of the population. The gap between registered and active enrollment indicates that achieving administrative coverage does not necessarily translate into health protection that can be effectively utilized. Participants whose membership becomes inactive because of unpaid contributions, changes in employment status, or membership transfer procedures may encounter barriers when they need healthcare services. Therefore, evaluations of the JKN policy should consider the continuity of participants' membership status and their ability to exercise their healthcare entitlements, rather than focusing solely on the growth in registered enrollment (2).

Several studies have shown that JKN has had a positive impact on healthcare utilization. Enrollment in public health insurance has been found to increase the use of both outpatient and inpatient services, although the magnitude of this effect varies according to membership category and type of healthcare facility. Following the implementation of JKN, people have also become more likely to seek treatment at formal healthcare facilities, particularly individuals with chronic diseases. In maternal healthcare, JKN enrollment has been associated with increased utilization of antenatal care, skilled birth attendance, facility-based delivery, and postnatal care services (3).

In addition to increasing healthcare utilization, JKN plays an important role in reducing financial barriers when people require medical care. The use of JKN for childbirth services has been associated with lower out-of-pocket expenditure and a reduced risk of catastrophic childbirth-related spending. Among vulnerable populations, JKN may also reduce the likelihood of direct payments at various healthcare facilities. However, patients may still incur personal expenses because of limited drug availability, services not covered by the benefit package, transportation costs, inadequate facility preparedness, and the use of healthcare providers that do not have contractual arrangements with BPJS Kesehatan. Therefore, the financial protection provided by JKN remains influenced by healthcare provider conditions and the characteristics of the populations served (4).

The expansion of population coverage and increased healthcare utilization have not completely eliminated inequalities in access. Following the implementation of JKN, disparities in healthcare utilization among socioeconomic groups tended to narrow. However, the reduction in inequality was greater in urban areas than in rural areas, while the distribution of healthcare infrastructure did not show a comparable level of improvement. Socioeconomic inequalities remain evident, particularly in the utilization of secondary care, hospital services, and preventive care. Individuals with higher incomes, better educational attainment, and more favorable regional conditions continue to have greater opportunities to use certain types of healthcare services than people who are poor, have lower levels of education, and live in disadvantaged areas (5).

Differences in the benefits of JKN have also been observed across membership categories. Self-paying participants tend to be more likely to use hospital services than contribution-assistance recipients and uninsured individuals. This finding indicates that contribution subsidies do not necessarily ensure equitable healthcare utilization unless they are accompanied by adequate facility availability, the ability to navigate the healthcare system, and sufficient social support. Among the urban poor, enrollment in government-sponsored health insurance increases the likelihood of hospital utilization; however, such utilization remains influenced by age, educational attainment, employment, socioeconomic status, health conditions, and the characteristics of the area in which individuals reside (6).

Barriers to access in the implementation of JKN are not solely financial but are also related to the availability and accessibility of healthcare facilities. Remote, rural, and island regions, as well as areas with high poverty rates, continue to face shortages of healthcare personnel, primary care facilities, transportation infrastructure, and accessible referral facilities. The availability of hospitals, hospital beds, physicians, community health centers, and other healthcare workers also influences people's decisions to enroll in JKN and pay their contributions. Even in urban areas, healthcare facilities affiliated with BPJS Kesehatan are not always evenly distributed. People's choice of healthcare facility is also influenced by their perceptions of service quality, the facility's reputation, communication by healthcare personnel, waiting times, and geographical accessibility (7).

In terms of enrollment, informal-sector workers are the group most vulnerable to interruptions in health insurance protection. Irregular income, limited ability and willingness to pay contributions, perceptions of program benefits, prior healthcare experiences, and knowledge of JKN procedures influence informal workers'

decisions to enroll in the program and maintain active membership status (8). Among low-income populations, educational attainment, place of residence, age, marital status, employment, and economic conditions are also predictors of health insurance coverage. This indicates that a uniform policy approach may not be sufficient to reach population groups with diverse social and economic characteristics (9).

The complexity of administrative procedures and the referral system also affects public access to healthcare services (10). Some participants do not yet fully understand their rights, benefits, referral procedures, the selection of primary healthcare facilities, or complaint-handling mechanisms. As a result, various forms of informal patient assistance have emerged to help participants communicate with healthcare facilities and BPJS Kesehatan. These initiatives may help overcome some barriers to healthcare services, but they are unlikely to produce systemic change unless accompanied by stronger information provision, patient navigation mechanisms, and more responsive JKN institutions (11).

Financial protection has also not been experienced equally across the population. Catastrophic health expenditure remains prevalent among Indonesian households, particularly low-income households, people with high healthcare needs, and users of hospital services. People with disabilities face more complex challenges because they have greater healthcare needs but continue to experience gaps in insurance coverage, out-of-pocket expenditure, and the risk of catastrophic health spending despite being enrolled in JKN (12). These findings indicate that holding an insurance card or being registered as a participant does not necessarily provide comprehensive financial protection for those who need healthcare services the most (13).

These findings indicate that the JKN policy has succeeded in expanding enrollment, increasing healthcare utilization, and reducing some financial barriers. However, its effectiveness remains constrained by inactive membership status, the unequal distribution of healthcare facilities and personnel, the limited availability of contracted providers, the complexity of the referral system, differences in participants' health insurance literacy, disparities in service quality, and the persistence of out-of-pocket expenditure. The available evidence is also dispersed across different population groups, types of healthcare services, study settings, and access indicators, and therefore does not yet provide a fully integrated picture of the strengths and weaknesses of JKN implementation.

Given these conditions, a literature review evaluating the JKN policy is needed to integrate empirical findings from the past ten years. This review is expected to assess the extent to which the JKN policy has improved public access to healthcare services across the dimensions of population coverage, healthcare utilization, geographical accessibility, financial affordability, equitable distribution of benefits, and protection of vulnerable groups. Therefore, this literature review aims to evaluate the implementation of the National Health Insurance policy in improving public access to healthcare services and to identify its achievements, remaining gaps, barriers to implementation, and recommendations for policy improvement.

## METHOD

This study employed a literature review approach to identify and analyze the implementation of the National Health Insurance (Jaminan Kesehatan Nasional/JKN) policy in improving public access to healthcare services in Indonesia. The processes of searching, screening, and selecting articles followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines, which comprise the stages of identification, screening, eligibility assessment, and article inclusion. The PRISMA guidelines were applied to ensure that the literature selection process was conducted and reported systematically, transparently, and accountably. The review question addressed in this study was: "How has the National Health Insurance policy been implemented to improve public access to healthcare services in Indonesia?" The literature search was conducted using PubMed, Scopus, ScienceDirect, and Google Scholar. Articles were limited to those published between 2016 and 2026, available in full text, and written in either Indonesian or English. The final literature search was conducted on July 2, 2026.

The search strategy used the following keywords: National Health Insurance, Jaminan Kesehatan Nasional, JKN, BPJS Kesehatan, health insurance policy, policy implementation, policy evaluation, healthcare access, access to healthcare, healthcare utilization, health service utilization, financial protection, health equity, universal health coverage, and Indonesia. These keywords were combined using the Boolean operators AND and OR.

The primary search strategy was formulated as follows: ("National Health Insurance" OR "Jaminan Kesehatan Nasional" OR JKN OR "BPJS Kesehatan" OR "health insurance policy") AND ("policy evaluation" OR "policy implementation" OR effectiveness OR impact) AND ("healthcare access" OR "access to healthcare" OR "healthcare utilization" OR "health service utilization") AND (Indonesia)

To obtain broader search results, separate searches were also conducted using the following keyword combinations: ("Jaminan Kesehatan Nasional" OR JKN OR "BPJS Kesehatan") AND ("healthcare access" OR "access to health services" OR "healthcare utilization"), ("National Health Insurance" OR JKN) AND ("financial protection" OR affordability OR "out-of-pocket expenditure" OR "catastrophic health expenditure") AND Indonesia, ("National Health Insurance" OR JKN) AND (equity OR inequality OR disparity OR accessibility) AND ("health services" OR healthcare) AND Indonesia, ("Jaminan Kesehatan Nasional" OR JKN) AND ("policy implementation" OR "policy evaluation" OR effectiveness) AND Indonesia

The search for Indonesian-language articles used the following keywords: “Jaminan Kesehatan Nasional,” “JKN,” “BPJS Kesehatan,” “policy evaluation,” “policy implementation,” “access to healthcare services,” “healthcare utilization,” “equity in healthcare services,” “financial protection,” “health expenditure,” and “universal health coverage.”

**Inclusion Criteria**

Articles were included in the review if they met the following criteria:

1. Original research articles employing quantitative, qualitative, or mixed-methods designs.
2. Examined the policy, implementation, effectiveness, or impact of the National Health Insurance program.
3. Analyzed public access to healthcare services in terms of healthcare utilization, financial affordability, service availability, geographical accessibility, or equity in healthcare provision.
4. Focused on Indonesian populations as participants in or target groups of the JKN program, including the general population, low-income populations, informal-sector workers, rural communities, residents of remote areas, mothers and children, older adults, people with disabilities, or other vulnerable groups.
5. Conducted within the context of healthcare services in Indonesia.
6. Published between 2016 and 2026.
7. Available in full-text form.
8. Written in Indonesian or English.

**Exclusion Criteria**

Articles were excluded from the review if they met any of the following criteria:

1. Did not examine the policy or implementation of the National Health Insurance program.
2. Did not analyze public access to or utilization of healthcare services.
3. Focused exclusively on financial matters, claims, tariffs, or the internal management of BPJS Kesehatan and healthcare facilities without relating these aspects to public access to healthcare services.
4. Were conducted outside Indonesia or examined the health insurance systems of other countries without providing an analysis relevant to JKN.
5. Focused solely on patient satisfaction, service quality, participant loyalty, or healthcare personnel performance without measuring or explaining access to healthcare services.
6. Were literature reviews, systematic reviews, scoping reviews, editorials, commentaries, letters to the editor, books, book chapters, undergraduate theses, master’s theses, doctoral dissertations, government reports, or conference proceedings available only in abstract form.
7. Were identified as duplicates.
8. The full text of the article could not be obtained.

**Article Selection Process**

Article selection was conducted in accordance with the PRISMA 2020 framework. During the identification stage, all articles retrieved from PubMed, Scopus, ScienceDirect, and Google Scholar were collected. The retrieved articles were then examined to identify and remove duplicates. During the screening stage, the title and abstract of each article were assessed for relevance to the research topic. Articles that did not address the National Health Insurance program, policy evaluation or implementation, access to healthcare

services, healthcare utilization, equity in healthcare provision, or financial protection were excluded from the selection process.

Articles that passed the screening stage subsequently underwent eligibility assessment through full-text review. At this stage, the articles were evaluated according to the predefined inclusion and exclusion criteria. The assessment considered the research objectives, participant characteristics, study location, research design, indicators of healthcare access, and findings related to the implementation of the JKN policy. Articles that met all eligibility criteria were included and analyzed in the literature review. The numbers of identified articles, duplicate articles, articles excluded during screening, full-text articles assessed for eligibility, and articles included in the review are presented in the PRISMA flow diagram. The diagram also specifies the reasons for excluding articles during the full-text assessment stage.

**Data Analysis**

The data were analyzed using a narrative descriptive approach. The characteristics, methods, and findings of each article were compared and grouped according to thematic similarities. The analysis was conducted to describe the achievements, challenges, enabling factors, and barriers associated with the implementation of the JKN policy in improving public access to healthcare services (14).

The findings were classified into four main themes:

1. JKN enrollment coverage and continuity, including the expansion of population coverage, active membership status, compliance with contribution payments, and access among low-income populations and informal-sector workers.
2. The effects of JKN on healthcare utilization, including health promotion, preventive, curative, and rehabilitative services; outpatient and inpatient care; maternal and child healthcare; and services for people with chronic diseases.
3. Financial protection for the population, including reductions in healthcare costs, out-of-pocket expenditure, and the risk of catastrophic health expenditure.
4. Equity and barriers in access to healthcare services, including disparities between urban and rural areas, shortages of healthcare facilities and personnel, distance to healthcare facilities, the referral system, administrative procedures, participant literacy, service quality, and access among vulnerable groups.

The findings of each article were subsequently synthesized to assess the extent to which the JKN policy has improved public access to healthcare services. The results of the analysis are presented in a table summarizing the characteristics of the included articles and in a narrative synthesis to provide a comprehensive overview of the achievements, remaining gaps, and areas requiring improvement in Indonesia's National Health Insurance policy.

## RESEARCH RESULTS AND DISCUSSION

**Research Results**

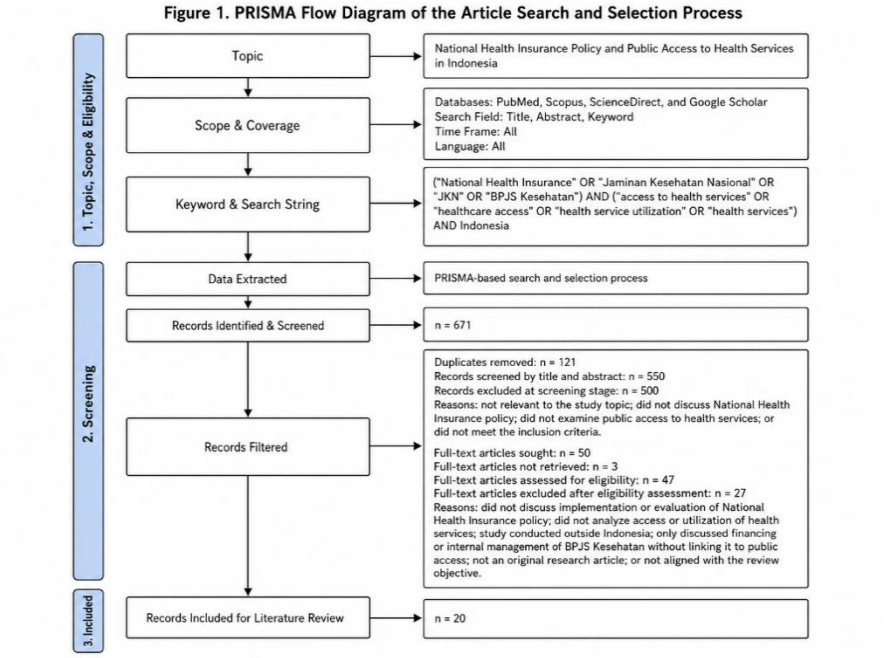
The article search and selection process was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework. The initial search of PubMed, Scopus, ScienceDirect, and Google Scholar identified 671 articles. After 121 duplicate articles were removed, 550 articles proceeded to title and abstract screening.

During the screening stage, 500 articles were excluded because they were not relevant to the research topic, did not address the National Health Insurance policy, did not examine public access to healthcare services, or did not meet the inclusion criteria. Subsequently, the full texts of 50 articles were sought, but three articles could not be retrieved. Therefore, 47 full-text articles were examined and assessed according to the inclusion and exclusion criteria.

Following the eligibility assessment, 27 articles were excluded because they did not address the implementation or evaluation of the National Health Insurance policy, did not analyze access to or utilization of healthcare services, were conducted outside Indonesia, focused solely on financing or the internal management of BPJS Kesehatan without relating these issues to public access, were not original research

articles, or were not aligned with the objectives of the review. Consequently, 20 articles met the eligibility criteria and were included in the literature review. The article search and selection process is presented in the PRISMA flow diagram in Figure 1.

**Figure 1. PRISMA Flow Diagram of the Article Search and Selection Process**




**Article Characteristics**

A total of 20 articles that met the inclusion criteria examined the implementation and evaluation of the National Health Insurance policy in relation to public access to healthcare services in Indonesia. These articles employed various research designs, including quantitative and qualitative approaches, secondary data analyses, and mixed-methods designs. The studies were conducted across different types of healthcare facilities and involved JKN participants, patients, community members, healthcare personnel, healthcare facility managers, and stakeholders involved in the implementation of the JKN program.

The aspects examined in the articles included JKN enrollment, service coverage, the referral system, the availability of healthcare facilities and personnel, administrative procedures, healthcare financing, and service quality. Access to healthcare services was analyzed in terms of financial affordability, distance and travel time, service availability, ease of procedures, waiting times, and healthcare facility utilization. Several articles also discussed barriers to JKN implementation, including shortages of healthcare facilities and personnel, disparities in service provision across regions, administrative constraints, membership status, and limited public understanding of healthcare service procedures (15).

**Table 1.** Literature Synthesis on the Implementation of the National Health Insurance Policy and Its Impact on Public Access to Healthcare Services in Indonesia

| Synthesis Theme | Focus of Review | Literature Synthesis Findings | Implications |
|---|---|---|---|
| Expansion of Membership and Financial Protection | The influence of National Health Insurance (JKN) membership on the public's ability to obtain healthcare services. | The JKN program has expanded health insurance coverage and helped reduce direct financial barriers when people require healthcare services. However, these benefits have not been fully experienced by participants whose membership is inactive, who have outstanding premium payments, or who do not yet understand their rights and healthcare service procedures. | The government and BPJS Kesehatan need to strengthen the continuity of membership, update participant data, and enhance protection for vulnerable groups. |
| Geographical Access and | Distance, travel time, distribution of | Health insurance coverage does not always ensure easy access to healthcare | The equitable distribution of healthcare facilities and |

| | | | |
|---|---|---|---|
| Service Availability | healthcare facilities and healthcare personnel, and the availability of supporting infrastructure. | services. People living in rural, island, and remote areas continue to face limited healthcare facilities, shortages of healthcare professionals, transportation barriers, and long travel times. | personnel should become a major component of JKN implementation so that expanded membership coverage is accompanied by meaningful access to healthcare services. |
| Administrative Procedures and the Referral System | Administrative requirements, membership status, queues, referral procedures, and the use of tiered healthcare services. | Administrative procedures and the tiered referral system help regulate the flow of healthcare services. However, their implementation may create barriers when participants do not understand the procedures, encounter data-related problems, or have difficulty obtaining referrals to advanced healthcare facilities. | Simplifying procedures, integrating information systems, and providing participants with clear information are necessary to reduce administrative barriers. |
| Quality and Responsiveness of Healthcare Services | Waiting times, medication availability, staff attitudes, continuity of care, and patient satisfaction. | Increased use of healthcare services through JKN has not always been accompanied by consistently equitable service quality. Several articles reported problems related to waiting times, patient overcrowding, limited medication availability, and differences in service quality across facility types and geographical areas. | The capacity of healthcare facilities should be strengthened, quality should be monitored, and patient experiences should be evaluated continuously. |
| Inequalities in Healthcare Service Utilization | Differences in access based on geographical area, economic circumstances, education, occupation, and population groups. | The utilization of healthcare services is influenced not only by membership status but also by socioeconomic conditions, knowledge, place of residence, and the ability to reach healthcare facilities. More vulnerable population groups remain at risk of experiencing delays or limitations in accessing healthcare services. | JKN policy should be supported by targeted interventions focusing on vulnerable groups and regions with limited healthcare resources. |
| Participant Knowledge and Health Insurance Literacy | Understanding of JKN benefits, utilization procedures, premium payments, referrals, and participants' rights and obligations. | Limited participant understanding may lead to procedural errors, delays in receiving care, inactive membership status, and low utilization of healthcare facilities. Unequal access to information may also influence public perceptions of JKN services. | Participant education should be provided regularly through healthcare facilities, local governments, digital media, and community-based activities. |
| Policy Implementation and Coordination | The roles of BPJS Kesehatan, the government, healthcare facilities, and healthcare personnel. | The success of JKN in improving access is influenced by interagency coordination, the readiness of healthcare facilities, financing mechanisms, claims management, and the capacity of local governments to implement the policy. Differences in implementation capacity have resulted in inconsistent outcomes across regions. | Coordination, monitoring, evaluation, and policy adjustment should be strengthened according to the conditions and needs of each region. |

*Source: Results of the literature review synthesis.*

**Literature Synthesis Findings**

Based on the synthesis of the 20 articles that met the inclusion criteria, the National Health Insurance policy has generally contributed to expanding enrollment and increasing opportunities for the population to access healthcare services. JKN helps reduce financial barriers when participants require care, particularly

among individuals who previously had limited ability to pay for medical treatment. Nevertheless, the expansion of enrollment has not always been accompanied by equitable access to healthcare services.

Public access to healthcare services remains influenced by the availability of healthcare facilities, the distribution of healthcare personnel, distance and travel time, transportation conditions, and service capacity in each region. People living in urban areas tend to have a wider range of healthcare facilities and personnel available to them than those living in rural, island, or remote areas. These conditions indicate that health insurance coverage is an important component of access, but it is not the only factor that determines whether people can obtain healthcare services.

The synthesis also indicates that administrative procedures and the referral system are important components of JKN implementation. The tiered referral system is intended to regulate healthcare utilization according to the level of medical need. However, these procedures may become barriers when participants do not understand the service pathway, encounter inconsistencies in their enrollment data, experience difficulties obtaining referral letters, or require services that are unavailable at primary healthcare facilities.

In addition to access, service quality was frequently discussed. Increases in the number of participants and the utilization of healthcare services may place additional pressure on healthcare facilities, thereby affecting waiting times, medicine availability, consultation duration, and the responsiveness of healthcare personnel. Variations in facility capacity result in differences in the healthcare experiences of JKN participants across regions and types of healthcare facilities.

Participant literacy also influences the effective utilization of JKN. Participants who understand their rights, obligations, enrollment status, referral procedures, and the types of services covered tend to access healthcare services more easily. Conversely, limited information may lead to procedural errors, inactive membership status, delays in receiving care, and dissatisfaction with the program.

Overall, the synthesis findings demonstrate that JKN has expanded health protection for the population. However, its effectiveness in improving access continues to be influenced by geographical, administrative, and socioeconomic factors, as well as service quality, participant literacy, and the preparedness of the healthcare system.

**Discussion**

The literature review findings indicate that the JKN policy plays an important role in reducing the financial barriers faced by individuals when accessing healthcare services. Before obtaining health insurance coverage, the cost of healthcare could lead people to delay medical examinations, choose less expensive treatments, or avoid formal healthcare services altogether. Through the health insurance mechanism, the financial risks associated with healthcare are shared collectively, thereby increasing participants' opportunities to obtain services according to their needs (16).

However, access to healthcare services is not determined solely by the ability to pay. It is also influenced by the availability of healthcare facilities and personnel, distance, transportation, service hours, and the capacity of facilities to meet patients' needs. Therefore, an increase in the number of JKN participants does not automatically eliminate disparities in healthcare provision. Individuals may have active membership status yet still experience difficulties when healthcare facilities are located far from their homes or when the services they require are unavailable (17).

Regional disparities remain a major challenge in the implementation of JKN. Regions with adequate hospitals, community health centers, healthcare personnel, and diagnostic facilities are better able to meet participants' needs. In contrast, regions with limited healthcare resources face a greater risk of longer referral pathways, additional transportation costs, and delays in receiving care. These conditions demonstrate that achieving equitable access through JKN requires alignment between healthcare financing policies and efforts to strengthen the healthcare delivery system (18).

The tiered referral system is fundamentally necessary to maintain service efficiency and ensure that patients receive care appropriate to the level of their medical needs. However, overly administrative implementation may place an additional burden on participants. Data-related problems, limited understanding of procedures, shortages of referral facilities, and changes in service regulations may require participants to make repeated visits. Therefore, the implementation of the referral system should take into account medical needs, convenience for participants, and the availability of services in each region (19).

Service quality also influences the success of the JKN policy. Access should not be measured solely by the number of visits or the utilization of healthcare facilities; it should also consider timeliness, patient safety, medicine availability, continuity of care, staff attitudes, and patient satisfaction. An increase in the number of service users without a corresponding expansion in service capacity may result in long waiting times and reduced responsiveness among healthcare facilities (20).

Differences in socioeconomic conditions and educational attainment also affect healthcare utilization. Participants with better access to information tend to be more capable of understanding procedures, identifying appropriate facilities, and completing administrative requirements. In contrast, groups with limited education, income, access to information, or digital skills may face greater barriers. Therefore, efforts to improve access should be accompanied by education that is easy to understand and capable of reaching diverse population groups (5).

These findings demonstrate that achieving equitable access to healthcare through JKN requires a broader approach than merely increasing the number of participants. The government, BPJS Kesehatan, local governments, and healthcare facilities need to strengthen coordination in the equitable distribution of healthcare personnel, expansion of facility capacity, data integration, simplification of procedures, quality monitoring, and participant education. These efforts are essential to ensure that the financial protection provided by JKN translates into healthcare access that is convenient, equitable, and of high quality (21).

**Study Limitations**

This literature review has several limitations. First, the included articles differed in their research designs, participant characteristics, study locations, access indicators, and analytical methods. This heterogeneity prevented direct comparisons across studies and limited the possibility of drawing comprehensive quantitative conclusions.

Second, some studies were conducted in specific healthcare facilities or regions; therefore, their findings may not fully represent the implementation of JKN throughout Indonesia. Differences in geographical conditions, local government capacity, the availability of healthcare facilities, and the distribution of healthcare personnel may result in varying implementation experiences.

Third, several studies employed cross-sectional designs, which captured conditions at a single point in time and were therefore unable to establish causal relationships or explain long-term changes in access to healthcare services. Studies based on participants' perceptions may also have been influenced by recall bias, personal experiences, and subjective judgments.

Fourth, this literature review included only articles that met the eligibility criteria and were successfully retrieved in full-text form. Articles that were inaccessible, not indexed in the databases used, or published as policy reports or institutional documents were not included in the analysis.

Fifth, variations in the definitions and indicators of healthcare access may have influenced the synthesis findings. Some articles assessed access based on healthcare utilization, whereas others evaluated financial affordability, distance, waiting times, administrative procedures, or patient satisfaction.

## CONCLUSION

The National Health Insurance policy has contributed to expanding financial protection and increasing healthcare utilization. However, equitable access to high-quality healthcare remains constrained by disparities in healthcare facilities and personnel, geographical distance, administrative procedures, membership status, and socioeconomic conditions. Therefore, efforts are needed to promote equitable service provision, simplify procedures, strengthen primary healthcare, improve service quality, educate participants, and conduct regular policy evaluations.

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