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## The Evaluation of The Achievements of Universal Health Coverage Program in Health Facilities in Gresik District



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### Abstract

Quality and affordable health services are a government obligation that must be provided to every citizen. Universal Health Coverage (UHC) refers to a health care system that provides quality health care coverage and financial protection to all citizens. In implementing UHC there are various challenges that can hinder the achievement of UHC, especially in Gresik Regency. This research aimed to provide results on the achievement value of the UHC program in Gresik Regency. The type of the research was a mix method, namely a mixture of qualitative and quantitative types of research. The research was carried out at first-level government facilities, namely 32 Community Health Centers in Gresik Regency. The assessment of UHC data in this research was based on several indicators, namely membership, basic service coverage and UHC utilization. The research results showed (1) Total JKN membership meets the Great category (2) JKN membership was based on the membership segment of the majority of APBN Contribution Assistance Recipients (3) UHC basic service coverage was based on (a) Maternal & Child Health Dimensions, the majority was in the good category (b) The majority of Infectious Diseases Dimensions good category (c) The majority of Non-Communicable Diseases dimensions were in the poor category (d) The majority of the dimensions of Capacity & Access to Health Services were in the good category.

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## INTRODUCTION

Quality and affordable health services are a government obligation that must be provided to every individual or citizen. The World Health Organization stated "that everyone has access to the health they need, when and where they need it without the hassle of financing". Universal Health Coverage (UHC) refers to a health care system that provides quality health care coverage and financial protection to all citizens. This has become a concept that can be accepted and adhered to by all countries in the world.

In implementing UHC, there are various challenges that can hinder the achievement of UHC, especially in Gresik Regency as discussed by Moelek (2017), namely infectious diseases and neglected tropical diseases. Non-Communicable Diseases (NCDs) such as stroke, heart disease and diabetes mellitus are the main causes of morbidity and death in Indonesia which impact the lives of people in all socio-economic classes, both young and old. High levels of smoking, unhealthy eating patterns, and lack of physical activity cause an increasing health burden for NCDs and obesity in Indonesia (Moeloek, 2017). So policy makers need to formulate regulations to prepare for changes in the demographic structure in Indonesia.

This research aims to provide results regarding the achievement of the UHC program in Gresik Regency. The research will be carried out at first-level government facilities, namely 32 Community Health Centers and communities in Gresik Regency. The output obtained is in the form of measuring values for the achievement of the UHC program which consists of JKN membership achievements, UHC basic health service achievements and utilization of the UHC program. Basic health service outcomes are divided into 4 dimensions and 14 indicators. The four dimensions are (1) Reproductive Health and MCH (Maternal and Child Health) dimensions, (2) Infectious Disease Dimensions, (3) Non-Communicable Disease Dimensions, and (4) Capacity and Service Access Dimensions.

The Reproductive Health and MCH (Maternal and Child Health) dimensions consist of indicators of the use of modern family planning, births assisted by skilled health workers, 3 types of basic immunizations and the use of Oral Rehydration Solution (ORS) for diarrhea in children. The infectious disease dimension consists of indicators of the effectiveness of tuberculosis (TB) treatment which are calculated from the case detection rate and

treatment success rate, Human Immunodeficiency Virus (HIV) sufferers who receive antiretroviral treatment and the use of basic sanitation in the community. The non-communicable disease dimension consists of normal blood pressure indicators, diabetes sufferers receiving treatment, cervical cancer screening for women aged 30-49 years and the percentage of people aged over 15 years who have not smoked in the last 30 days. The dimensions of capacity and access to services consist of indicators of the number of hospital beds per capita, density of health workers, and access to essential medicines at community health centers (Pradana, A.A, Casman, Rohayati, Kamal, M., Sudrajat, A., dan Hidayat, 2022).

This evaluation of the achievements of the UHC program not only measures the level of participation and coverage of basic UHC health services but also measures the utilization of the UHC program by the community. Through this study, it is hoped that the results of the analysis carried out can provide information regarding the implementation of the UHC program and provide recommendations that can become a reference in determining future program policies.

## METHODS

The evaluation activity used the mix method research type, namely a mixture of qualitative and quantitative research types. The design used a parallel convergent design where quantitative and qualitative research which was carried out independently but the results together are used in the interpretation of the overall research. The population of the research on participation and basic service coverage was all minimum first-level government health facilities in Gresik Regency, namely 32 community health centers. The sample was taken using a total sampling technique, namely a technique where the sample selection took the entire population as a sample. Meanwhile, the population in the study measuring UHC utilization in the community was all community health center visitors in Gresik Regency. The samples were taken using an accidental sampling technique, namely a technique that determines the sample based on the chance of meeting the researcher and matching the inclusion and exclusion criteria. The data collection consisted of secondary data and primary data. Primary data collection was carried out by conducting a study of data from the Gresik Regency Health Service, East Java Provincial Health

Service and the Gresik Regency Central Statistics Agency. Meanwhile, primary data was carried out by reviewing the data directly on the sample using the UHC program achievement form. The data processing used descriptive analysis to see the frequency distribution of each indicator measured, and the results were displayed in the form of tables and figures. The evaluation of indicator achievement figures was based on indicators from each activity.

The percentage figures obtained from the achievements of each indicator are then further tabulated into aggregate figures for evaluation of existing programs. From these comparison figures, the existing results were then categorized as follows 0 – 40% on category Poor, 41 – 80% on category Moderate, 81 – 99% on category Good, 100 – 140% on category Great, 141 – 200% on category Excellent.

## RESULTS

The following are the results of the review of UHC data based on several indicators, namely membership, basic service coverage and UHC utilization in Gresik Regency along with their categories.

Table 1 Total JKN Membership

No	Description	Total population	JKN achievements	%	Category
1	JKN membership in 2023	1.291.518	1.313.579	101.19	Great

Based on table 1, it can be seen that the achievement of this indicator is 101.19% of the population, so it meets the Very Good category.

Table 2 JKN Membership Performance Based on Membership Segments in the Gresik Regency Area

No	Description	Amount	%
1.	Not a Contribution Recipient	19.942	1
2.	Recipients of APBN Contribution Assistance	556.262	43
3.	Recipients of APBD Contribution Assistance	234.319	18
4.	Workers who are not recipients of contributions	153.827	11
5.	Wage Earning Workers	350.026	27

Based on table 2, it was found that the non-contribution recipient community membership segment is 19,942 (1%) people, while the recipients of APBN contribution assistance are 556,262 (43%) people. UHC basic service coverage.

Table 3 Performance Dimensions of KIA in the Gresik Regency Area

No	Description	Amount	%	Category
1.	Active use of modern contraceptives	165.488	72.15	Moderate
2.	Birth accompanied by health personnel	18.739	89	Good
3.	Three important immunizations (DPT, HepB3 and Measles)	20.523	99	Good
4.	Use of ORS for diarrhea in children	13.259	94.1	Good

Based on table 3, it is known that the coverage of providing ORS to toddlers suffering from diarrhea in Gresik Regency was 13,259 (94.1%) included in the good category, while Active use of modern contraceptives was 165,488 (72.15%) mothers in the moderate category.

Table 4 Dimensional Performance of Infectious Diseases in the Gresik Regency Area

No	Description	Amount	%	Category
1	Number of suspected TB	19.789	109.24	Great
2	Number of cure rates for TB patients	2417	89.92	Good
3	HIV sufferers who receive anti-retrovirals	-	91	Good
4	Families who have clean water supplies	334.485	88.31	Good
5	Families who have adequate toilet facilities	373.235	98.53	Good
6	Family that owns a rubbish dump	293.879	77.58	Moderate
7	Family that has waste water disposal	282.330	74.53	Moderate

Based on table 4, in Gresik Regency, 109.24% of suspected TB cases for the 2022 period are in the Great category, whereas family that has waste water disposal is 74,53% (moderate category).

Table 5 Performance Dimensions of Non-Communicable Diseases in the Gresik Regency Area

No	Description	Amount	%	Category
1.	Prevalence of normal blood pressure	402.482	31.16	Poor
2.	Diabetics with treatment	42.859	3.31	Poor
3.	Cervical cancer screening	-	2.20	Poor
4.	People aged $\geq 15$ years who do not smoke	-	9.5	Poor

Based on Table 5. the percentage of Gresik Regency residents who have normal blood pressure is 31.16%, which is included in the Poor category whereas cervical cancer screening (women 30-49 years) (percent) in Gresik Regency in 2023 is 2.20% which is included in the poor category.

Table 6 Performance Dimensions of Capacity and Access to Health Services in the Gresik Regency

No	Description	Amount	%	Category
1	Beds per capita	1986	113.7	Great
2	Number of doctors	600	92.93	Good
3	Number of dentists	137	75.76	Moderate
4	Number of nursing staff	2299	89.12	Good
5	Number of midwifery staff	1227	73.09	Moderate
6	Number of public health workers	75	32.25	Poor
	Access to essential medicines	-	87.5	Good

Based on Table 6, The percentage calculation to show the ratio of bed coverage to population is 113.7%, this figure is in the great category, whereas number of public health workers is 32,35% (poor category).

## DISCUSSION

### Total JKN Membership

The Regent of Gresik is committed to realizing the quality of implementation of National Health Insurance (JKN) and participating in participation in UHC (Universal Health Coverage) health services. This can be proven by the regulations issued by the Regent of Gresik, namely regulation No. 60 of 2022 concerning the Implementation of Universal Health Coverage in the national health insurance program in Gresik Regency (Kab.Gresik, 2016). Currently, the coverage of the number of JKN participants in Gresik Regency as of August 2023 has reached 101.19%, meaning that more than 95% of the population of Gresik Regency is now UHC, where the implementation of UHC in the National Health Insurance Program in the Region aims to improve the health status of the population. Gresik is fully implementing a National Health Insurance system, improving National Health Insurance services for all regional residents with quality and comprehensive health services including promotive, preventive, curative and rehabilitative services as well as increasing the accessibility of health services in Gresik district. Currently, the health insurance

provider for the UHC program in the National Health Insurance Program in the Regions is BPJS Health. In 2023, the realization of the Universal Health Coverage Indicator in Gresik Regency will reach 101.19% of the total population of 1,291,518 people, a very significant increase from the 2022 achievement of 99.61%. The achievement of this indicator is 123% of the target so that it meets the Great category.

### JKN membership based on membership segment

Several results were obtained from the performance of JKN membership based on the membership segment in the Gresik Regency area, the first of which was data from the non-contribution recipient community of 19,942 people with a percentage of 1%, which is meant by non-contribution recipient community members who are BPJS employment members which are usually intended for working workers. independently, such as business owners, artists, doctors, lawyers, freelancers. As well as informal sector workers, for example farmers, public transportation drivers, motorbike taxi partners, traders and fishermen. Meanwhile, the number of people receiving

assistance from APBN contributions is 556,262 people with a percentage of 43%. Communities receiving assistance from APBN contributions are poor and underprivileged communities, whose contributions are financed by the Central Government through the APBN, where these communities are people who have middle to lower economic status so they do not need to pay monthly contributions to BPJS. Then the recipients of APBD contribution assistance were 234,319 with a percentage of 18%. The people who received APBD contribution assistance were people whose BPJS Health contributions were borne by the regional government, which could be used for treatment and other health needs at Community Health Centers, Hospitals and Clinics which had collaborated with the government. BPJS Health. Meanwhile, there are 153,827 people with non-contribution recipient workers with a percentage of 11%, non-contribution recipient workers are workers who cover monthly BPJS contributions with personal money without assistance from the government. Then data results were also obtained on 350,026 wage-receiving workers with a percentage of 27%, wage-receiving workers were JKN participants consisting of civil servants, TNI/POLRI, State Officials and Non-State Servant Government Employees whose contributions were paid for by the employers and participants concerned (Menteri Kesehatan RI, 2023)

#### **UHC basic service coverage**

Basic health service outcomes are divided into 4 dimensions and 14 indicators. The four dimensions are (1) Reproductive Health and MCH (Maternal and Child Health) dimensions, (2) Infectious Disease Dimensions, (3) Non-Communicable Disease Dimensions, and (4) Capacity and Service Access Dimensions (Herawati, Franzone & Adrian, 2020).

#### **Dimensions of Maternal & Child Health**

##### **a. Use of active modern contraceptives**

Based on data Active use of modern contraceptives 165,488 (72,15) Based on data, active use of modern contraceptives among women of childbearing age (WUS) was 165,488 (72.15). Contraceptives are used to space pregnancies or maintain birth spacing, especially for mothers who give birth to large numbers of children, too close together, and whose smallest children are less than 2 years old to reduce maternal mortality and morbidity. Steps that can be taken are to regulate the spacing and number of pregnancies to avoid health problems that

will arise. The choice of modern contraception that is in great demand among people in Gresik Regency is the injection method of contraception, because the injection method is easy to do and does not require the hassle of remembering to take contraceptive pills every day.

##### **b. Birth accompanied by health personnel**

Based on data, 18,739 (89%) women gave birth accompanied by skilled health workers, this target is included in the good category. One of the targets of sustainable development is to reduce maternal mortality and one of the steps taken is to increase the number of births with skilled health personnel and promote the importance of companionship and medical assistance during childbirth. Coverage of birth assistance by health workers in health service facilities provides an illustration of the level of protection for the health of mothers giving birth. Coverage of 89% certainly does not reach the minimum service standard target which is expected to reach 100%. Some of the causes of births assisted by non-health workers include: there are still births assisted by traditional birth attendants and high maternal morbidity making monitoring in the local area difficult. The hope is that the existence of BPJS UHC can increase deliveries in health facilities (DinKes, 2021).

##### **c. Three important immunizations (DPT, HepB3 and Measles)**

The number of babies in Gresik Regency who received three important immunizations, namely (DPT, HepB3 and Measles) was 20,523 (99%), achieving this target was in the good category. The three important immunizations are prevention programs against VPD, namely diphtheria, pertussis, tetanus and measles. This disease has the potential to experience extraordinary cases. Immunization is known as the most effective method for controlling infectious and dangerous diseases.

##### **d. Use of ORS for diarrhea in children**

Prevention and control of diarrheal disease aims to reduce morbidity and mortality due to diarrhea, especially diarrhea in toddlers. There has been a change in the target coverage for diarrhea services, which was initially for all age groups since 2017, adding to the toddler group. The main indicator of the district/city diarrhea program is that 80% of the community health centers have implemented diarrhea management according to standards (100% coverage of ORS and zinc for toddlers suffering from diarrhea). The number of cases of diarrhea found in toddlers in Gresik Regency reached 17,475, this

number of cases is all cases in the work area of the health center including cases found in hospitals. Based on data, the coverage of giving ORS to children under five suffering from diarrhea in Gresik Regency was 13,259 (94.1%) and this coverage was included in the good category.

### **Dimensions of Infectious Diseases**

This dimension is a dimension that looks at the condition of JKN service coverage in the direct infectious disease group, namely coverage for treatment of Tuberculosis, coverage for HIV sufferers who receive antiretroviral treatment and coverage of families who use basic sanitation services. Following are the details of the indicators for the infectious disease dimension:

#### **a. Treatment of TB**

TB is a health problem caused by the bacteria *Mycobacterium Tuberculosis* which attacks the lungs. Tuberculosis (TB) is the biggest health problem in the world after HIV. Based on data from the World Health Organization (WHO), TB cases in Indonesia have reached 1,000,000 cases. And the number of deaths due to tuberculosis is estimated to reach 110,000 cases per year. Meanwhile, in Gresik Regency, 109.24% of suspected TB cases for the 2022 period are in the Great category. For the TB cure rate of 89.92%, this number is included in the good category, where the TB success rate target is 90.5%. The mycobacterium bacteria can attack anyone and the parts of the body that are attacked are usually the lungs, spine, skin, brain, lymph nodes and heart. Transmission of this bacteria is usually through the air, where when a person infected with TB coughs directly in a public place without covering it with their hands, the germs will come out and spread through the air and can be inhaled by people around them which can make it possible for them to contract this disease. TB disease must be treated seriously by many parties, one of the approaches taken by the Health Service to find, diagnose, treat and cure TB patients, as well as to stop the transmission of TB in the community is through TOSS TBC which is an abbreviation for Find and Treat Until Cured TB. In accordance with the Gresik Regent's regulation number 37 of 2020 concerning TB control in Gresik Regency regarding the discussion of anti-TB drugs for TB control provided by the government and given free of charge in accordance with statutory regulations as well as targets for TB control in the

region in the form of TB elimination by 2028 and TB free in 2045.

#### **b. HIV sufferers who receive anti-retrovirals**

Human Immunodeficiency Virus or commonly abbreviated as HIV is a type of virus that can cause serious illness in sufferers. Because HIV is a virus that attacks the human immune system. There is 91% coverage for HIV sufferers who receive anti-retroviral treatment in Gresik Regency, which is in the good category. The Human Immunodeficiency Virus (HIV) attacks one of the cells in the white blood cells, namely T cells or CD4. Where, these cells have an important role in maintaining the body's immunity and fighting infections that enter the body. If not treated as soon as possible, HIV infection can progress until it reaches the final stage. The final stage of HIV is AIDS. AIDS or Acquired Immune Deficiency Syndrome is a condition when the body's immune system is no longer able to fight incoming infections. In other words, the difference between HIV and AIDS lies in the context. HIV is a virus that causes a weakening of the body's immune system. Meanwhile, AIDS is a health disorder that results from a weakening of the body's immune system. HIV can be transmitted through the exchange of various body fluids of HIV sufferers, such as blood, breast milk, semen and vaginal fluids. HIV can also be transmitted during pregnancy and childbirth to children. People cannot become infected through everyday contact such as kissing, hugging, shaking hands, or sharing personal objects, food or water. It is important to note that people with HIV who are on ART and have an undetectable viral load do not transmit HIV to their sexual partners. Therefore, early access to ART and support to remain on treatment is critical not only to improve the health of people with HIV but also to prevent HIV transmission. Symptoms of HIV itself has several symptoms including; fever, sore throat, and fatigue may occur. Then the disease is usually asymptomatic until it develops into AIDS. Symptoms of AIDS include weight loss, fever or night sweats, fatigue, and recurrent infections. HIV prevention can be done by being faithful to your partner, avoiding changing partners, avoiding drug use, especially via injection needles, correct education about HIV regarding how it is transmitted, prevented and treated, can help prevent HIV transmission in the community.

### c. People who use basic sanitation

Basic sanitation is the minimum environmental health requirement that every family must have to meet their daily needs. This basic sanitation includes the provision of clean water, family toilet facilities, waste disposal facilities, and waste water disposal facilities. Decent basic sanitation is closely related to the level of public health, with clean water, proper latrines and the presence of rubbish and waste water disposal will reduce the risk of infectious diseases. For example, diarrhea is one of the causes of death in toddlers. The categorization for coverage of clean water provision and adequate toilet facilities is in the good category, while for waste and waste water disposal it is in the Moderate category.

### Dimensions of Non-Communicable Diseases

Indonesia is currently facing a double burden of disease, namely infectious diseases and non-communicable diseases. Changes in disease patterns are strongly influenced by, among other things, environmental changes, community behavior, demographic, technological, economic and socio-cultural transitions. The increasing burden due to NCDs is in line with increasing risk factors which include increased blood pressure, blood sugar, body mass index or obesity, unhealthy eating patterns, lack of physical activity, and smoking and alcohol. Indicators of non-communicable diseases whose prevention and treatment are covered by JKN include the prevalence of normal blood pressure, diabetes sufferers with treatment, cervical cancer screening and people aged  $\geq 15$  years who have not smoked in the last 30 days. The following is a detailed breakdown of each indicator:

#### a. Prevalence of normal blood pressure

Systolic blood pressure Normal blood pressure ranges from 120-129 (mmHg). Diastolic BP 80-84 (mmHg) (Minister of Health, 2021). The prevalence of normal blood pressure in Gresik Regency in 2023 will be 402,482 people. When compared with the population of Gresik Regency in 2023 of 1,291,518 people, the percentage of Gresik Regency residents who have normal blood pressure is 31.16%, which is included in the Bad category. This shows that there are factors that influence the incidence of hypertension in Gresik Regency, namely the type of work shift, sodium intake, and coffee drinking habits. Gresik Regency is an industrial area, most of the people have shift work, the people's solution to overcome sleepiness is to consume coffee so they can

complete their tasks (Nurhayati & Indrawati, 2023) (Umah et al., 2023) (Aryati et al., 2019).

### b. Diabetics with treatment

Diabetes is a chronic disease with increasing prevalence and a global health threat. Diabetes requires appropriate therapeutic management to achieve treatment targets and prevent the disease from developing into serious complications. Diabetes management requires collaboration between health workers. There will be 42,859 diabetes sufferers seeking treatment in Gresik Regency in 2023. When compared with the population of Gresik Regency in 2023 of 1,291,518 people, the percentage of diabetes sufferers seeking treatment is 3.31%, including those in the poor category. The high number of diabetes sufferers in Gresik Regency is due to unhealthy lifestyles where people tend not to consume vegetables and fruit (Mona, 2018). Meanwhile, the low rate of treatment for diabetes sufferers in Gresik district is due to a lack of knowledge and lack of public awareness about seeking treatment from health services. Diabetics have the assumption that if they take medication regularly or continuously it will damage their kidneys, even though to prevent complications, diabetics must take medication regularly.

### c. Cervical cancer screening

Cervical cancer is a malignancy that originates from the cervix. The cervix is the lower third of the uterus, cylindrical in shape, protruding and connected to the vagina via the external uterine ostium. The cause of cervical cancer is known to be the oncogenic subtype HPV (Human Papilloma Virus), especially subtypes 16 and 18. The risk factors for cervical cancer include: sexual activity at a young age, sexual relations with multiple partners, smoking, having many children, social low economy, use of birth control pills (with negative or positive HPV), sexually transmitted diseases, and immune disorders. The development of invasive cancer begins with the occurrence of neoplastic lesions in the cervical epithelial layer, starting with cervical intraepithelial neoplasia (NIS) 1, NIS 2, NIS 3 or carcinoma in situ (KIS). 3 Furthermore, after penetrating the basement membrane, it will develop into microinvasive and invasive carcinoma. Pap smear cytological examination is used as screening, while histopathological examination is used as diagnostic confirmation. Detection of pre-cancerous lesions consists of various methods: Pap smear (conventional or liquid-base cytology/LBC), Visual

Inspection of Acetic Acid (IVA), Lugoliodin Visual Inspection (VILI), Test

HPV DNA (genotyping / hybrid capture). Precancerous lesions do not yet cause symptoms. If it has become invasive cancer, the most common symptoms are bleeding (contact bleeding, bleeding during intercourse) and vaginal discharge. In the advanced stages, symptoms can develop into low back or abdominal pain due to pressure of the tumor in the pelvic area laterally to ureteral obstruction, even oligo or anuria. Further symptoms may occur in accordance with tumor infiltration into the affected organs, for example: vesicovaginal fistula, rectovaginal fistula, leg edema. Cervical cancer screening (women 30-49 years) (percent) in Gresik Regency in 2023 is 2.20% which is included in the poor category. This shows that there is still low awareness of cervical cancer screening.

#### **D. People aged $\geq 15$ years who have not smoked in the last 30 days.**

Cigarettes are a type of tobacco product intended to be burned, smoked and/or inhaled, including clove cigarettes, white cigarettes, cigars or other forms produced from the plants *Nicotiana tabacum*, *Nicotiana rustica*, and other species or synthetic ones whose smoke contains nicotine and tar, with or without additional ingredients. The number of adult smokers in Indonesia has increased in the last ten years. Global Results. The 2021 Adult Tobacco Survey (GATS) launched by the Ministry of Health (Kemenkes), saw an increase in the number of adult smokers by 8.8 million people, from 60.3 million in 2011 to 69.1 million smokers in 2021. Even though the prevalence of smoking in Indonesia has increased a decrease from 1.8% to 1.6%. The dangerous complications of smoking will have implications for long-term financing. This is because the risk of various diseases such as heart disease, blood vessels and cancer can increase after long-term use of cigarettes. People aged  $\geq 15$  years who have not smoked in the last 30 days are 9.5% in Gresik Regency in 2023 (BKPK, 2022) (Kementerian Kesehatan RI, 2017).

#### **Dimensions of Capacity and Access to Health Services**

##### **a. Number of beds per capita**

Hospital beds per capita is an indicator that calculates the number of hospital beds per population. Based on the profile of the Gresik health service in 2023, the

number of beds is 1986 with a population of 1,291,518. The ratio of the number of beds to the population is 1: 683. Based on WHO standards, 1 bed for 1000 residents, if you look at the ratio results above, then the ratio of hospital beds to the population in Gresik Regency is sufficient. The percentage calculation to show the ratio of bed coverage to population is 113.7%, this figure is in the great category

##### **b. Number of health workers**

The health worker density indicator consists of doctors, dentists, nurses, midwives and public health workers per 100,000 people. Based on the data above, it can be seen that the density of staff in the good category is nursing staff and doctors, while those in the moderate category are dentists, midwives and public health (Kemenkes, 2022) (BPS Kabupaten Gresik, 2023).

##### **c. Access to essential medicines**

Essential medicines are 40 items of basic medicines that support maternal and child health programs, nutrition programs, pulmonary TB programs, malaria programs, as well as essential basic health service medicines. Based on data in 2022, access to essential medicines will reach 87.5%, this figure is in the good category (Jatim, 2022).

#### **CONCLUSION**

JKN membership is based on the membership segment of the majority of APBN Contribution Assistance Recipients 4 UHC basic service coverage

- The majority of Maternal & Child Health dimensions are in the good category
- The majority of Infectious Disease dimensions are in the good category
- The majority of non-communicable disease dimensions are in the poor category
- The majority of Health Service Capacity & Access dimensions are in the good category

#### **SUGGESTION**

Based on the results of UHC achievements, it is recommended that The Gresik district government to increase the number of public health worker and The Gresik district health office to increase health promotion for the Non-Communicable Disease dimension

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## CONFLICTS OF INTEREST

In this study, the researcher explained in detail the purpose of the research and provided informed consent to avoid conflicts of interest with the respondents. Respondents filled out the questionnaire anonymously.

## AUTHOR CONTRIBUTIONS

All authors fully contributed in this research from the beginning until the publication of the article.

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