

# Enhancing public health through good governance: The strategic role of the social security program supervisory board

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## Abstract

The National Health Insurance (JKN) program, managed by the Health Social Security Agency (BPJS Kesehatan) since 2014, will cover more than 276 million people by 2024, making it one of the largest health insurance schemes in the world. However, the program still faces financial deficits, disparities in services between regions, delays in hospital claims, and poor response to participant complaints. This situation underscores the urgent need for strengthened oversight and governance to achieve health services' equity, sustainability, and effectiveness. This study analyzes the implementation of good governance principles in the social health insurance program. It assesses the strategic role of the Supervisory Board in strengthening accountability, transparency, and equity of services. Using a descriptive qualitative approach based on secondary data from the National Social Security Council (DJSN) and BPJS Kesehatan, the analysis focuses on transparency, accountability, participation, fairness, effectiveness, and legal certainty in implementing JKN. The results indicate a link between the implementation of good governance principles in managing national health insurance and the expected level of Health. Furthermore, the Supervisory Board holds a strategic position, but its authority, data access, and technical capacity are still limited. This study recommends strengthening the legal authority of the Supervisory Board, providing a real-time data dashboard, an annual multi-stakeholder forum, and increasing technical capacity as concrete steps to strengthen oversight and improve the fairness and effectiveness of health services in Indonesia.

**Keywords:** National health insurance, BPJS Kesehatan, Supervisory board, Governance, Health services

## Introduction

Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation, as referred to in Pancasila and the Preamble to the 1945 Constitution of the Republic of Indonesia (Listyaningrum et al., 2025), which states that Health is part of human rights as stipulated in Article 28H and Article 34 of the Constitution of the Republic of Indonesia of 1945. The Health of the Indonesian people has seen significant progress in recent years, particularly through implementing the National Health Insurance Program (JKN). Based on data from the Health Social Security Agency (BPJS Kesehatan) as of August 2024, the number of participants has reached 276,520,647 people, or 98.19% of the total population of Indonesia (Dewan Jaminan Sosial Nasional, 2024).

This achievement demonstrates the country's success in expanding access to social health insurance. However, behind these figures, serious

challenges remain. Variations in service quality between regions, inequalities in access, administrative problems, and funding deficits hinder the optimization of the program. Although not always available in precise macro figures, various reports and studies indicate that hospitals in remote areas face greater challenges: limited medical personnel, availability of medicines, and supporting facilities. Reports from the Association of Indonesian Hospitals and BPJS state that delayed claim payments occur more frequently in hospitals outside Java or areas with difficult geographical access (Rachmawati, 2025). Several provinces and districts have not yet reached the minimum participation target of 95 percent, while service quality and financing effectiveness still need to be improved. This condition indicates that improvements are required for the social health insurance program's governance, supervision, and sustainability.

Good governance is key to ensuring that social health insurance programs are inclusive and effective

(Fossati, 2016). Without strong governance, the risk of fund misuse, inefficiency, and weakened public trust will increase, making it challenging to optimize public health outcomes. Although Indonesia's legal framework regulates social security through the 1945 Constitution, Law No. 40 of 2004 concerning the National Social Security System, which was last amended by Law No. 6 of 2023 concerning the Stipulation of Government Regulation instead of Law Number 2 of 2022 concerning Job Creation into Law, and Law No. 24 of 2011 concerning the Social Security Administration Agency, the implementation of these governance principles still faces various structural and cultural obstacles (Iskandar et al., 2025).

While JKN membership is nearly universal, the program's quantitative success has not been fully matched by improvements in service quality and equitable health outcomes (Djohanis et al., 2025; Rizky Perdana et al., 2022). This discrepancy underscores the need to examine the Social Security Supervisory Board's role thoroughly. Strengthening oversight based on the principles of good governance is not just a recommendation, but a crucial step towards achieving optimal public health services.

Good governance, emphasizing transparency, participation, accountability, rule of law, fairness, and effectiveness, is a beacon of hope for social security objectives: protecting all citizens (McClanahan, 2021). In the context of health social security in Indonesia, the applicable legal framework should be the foundation for building a fair, transparent, and sustainable system. International experience shows that countries with good social security governance can significantly improve access to health services, enhance financing efficiency, and increase public satisfaction with health services. This situation demonstrates the importance of good governance and instills optimism for the potential positive impact on public health outcomes.

The Social Security Supervisory Board is not just an institution, but a key player in ensuring the success of social health security programs (Murty et al., 2024). With its crucial tasks of monitoring program implementation, ensuring compliance with regulations, overseeing budget use, and providing recommendations for improvement to program organizers, this board is a source of reassurance. With

its independence, technical competence, and full access to data and information, an ideal oversight model instills confidence in its ability to carry out oversight functions effectively. By strengthening the Social Security Supervisory Board, the principles of good governance can be better implemented, providing a sense of confidence that social security programs will have a genuinely positive impact on public health.

Empirical studies have consistently demonstrated a positive relationship between the quality of governance and public health outcomes. Research conducted by the WHO and the World Bank has revealed that countries with good social security governance tend to exhibit higher health indicators, including improved access to services, higher user satisfaction, and enhanced financing efficiency (Independent Evaluation Group, 2018). In Indonesia, regional research has shown a significant correlation between access to health services, public health needs, and participation in the BPJS Kesehatan (Djohanis et al., 2025). Moreover, data transparency and information interoperability have been found to enhance the effectiveness of social security services. These findings underscore the critical role of the Social Security Supervisory Board in leveraging good governance to improve public health.

Based on this foundation, the study's objectives are to assess the application of sound governance principles in social health insurance programs in Indonesia, evaluate the strategic role of the Supervisory Board in strengthening program governance and oversight, and propose concrete policy recommendations to fortify oversight mechanisms. The ultimate goal is to foster more equitable, effective, and accountable health services. The study is poised to significantly contribute to developing social security health policy and governance practices in Indonesia by achieving these objectives.

## Research Method

This study is essential as it uses a qualitative and descriptive-analytical method to explore the governance and oversight practices in Indonesia's social health insurance program and understand the Supervisory Board's strategic role in good governance. The descriptive-analytical method describes the phenomena that occur while analyzing

the relationship between governance principles, the role of supervision, and public health outcomes.

The data used is secondary (Noor, 2023). It was meticulously collected from official documents such as BPJS Kesehatan, the National Social Security Council (DJSN), BPJS annual reports, and laws and regulations like Law No. 24 of 2011 and Presidential Regulation No. 25 of 2020. This comprehensive data collection process was crucial for the reliability of the study. Data analysis was conducted using content analysis and thematic analysis techniques. Content analysis was used to extract key themes from regulations and several reports from related institutions, such as reports from the National Social Security Council.

In contrast, thematic analysis was used to map the relationship between the principles of good governance and the role of the Supervisory Board, as well as its impact on the equity and effectiveness of health services. The findings of this study are crucial for understanding the governance of Indonesia's social health insurance program and can inform policy decisions. To maintain data validity, a triangulation of sources was conducted by comparing findings from official documents with public statistical data.

## Research Results and Discussion

### Application of good governance principles in health social security programs

The National Health Insurance Program (JKN) managed by the Health Social Security Agency (BPJS Kesehatan) since 2014 is one of the most extensive health programs in the world, covering more than 276 million people in 2024. Quantitatively, this represents a significant leap toward universal health coverage, but serious issues remain regarding service quality, financing sustainability, and governance. The DJSN report shows 217.4 million active participants, or around 77% of the population, with a potential financial deficit of IDR 7-14 trillion in 2024 (DJSN). This situation indicates that quantitative success has not been accompanied by qualitative success and strong governance. Therefore, the principles of good governance are key. These principles, transparency, accountability, participation, rule of law, fairness, and effectiveness, are not separate boxes, but a series of

interacting mechanisms. A weakness in one principle will affect the others. When we view the JKN through agency theory (Michael C. Jensen and William H. Meckling, 1976), we can understand that the community and the government act as principals, while BPJS Kesehatan acts as an agent. The Supervisory Board, as the "eyes and ears" of the public, plays a crucial role in connecting these two parties to prevent agency loss, providing readers with a sense of reassurance about the oversight of the JKN program.

Transparency, for example, is not only about publishing financial reports but also disclosing actuarial assumptions, financing, and claims that form the basis for decision-making (Albrecht, 2013; Oettgen, 2017). Data transparency allows the public and the Supervisory Board to assess the extent to which the program is running according to plan. However, when transparency is only partial—for example, when data on claims per province or hospital service quality indicators are unavailable—accountability will weaken. Strong accountability requires verifiable evidence and data. Thus, transparency and accountability are two sides of the same coin: openness provides the basis for accountability, and accountability encourages further transparency. In this framework, agency theory asserts that supervisors must have symmetrical information to supervise agents effectively. To strengthen transparency and accountability, the program could consider regular public audits and the establishment of an independent ombudsman to handle complaints.

Transparency and accountability will be more meaningful when accompanied by participation (Vian et al., 2017). The online complaint channels and call centers provided by BPJS have opened up communication channels, but are still one-way. However, the potential of public participation is immense. Inclusive public participation, as demonstrated in countries such as Germany and the Netherlands, can strengthen transparency and accountability (Breeze, 2021; Nederhand & Edelenbos, 2023). In these countries, involving patient associations and labor unions in evaluating benefit packages has made policies more responsive and fairer. In the Indonesian context, this kind of participation will strengthen the JKN program and give citizens a sense of ownership and responsibility.

Citizens are not only consumers of services, but also collective supervisors who can exert pressure on institutions to comply with the principles of good governance.

The existence of the rule of law gives the three previous principles, transparency, accountability, and participation, enforceability (Sharma, Patel, 2024). Law No. 24 of 2011 and Presidential Regulation No. 25 of 2020 have provided a strong legal basis, but their implementation often faces overlapping regulations, poor central-regional coordination, and weak enforcement of sanctions. Here, it is evident that the rule of law cannot be separated from accountability. Without clear sanctions, the accountability of the Board of Directors of the Social Security Administration Agency and the follow-up on the recommendations of the Supervisory Board tend to be normative. This legal weakness also hinders public participation, as the public will be skeptical if they see that complaints are not followed up on legally. In other words, the rule of law is the backbone that supports transparency, accountability, and participation so that they are not merely formalities.

The principle of fairness cannot stand alone. Without data transparency on service distribution and claims, it is difficult to identify disparities between regions. Without clear accountability, no one is responsible for service disparities. Without public participation, the voices of vulnerable groups such as informal workers, indigenous peoples, or residents in remote areas will not be heard. Data from the National Social Security Council shows that health facilities and medical personnel are better in cities than in remote areas. Although formally, all JKN participants have the same rights, substantively, the quality of services received differs. Justice can only be achieved if other principles work together: transparency reveals issues of inequality, accountability ensures that those responsible make improvements, participation gives vulnerable groups a voice, and the rule of law guarantees certain sanctions for discrimination or mismanagement.

The effectiveness of the program reflects all of these principles. Despite high participant coverage, outcome indicators such as patient satisfaction, waiting times, drug availability, and repeat referral rates remain problematic. The BPJS financial deficit

also indicates funding inefficiency. Effectiveness cannot be pursued solely by increasing funding or expanding participants, but by strengthening governance mechanisms. The WHO theory on Good Governance for Health Promotion states that the effectiveness of governance is evident in the system's ability to utilize financial inputs, regulations, and community participation to produce tangible health outcomes (World Health Organization, 2012). All principles must work simultaneously: transparency provides data, accountability ensures follow-up, participation improves policy, the rule of law offers certainty, and fairness ensures proportional distribution of results.

The existence of regulations governing the national social security system shows that National Health Insurance in Indonesia currently has the "hardware" in the form of a legal framework, managing institutions, and a digital system, but lacks the "software" in the form of a deep culture of transparency, binding accountability mechanisms, meaningful public participation, consistent legal certainty, and fair distribution of resources. Agency theory helps explain why: without complete information, clear incentives, and strict sanctions, agents tend to act in their interests or reactively. On the other hand, good governance shows a roadmap for improving this: strengthening data transparency, binding accountability, expanding participation, enforcing the law consistently, and distributing resources fairly to achieve service effectiveness.

The relationship between these principles is also evident in the role of the Supervisory Board. As a check and balance mechanism, the Supervisory Board is not only an administrative monitor but should also be a strategic partner of the Board of Directors in promoting service improvement. However, limited access to data and authority have prevented the Supervisory Board from optimally combining these principles. The Supervisory Board's recommendations are only advisory and are not binding on the Board of Directors, so accountability is not fully realized. A proactive preventive oversight model can only work if the Supervisory Board has complete information (transparency), follow-up mechanisms (accountability), access to public input (participation), regulatory support (rule of law), a focus on equity (fairness), and the technical capacity to measure results (effectiveness).



The available data, 217.4 million active participants, a potential deficit of IDR 7–14 trillion, and disparities in services between regions emphasize the importance of viewing all principles as an interconnected system. Transparency without accountability is merely window dressing. Accountability without participation can be elitist. Participation without the rule of law is merely symbolic consultation. The rule of law without justice only perpetuates the status quo. Moreover, all principles without effectiveness result in a large bureaucracy without tangible results (Sulaiman et al., 2024). By discussing these principles as a whole, we can understand that strengthening the governance of National Health Insurance is not a matter of choosing which principle is more important, but rather how to ensure that they all work together as one ecosystem.

If these principles are successfully integrated, the National Health Insurance will be the most extensive health insurance program in terms of numbers and the most sustainable and equitable. With complete transparency, binding accountability, inclusive participation, consistent legal certainty, fair distribution of services, and measurable effectiveness, the Supervisory Board can carry out its mandate as a liaison between the community and the Social Health Insurance Agency. At this point, good governance is not just a slogan, but a practice that strengthens public trust, ensures the sustainability of financing, and tangibly improves public health outcomes. The relationship between the principles of good governance, the role of the supervisory board, and the outcomes produced is illustrated in the following table, offering a hopeful vision for the future of public health:

**Table 1.** Good governance principles, role of the supervisory board, and health outcomes

Principles of Good Governance	Role of the Supervisory Board	Expected Health Outcomes
Transparency	Accessing and publishing BPJS participant data and financial reports openly	More open data: the public and researchers can independently evaluate BPJS's performance
Accountability	Overseeing the board of directors and following up on audits and recommendations for performance accountability	More accountable performance, clear sanctions, and faster service improvements
Participation	Accommodating JKN participants' input through public forums and independent complaint channels	Policies that are more responsive to the needs of participants, especially vulnerable groups
Rule of Law	Ensuring regulatory compliance, fund investment oversight, and partner hospital compliance	Greater certainty in law and management of public funds
Justice	Ensuring equitable distribution of services and benefits across regions and social groups	More equitable and equal access to and quality of health services
Effectiveness	Promoting innovation and efficiency in healthcare services through real-time monitoring and outcome evaluation	Financing efficiency has improved, and service quality and health indicators have improved.

**Source:** Collected from this study

The table demonstrates the close relationship between the principles of good governance, the role of the Supervisory Board, and health outcomes. Transparency allows the Supervisory Board to access and publish participant data and financial reports, empowering the public to evaluate performance independently. This emphasis on transparency fosters trust and makes the audience feel included

and valued in the governance process. Accountability encourages board oversight, audit follow-up, and recommendations that accelerate service improvements. Participation through public forums and complaint channels makes policies more responsive, especially for vulnerable groups. The rule of law ensures regulatory compliance, fund investment, and legal certainty for service partners.

Fairness ensures a more equitable distribution of services and benefits across regions. Meanwhile, effectiveness is strengthened through innovation, real-time monitoring, and outcome evaluation to improve financing efficiency and health service quality. With this synergy, the Supervisory Board becomes a strategic hub that connects governance with more equitable, transparent, and sustainable public health outcomes.

### **The strategic role of the supervisory board in strengthening program governance and oversight**

The BPJS Kesehatan Supervisory Board, a key organ in the governance of national social security, holds a strategic position. As per Law No. 24 of 2011 and Presidential Regulation No. 25 of 2020, the Supervisory Board is not merely a symbolic institution. It is a control mechanism that oversees the management of social security funds' policies, finances, and investments. Its authority includes establishing strategic plans, selecting external auditors, and providing policy recommendations that should serve as a reference for the Board of Directors. In good governance theory, such a supervisory body is part of the principles of accountability and transparency. From the perspective of agency theory, the Supervisory Board is the 'eyes and ears' of the community and the government (as principals) to oversee BPJS Kesehatan (as agents). Both theories explain that a strong supervisory body can reduce agency loss risk, which refers to the potential for the mandated party to act in their own interests rather than those of the mandating party.

The strategic role of the Supervisory Board is evident in its ability to act as a check and balance mechanism that ensures social security programs run in accordance with the constitutional mandate. This Board should combine the principles of accountability and transparency by accessing all strategic data, evaluating fund management, and encouraging evidence-based policy updates. The strength of this institution will determine the extent to which other principles of good governance, such as fairness, effectiveness, and the rule of law, can be realized. The more independent and competent the Supervisory Board is, the greater its ability to act preventively and proactively, rather than merely reactively. In international literature, the social

security systems in Germany, the Netherlands, and Thailand show that independent supervisory institutions with high technical capacity and full access to data can improve service quality and financing stability (Knol, 2024). This demonstrates a direct relationship between supervisory capacity and public health outcomes.

However, in practice in Indonesia, the position of the Supervisory Board still faces several obstacles (Kartika et al., 2022). The recommendations are only advisory and are not binding on the Board of Directors. There is no strong legal mechanism to compel the Board of Directors to follow up on these recommendations, weakening the supervisory function. In agency theory, this situation increases agents' likelihood of acting in their interests because supervision lacks coercive power. An impeachment model is available, but it is considered too extreme. It is rarely used, creating the impression that the Supervisory Board has only two options: to give advice or to impose the most severe sanctions. In fact, modern oversight models emphasize a broader spectrum of mechanisms, from routine evaluations to continuous managerial reforms.

Limitations in independence and technical capacity also hamper the Supervisory Board. The selection of members is often susceptible to political interests, compromising oversight objectivity. Limited technical capacity, for example, in actuarial science, epidemiology, or financial risk management, makes it difficult for the Supervisory Board to conduct in-depth analyses of the complexities of social security fund management. In fact, according to good governance, accountability can only be realized if supervisors have sufficient competence to understand and evaluate policies. In other words, independence and technical capacity are prerequisites for transforming supervision from a mere formality into an influential strategic function.

If the principles of transparency and accountability are two sides of the same coin, then the Supervisory Board is the party that connects the two. Supervisors cannot be accountable in their duties without access to transparent data. Transparency loses its driving force without accountability, which binds the Board of Directors. Public participation is also closely related here: the Supervisory Board needs public input to map service issues, while the public needs a

responsive Supervisory Board to convey complaints. In the context of the rule of law, all these mechanisms require consistent legal support so that they are not merely normative. Justice is also inseparable: a weak Supervisory Board will fail to correct service inequalities between regions because it lacks coercive instruments or strong data-based recommendations. Effectiveness ultimately becomes a combined indicator of whether all these principles are being implemented.

Based on the interaction between these principles, strengthening the Supervisory Board is the middle ground for addressing many issues surrounding National Health Insurance. With access to strategic data, this institution can uncover service inequalities and financing deficits early on. With greater independence, they can act as an objective watchdog. With adequate technical capacity, they can use data to formulate targeted policy recommendations. This is where agency theory and good governance reinforce each other: effective oversight will reduce oversight costs, minimize opportunities for misconduct, and enhance the efficiency of public funds. A preventive, evidence-based oversight model will enable the Supervisory Board to function as a strategic partner to the Board of Directors, rather than merely waiting for problems to arise.

Lessons learned from other countries provide concrete illustrations. In Germany and the Netherlands, independent institutions with clear mandates and full access to data oversee social security funds. These institutions routinely conduct evaluations based on health outcome indicators and have extensive public consultation mechanisms. In Thailand, health insurance fund oversight reforms in the early 2000s led to more equitable access to services and better control of financing deficits. This comparative study shows that good governance can only be achieved if the oversight agency has formal authority, technical capacity, and consistent legal support. Without strong oversight, a program as extensive as the National Health Insurance risks losing direction, facing recurring deficits, and creating service disparities. However, with strong, independent, and capable oversight, the National Health Insurance has the potential to transform into a more responsive, equitable, and sustainable health insurance system, offering a promising future for health insurance oversight.

## Policy recommendations to strengthen oversight mechanisms for fairness and effectiveness in health services

Policy recommendations to strengthen oversight mechanisms in national health insurance are not just about addressing current issues, but about paving the way for a more effective and fair health system in Indonesia. These reforms can reduce service disparities, increase participant satisfaction, and ensure financing sustainability. In Indonesia, the most noticeable gap is between regulation and practice. Normatively, Law No. 24 of 2011 and Presidential Regulation No. 25 of 2020 mandate transparency, accountability, and the rule of law in the administration of BPJS Kesehatan. However, implementation in the field still shows financial deficits, service inequalities between regions, and limited responses to participant complaints. In the context of agency theory, this condition reflects agency loss because supervisors do not have sufficiently strong instruments to control agents' behavior. Therefore, supervisory reform must be directed at strengthening authority, increasing technical capacity, and expanding data access so that the principles of good governance can be implemented comprehensively.

The most fundamental step is to strengthen the authority of the Supervisory Board by revising Law No. 24/2011 so that its recommendations are binding, not merely advisory. If recommendations are not enforceable, agents will tend to choose the steps that are most beneficial to themselves, not the public. By making recommendations binding, the accountability of the Board of Directors will increase, and agency loss will decrease. Within the framework of good governance, this also strengthens the principle of the rule of law because there is certainty regarding follow-up mechanisms. In addition, strengthening authority needs to be accompanied by proportional sanctions and follow-up mechanisms, so that the supervisory model is not merely extreme (impeachment) but can also be preventive and corrective. With this design, oversight will be more adaptive, in line with the recommendations of public oversight theory, which emphasizes the importance of a balance between control and collaboration (Bakhtiyarovich, 2024).

The following policy is for the development of a real-

time data dashboard. This digital tool gives the Supervisory Board and the public real-time access to key performance indicators. This data transparency will strengthen accountability because supervisors can immediately detect deficit trends, claim spikes, or service disparities. In the context of agency theory, real-time data access reduces information asymmetry between principals and agents, making oversight decisions more evidence-based. WHO, in its Good Governance for Health Promotion guidelines, also emphasizes that an open information system is a prerequisite for policy effectiveness. With this dashboard, the Supervisory Board can act proactively rather than reactively, while the public has the opportunity to exercise social accountability.

Meaningful public participation can be realized through annual multi-stakeholder forums, which bring together vulnerable groups and stakeholders to evaluate benefit packages. These forums are not merely symbolic consultations but deliberative forums where the voices of National Health Insurance participants from various regions can influence policy. In Germany and the Netherlands, the active involvement of stakeholders—from patient organizations to labor unions—is one of the keys to the success of their social security systems. In good governance theory, effective participation strengthens transparency and accountability while promoting fairness. With multi-stakeholder forums, the Supervisory Board has a broader basis of social legitimacy to pressure the Board of Directors to implement recommendations.

Improving technical capacity is equally important. Without actuarial, epidemiological, risk management, or health law analysis skills, supervisors will find it challenging to understand the complexity of BPJS Kesehatan. Rahayu et al. (2020) state that good governance can only work if supervisors are competent to interpret data and formulate evidence-based policy recommendations (Rahayu et al., 2020). Regular training, collaboration with academic institutions, and knowledge exchange with countries like Thailand or the Netherlands can improve the Supervisory Board's analysis quality. Good technical capacity makes supervision more predictive and solution-oriented, rather than merely administrative.

In addition to institutional factors, harmonizing central and regional regulations is crucial (Sary et al.,

2024). Many health services are cross-sectoral and multi-jurisdictional, so achieving equitable service delivery without regulatory synchronization is challenging (Sutikno et al., 2024). This synchronization, which involves multi-level coordination, ensures that health services are delivered consistently and effectively across different regions. Incentive policies for local governments that successfully improve National Health Insurance services, for example, through the distribution of health workers or improvements to the referral system, will strengthen the principles of fairness and effectiveness. This aligns with the WHO's view that good governance in health requires multi-level coordination and affirmative policies to address structural inequalities (World Health Organization, 2012).

With strengthened oversight, Indonesia can transition from a quantity-based health insurance system to one that emphasizes quality, fairness, and sustainability. Good governance is not merely an administrative instrument but a prerequisite for the sustainability of health insurance (Marif et al., 2021). In this framework, the Supervisory Board is a formal supervisor and a catalyst for institutional reform that strengthens accountability, transparency, participation, the rule of law, and fairness. As key stakeholders, the audience plays a crucial role in this process. With structured, independent, and capable oversight mechanisms, public health outcomes will improve, financial deficits will be more controlled, and public trust in the social security system will increase. This reform direction solves current problems and builds a long-term foundation for a more equitable and effective national health system, with the audience's contributions being integral to its success.

## Conclusion

Based on the above description, it can be concluded that applying the principles of good governance, transparency, accountability, participation, rule of law, fairness, and effectiveness is the foundation for the success and sustainability of the National Health Insurance Program. The Supervisory Board plays a strategic role as a check and balance mechanism that bridges the interests of the public and program implementers. However, so far, limited authority, limited access to data, and suboptimal technical



capacity have limited its supervisory function. Policy reforms through strengthening the authority of the Supervisory Board, improving technical capacity, developing a real-time data system, establishing an annual multi-stakeholder forum, ensuring the independence of member selection, and harmonizing central and regional regulations can strengthen the oversight mechanism to be more preventive, proactive, and evidence-based. With these steps, the financial deficit can be reduced, service disparities can be minimized, participant satisfaction can be increased, and public trust in the social security system can be strengthened. Ultimately, good governance and effective oversight will ensure that the National Health Insurance program, which is of utmost importance, is the largest in quantity and the primary instrument for equity, sustainability, and improving public health in Indonesia.

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