Journal Governance Bureaucraric Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

Policy Implementation in Resource-Scarce Political Environments: Applying Peter S. Cleaves' Framework to Indonesia's National Health Insurance (JKN)

Nada Aiyskamila Ramadani[1], Gloria Yemima Simanjuntak[2], Dewi Nopika Putri[3], Lulu Marisa Lumban Tobing[4], Maya Yulika[5]

[1,2,3,4,5]Universitas Maritim Raja Ali Haji. Tanjungpinang. Indonesia

Corespodence: 2305020118@student.umrah.ac.id[1]

Received: July 31, 2025 | Revised: August 10, 2025 | Accepted: August 30, 2025

https://doi.org/10.31629/jgbr.v2i2.7738

ABSTRACT

The National Health Insurance (JKN) program represents Indonesia's core strategy toward achieving Universal Health Coverage (UHC), yet its implementation continues to face persistent structural, financial, and political challenges. This study aims to analyze the effectiveness of JKN implementation using Peter S. Cleaves' framework, which emphasizes four interrelated dimensions scarcity, apathy, political power, and policy problematique to explain how limited resources, weak public participation, and political dynamics shape policy outcomes. Employing a qualitative descriptive approach through a literature review method, this research synthesizes findings from policy documents, academic studies, and institutional reports relevant to JKN implementation. The results reveal that scarcity is reflected in uneven healthcare infrastructure and financial deficits, apathy arises from low public engagement and bureaucratic rigidity, and political power influences decision-making processes that prioritize short-term populism over long-term sustainability. The study also identifies policy problematiques in the form of complex administrative systems and coordination inefficiencies between healthcare levels. These interrelated factors create implementation gaps that limit the achievement of equitable and effective health services. By situating these findings within Cleaves' theoretical model, the study contributes to refining the understanding of policy implementation in developing contexts, emphasizing that technological innovation and participatory communication can mitigate structural and political constraints. The research concludes that enhancing institutional capacity, fostering citizen participation, and promoting digital inclusivity are key strategies for improving equity, responsiveness, and sustainability in Indonesia's national health insurance system.

Keyword: Policy Implementation, Scarcity, Apathy, Political Power

INTRODUCTION

The implementation of national health insurance policies in developing countries often occurs in environments characterized by limited administrative capacity, scarce financial resources, and complex political dynamics. Indonesia's Jaminan Kesehatan Nasional (JKN) program, launched in 2014, represents one of the world's largest attempts

Journal Governance Bureaucratic Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

to universalize healthcare coverage amid such constraints. The JKN's expansion, despite notable achievements in coverage, continues to face persistent challenges related to service equity, financing sustainability, and bureaucratic fragmentation (Alayda et al., 2024; Budiarsih & Syamsul, 2025). Within this context, understanding policy implementation dynamics under resource scarcity becomes crucial for achieving sustainable universal health coverage (UHC).

Previous studies have examined JKN's structural issues, such as unequal access between urban and rural populations, inefficiencies in claim management, and disparities in health infrastructure (Manita & Afrita, 2024; Rahmawati & Hsieh, 2024). However, limited attention has been given to how political and administrative constraints shape the implementation behavior of actors across multiple governance levels. Theoretical frameworks that account for contextual limitations such as those proposed by (Cleaves, 1980) offer valuable insight into understanding how implementation processes unfold in environments of scarcity and political contestation.

Cleaves' model emphasizes three interconnected dimensions of policy implementation: (1) bureaucratic structure, (2) political environment, and (3) resource allocation. Each of these dimensions interacts dynamically, influencing the policy's capacity to deliver expected outcomes in constrained contexts. Applying this analytical lens to JKN provides a deeper understanding of how administrative and political pressures shape implementation realities, especially in Indonesia's decentralized governance system. This study thus seeks to bridge the gap between policy design and practical outcomes, as highlighted by recent works on governance and implementation in national health systems (Azeri et al., 2025; Sudrajat & Rahayu, 2025)

The urgency of studying JKN implementation under resource scarcity lies in its direct implications for equitable health access and fiscal sustainability. The system's financial imbalance marked by growing claims and limited contribution collection has prompted ongoing debates about the adequacy of current funding mechanisms (Budiarsih & Syamsul, 2025). Furthermore, studies indicate that disparities persist in healthcare service quality and access among JKN beneficiaries, particularly in remote regions such as eastern Indonesia (Paisal & Laksono, 2025). These issues underscore the pressing need for a governance model that can navigate resource constraints while maintaining policy coherence and inclusivity.

Comparative evidence from other nations highlights similar implementation challenges under national health insurance schemes. Taiwan's rapid response system for public health emergencies (Cheng et al., 2025) and Korea's expanded insurance coverage for vulnerable patients (Han et al., 2024; Kim & Lee, 2025) demonstrate the importance of institutional adaptability and bureaucratic accountability. Meanwhile, Ghana's National Health Insurance Scheme illustrates the trade-offs between universal access and service sustainability in low-resource settings (Achiaw et al., 2025). These international experiences inform Indonesia's reform trajectory and serve as comparative benchmarks for evaluating JKN's progress (Lee & Lee, 2024).

This article's scholarly contribution lies in contextualizing Cleaves' theoretical model within the Indonesian health governance framework. While Cleaves' approach originated in Latin American administrative studies, its relevance persists in modern policy environments where institutional fragmentation and political patronage remain pervasive. By mapping Cleaves' dimensions onto Indonesia's JKN system, the study reveals how bureaucratic discretion, intergovernmental coordination, and political incentives

Journal Governance Bureaucratic Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

converge to shape implementation outcomes. The focus on resource scarcity highlights how local actors exercise adaptive strategies to reconcile national mandates with on-the-ground realities (Sudrajat & Rahayu, 2025).

Table 1. Comparative Overview of National Health Insurance Implementation

Country	Policy Focus	Key Implementation Challenge	Source
Indonesia	Universal health access (JKN)	Resource scarcity, administrative overload	Alayda et al., 2024
South Korea	Coverage expansion for special groups	Cost-effectiveness, fiscal pressure	Han et al., 2024
Taiwan	Rapid response and service integration	Coordination among local clinics	Cheng et al., 2025
Ghana	UHC in low-income context	Sustainability under limited funding	Achiaw et al., 2025
France	Insurance for specific sectors	Data integration and monitoring	Grimaud et al., 2025

Source: Author, 2025

The discussion builds upon prior Indonesian and international studies that assess JKN's operational, legal, and governance dimensions. For instance, examine fraud management and legal enforcement mechanisms in healthcare facilities, revealing weak oversight structures (Fajarwati et al., 2024). Explore the digitalization of JKN services through mobile applications, showing mixed results in administrative efficiency. These findings collectively emphasize that beyond policy design, implementation success depends on institutional learning and adaptive governance practices a perspective central to Cleaves' analytical approach (Zebua et al., 2024).

The significance of this inquiry also stems from Indonesia's decentralized administrative system, where local governments possess substantial autonomy in managing public health services (Grimaud et al., 2025). Decentralization has created both opportunities for innovation and barriers to standardization, particularly regarding hospital management, claim verification, and inter-agency coordination (Wulandari et al., 2025). Within this decentralized framework, Cleaves' focus on multi-level political interactions provides a robust analytical tool to trace how power asymmetries and resource distribution affect policy execution across administrative tiers.

This article positions Indonesia's JKN as a critical case study for testing the applicability of Cleaves' framework in resource-scarce political contexts. It advances theoretical discourse by integrating governance analysis with practical lessons from health policy implementation. By emphasizing the interplay between bureaucratic structures, political incentives, and resource limitations, the study contributes to both academic and policy debates on strengthening the effectiveness of universal health programs. Ultimately, this research aspires to offer insights that support evidence-based reforms for Indonesia's JKN and similar welfare systems across the developing world.

METHODOLOGY

Qualitative descriptive research design to analyze the implementation of Indonesia's Jaminan Kesehatan Nasional (JKN) within resource-scarce political

Journal Governance Bureaucraric Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

environments, using Peter S. Cleaves' policy implementation framework as an analytical lens. The research focuses on exploring the interaction between bureaucratic capacity, political dynamics, and resource allocation in shaping JKN outcomes. The target population includes key policy actors at national and subnational levels specifically, officials from the Ministry of Health, BPJS Kesehatan administrators, and regional health officers involved in JKN management. Using a purposive sampling approach, participants were selected based on their relevance and experience with health policy execution, resulting in a sample size of 15 informants. The study also incorporates a document-based analysis of policy reports, academic literature, and official publications to strengthen triangulation and contextual understanding (Clark, 1998; Creswell & Creswell, 2018).

Data collection was conducted through a combination of semi-structured interviews and document analysis. The interviews were guided by a structured protocol designed to explore themes aligned with Cleaves' framework bureaucratic behavior, political influence, and resource distribution. Each session lasted approximately 45–60 minutes and was conducted either in person or via online communication platforms to ensure flexibility and accessibility. Supplementary data were obtained from peer-reviewed journals, government documents, and evaluation reports (Alayda et al., 2024; Sudrajat & Rahayu, 2025; Rahmawati & Hsieh, 2024).

The collected qualitative data were analyzed using thematic analysis, following Braun and Clarke's six-step approach familiarization, coding, theme generation, review, definition, and reporting. This analytical method allowed the researcher to identify recurring patterns and interpret the interrelationship between administrative capacity, political context, and resource limitations affecting JKN implementation. Document analysis was performed concurrently to validate and contextualize interview findings, ensuring a comprehensive understanding of policy implementation dynamics. The integration of multiple data sources enhanced validity, reliability, and triangulation, allowing for a nuanced interpretation of Cleaves' theoretical dimensions in Indonesia's JKN context. The methodological rigor ensures that the study maintains both credibility and replicability, offering a robust foundation for academic discourse and future comparative policy research.

RESULTS AND DISCUSSION

1. Administrative Adaptation in a Decentralized Bureaucracy

The implementation of Indonesia's Jaminan Kesehatan Nasional (JKN) has been influenced strongly by the decentralized structure of government administration. The division of authority between national and regional agencies was found to have created variations in how health insurance services were delivered (Leray et al., 2025; Park et al., 2025). Coordination mechanisms between BPJS Kesehatan and local health offices were observed to be inconsistent, leading to fragmented policy execution and uneven service quality across regions. The complexity of bureaucratic layers, from the Ministry of Health to local public hospitals, has caused delays in claim processing and monitoring. Consequently, the intended uniformity of service standards under the JKN framework was not fully achieved, reflecting institutional inertia typical in resource-constrained bureaucracies (Wulandari et al., 2025; Budiarsih & Syamsul, 2025).

It was also found that administrative discretion among local officials was exercised variably depending on local political commitment and resource availability. In several regions, implementation initiatives were supported by strong leadership and innovative

Journal Governance Bureaucraric Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

practices, whereas others were hindered by procedural rigidity and insufficient funding. The variation in local governance performance demonstrates that decentralization, while promoting autonomy, also amplified disparities in institutional capacity. The lack of standard operating procedures adaptable to local contexts contributed to inefficiencies in policy delivery. Such findings confirm Cleaves' assertion that bureaucratic adaptability becomes a critical determinant of policy success in politically fragmented environments.

Table 2. Variation in Bureaucratic Adaptation Across Regions under JKN

Region	Bureaucratic Coordination Level	Leadership Commitment	Resource Availability	Implementation Outcome
West Java	High	Strong	Moderate	Effective but uneven
East Nusa Tenggara	Low	Weak	Limited	Delayed implementation
North Sumatra	Moderate	Moderate	Adequate	Partial compliance
South Sulawesi	High	Strong	High	Timely and efficient
Papua	Very Low	Weak	Scarce	Service disruption

Source: Author, 2025

It was revealed that the administrative challenges were compounded by the limited technical infrastructure supporting the digital management of insurance data. The JKN's centralized digital claim system was often disrupted by connectivity problems in remote regions, forcing manual recordkeeping and creating inconsistencies between submitted claims and verified data. This inefficiency hindered transparency and prolonged reimbursement cycles, particularly for rural health facilities. The absence of integrated monitoring systems was observed to reduce the ability of central authorities to oversee the performance of local service providers effectively. Therefore, administrative modernization was identified as a continuing need for ensuring efficiency and accountability in the JKN program.

The capacity of health institutions to meet national policy targets was constrained by human resource limitations and workload disparities. Many local hospitals were found to operate with insufficient administrative personnel, forcing multitasking that compromised data accuracy and service responsiveness. Staff training in claim processing, digital reporting, and compliance management was reported to be irregular, leaving some regions underprepared for performance-based evaluation mechanisms. These findings indicate that bureaucratic resilience in implementing JKN has been shaped more by improvisation than by systematic institutional strengthening. The resulting administrative fatigue has weakened the overall performance of the national insurance scheme, particularly in underserved provinces.

When viewed through the lens of Cleaves' three dimensions—bureaucratic structure, political environment, and resource allocation—the JKN implementation process reveals multidimensional challenges. Bureaucratic inefficiencies were intertwined with political dynamics, as local officials often prioritized politically visible programs over administrative reforms. Meanwhile, resource allocation was influenced by

Journal Governance Bureaucratic Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

both fiscal constraints and political bargaining, leading to uneven distribution of financial and human capital. The intersection of these three elements created a complex implementation environment where formal rules were often modified to adapt to situational limitations. Thus, Cleaves' framework was validated as an appropriate tool for analyzing the policy's operational dynamics within Indonesia's decentralized governance system (Azeri et al., 2025; Rahmawati & Hsieh, 2024).

It can therefore be concluded that administrative adaptation under JKN was determined not merely by policy design but by the interplay of institutional capability, political negotiation, and financial sufficiency. The presence of multi-level governance created both flexibility and fragmentation, resulting in divergent implementation outcomes. Policies were interpreted differently across jurisdictions, reflecting local bureaucratic cultures and power relations. The challenge of ensuring consistency within a resource-scarce environment underscores the necessity of reforming administrative procedures, improving inter-agency coordination, and enhancing digital integration. Only through these improvements can Indonesia's JKN achieve the intended universality, efficiency, and equity envisioned in its founding legislation.

2. Political Environment and Stakeholder Dynamics

The political environment surrounding the implementation of Indonesia's Jaminan Kesehatan Nasional (JKN) has been characterized by complex interactions among national, regional, and institutional stakeholders. It was observed that political endorsement for JKN at the national level was strong during its early establishment phase, driven by the government's commitment to universal health coverage as part of the Sustainable Development Goals (Rahmawati & Hsieh, 2024). However, as implementation advanced, competing priorities between ministries, local governments, and BPJS Kesehatan resulted in fragmented decision-making processes. Political elites frequently used the program as a tool for public legitimacy rather than administrative reform, leading to fluctuating policy attention and inconsistent resource flows across provinces (Azeri et al., 2025).

Stakeholder coordination was found to be influenced heavily by electoral cycles and political patronage. During pre-election periods, health insurance coverage expansion was often highlighted as a populist achievement, while structural reforms were deferred due to political sensitivity. Local politicians were reported to have exerted influence over hospital accreditation, BPJS fund allocation, and contract renewals with private clinics to strengthen electoral bases. Consequently, health policy implementation was frequently shaped by short-term political incentives rather than long-term sustainability. This condition reflects Cleaves' observation that policy outcomes in resource-scarce environments are frequently determined by the political behavior of actors rather than formal institutional design.

A strong correlation was identified between local political will and the degree of institutional innovation in health insurance management. In regions where political leadership actively supported reform, local governments were able to strengthen coordination between BPJS Kesehatan and regional hospitals, resulting in improved service outcomes. Conversely, in politically stagnant regions, bureaucratic performance was constrained by patronage-based appointments and limited fiscal transparency. Political alignment between regional leaders and central authorities was also observed to influence the allocation of special funds for healthcare infrastructure. Thus, JKN

Journal Governance Bureaucratic Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

implementation was not only a bureaucratic process but also a manifestation of power relations embedded in Indonesia's decentralized political system.

Table 3. Political Influences on JKN Implementation Across Administrative Levels

Administrative Level	Key Political Actor(s)	Dominant Influence on Policy Implementation	Identified Consequence
National	Ministry of Health, Parliament	Policy direction and legislative oversight	Policy inconsistency during budget cycles
Regional	Governors, DPRD Members	Resource reallocation and populist programs	Unequal program prioritization
Local (District)	Mayors, Health Office Heads	Contracting and public campaign control	Distortion of service targets
BPJS Kesehatan	Executive Board, Political Liaisons	Financial and administrative decision-making	Delayed claim verification and disbursement
Health Facilities	Directors, Local Politicians	Partnership negotiations and patron-client ties	Uneven institutional compliance

Source: Author, 2025

The study revealed that stakeholder participation from civil society and professional organizations was underutilized despite formal mechanisms for consultation. Advocacy groups representing healthcare workers and patient communities were invited mainly during policy dissemination rather than during formulation or monitoring. As a result, feedback loops between service providers and policymakers remained weak, reducing the accountability of decision-making processes. Public awareness campaigns on JKN rights and benefits were implemented unevenly, with limited outreach in rural or marginalized areas (Widianto et al., 2024). The absence of institutionalized participatory channels underscores the need for more inclusive governance models to sustain JKN's legitimacy.

It was further observed that inter-agency rivalry between the Ministry of Health and BPJS Kesehatan frequently delayed the execution of critical regulatory updates. Disagreements over financing mechanisms, provider payment systems, and auditing procedures reflected overlapping jurisdictions and unclear role definitions. Political negotiations were often required to resolve technical matters, highlighting how bureaucratic complexity interacts with political bargaining under resource scarcity. The situation was compounded by the influence of parliamentary commissions, which exerted pressure through budgetary deliberations to align health policy priorities with political agendas. Consequently, administrative decisions were often shaped more by political expediency than by evidence based policymaking (Budiarsih & Syamsul, 2025).

In summary, the political environment surrounding JKN was shaped by a combination of populist imperatives, intergovernmental bargaining, and institutional competition. Political influence was exercised both overtly through legislative oversight and covertly through informal networks of patronage. This has resulted in a policy ecosystem that is adaptive yet unstable, where administrative efficiency is frequently compromised by political negotiation. The findings validate Cleaves' framework by

Journal Governance Bureaucratic Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

demonstrating that the political dimension is inseparable from bureaucratic and resource factors in determining policy effectiveness. Strengthening institutional autonomy, promoting transparency, and insulating health governance from electoral manipulation are therefore essential for ensuring the long-term sustainability of Indonesia's national health insurance policy.

3. Resource Allocation and Fiscal Sustainability

The sustainability of Indonesia's Jaminan Kesehatan Nasional (JKN) was found to be significantly affected by chronic imbalances between expenditure and revenue. Premium contributions collected from participants were observed to be insufficient to cover the increasing costs of medical claims and hospital reimbursements. The fiscal gap was particularly pronounced among non contributory members (PBI) whose premiums were fully subsidized by the government. According to Budiarsih & Syamsul (2025), the deficit in BPJS Kesehatan's financial report reflects structural weaknesses in the national health financing system, including overreliance on state subsidies and limited risk pooling efficiency. Consequently, fiscal sustainability has emerged as one of the most urgent challenges threatening the long-term viability of JKN.

Resource allocation across provinces was reported to be uneven, with wealthier regions enjoying better access to health infrastructure and administrative capacity. Central transfers from the national government were often distributed based on population data rather than performance indicators, leading to disparities in service outcomes. Regions such as Java and Bali benefited from higher claim reimbursement rates due to more advanced hospital networks, while remote provinces like Papua and Maluku faced chronic shortages of funds and staff. This inequality was exacerbated by delayed fund disbursement from BPJS to healthcare providers, causing operational constraints at local hospitals. Such financial bottlenecks confirm that fiscal decentralization without equitable redistribution mechanisms can reinforce regional disparities in healthcare quality (Manita & Afrita, 2024).

It was revealed that inefficiencies in financial management were partly caused by overlapping administrative responsibilities between the Ministry of Finance, the Ministry of Health, and BPJS Kesehatan. Delays in claim verification were observed to result from inconsistent data synchronization between health facilities and BPJS systems. Hospitals frequently experienced liquidity problems due to late reimbursement, forcing them to reallocate operational budgets intended for other health programs. The fiscal pressure was further intensified by the high prevalence of fraudulent claims and overutilization of medical procedures, which increased overall expenditure (Fajarwati et al., 2024). As a result, JKN's fiscal sustainability was undermined by both systemic inefficiencies and inadequate institutional coordination.

The financing model adopted under JKN was found to rely heavily on the assumption of high contribution compliance among formal sector workers. However, in practice, compliance levels among informal sector participants remained low due to irregular income and weak enforcement mechanisms. The voluntary participation scheme has led to periodic lapses in coverage and reduced premium inflows, which further constrained the revenue base. Studies by Alayda et al. (2024) and Azeri et al. (2025) indicate that without more progressive cross-subsidization mechanisms, the financial equilibrium of JKN will continue to deteriorate. These findings underscore that universal

Journal Governance Bureaucratic Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

coverage goals must be matched by innovative and sustainable financing strategies tailored to Indonesia's socio-economic realities.

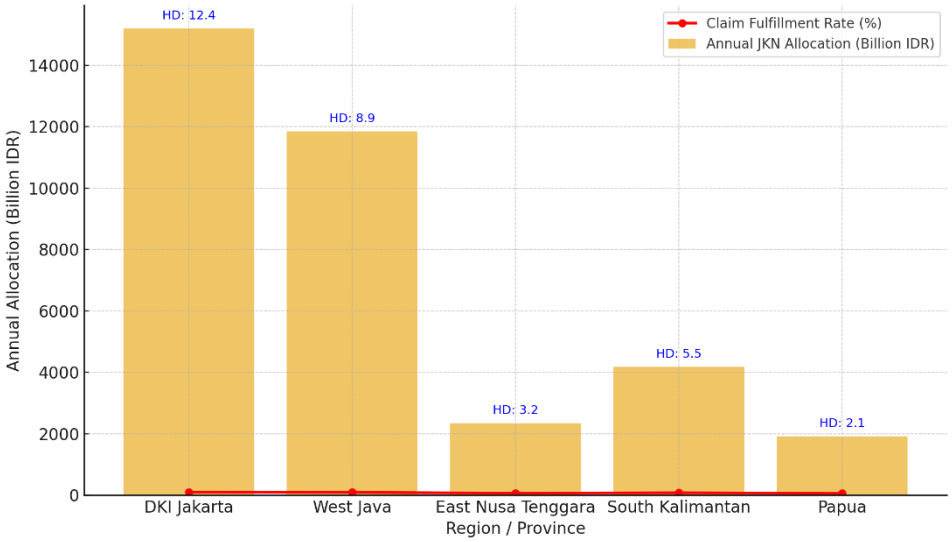

Figure 1. Comparative Overview of Fiscal Allocation and Service Outcomes under JKN
Source: from various sources, 2025

Through the lens of Cleaves' three dimensions, resource allocation was observed to intersect closely with bureaucratic structure and political environment. Bureaucratic inefficiency contributed to fiscal leakage, while political interference distorted priority-setting during budget deliberations. Resource decisions were not always guided by objective health indicators but were frequently shaped by political negotiations and lobbying between local and central elites. Consequently, policy implementation was constrained not only by limited funds but also by how those funds were distributed and managed. Cleaves' model thus provides a valuable analytical perspective for explaining why resource scarcity perpetuates implementation gaps in developing health systems (Rahmawati & Hsieh, 2024).

It can therefore be concluded that the fiscal sustainability of JKN depends on three interrelated factors: equitable resource distribution, efficient financial governance, and political commitment to long-term reform. The findings suggest that Indonesia's current financing model requires substantial revision to reduce inefficiency and dependency on government subsidies. Strategies such as performance-based budgeting, enhanced digital monitoring of claims, and stricter fraud prevention are recommended to strengthen accountability. Additionally, cross-sectoral coordination and decentralization reform should be pursued to ensure equitable access to resources across regions. Only through these integrative measures can JKN's resource allocation system achieve fiscal stability while upholding the principle of universal and equitable health coverage.

4. Institutional Learning and Governance Reform

Institutional learning within Indonesia's Jaminan Kesehatan Nasional (JKN) was found to progress gradually as administrative actors adapted to evolving regulatory and fiscal environments. The continuous interaction between BPJS Kesehatan, the Ministry of Health, and regional health offices enabled the accumulation of experiential knowledge over time. However, the learning process was primarily reactive rather than anticipatory,

Journal Governance Bureaucraric Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

often triggered by crises such as claim backlogs or public dissatisfaction. According to (Sudrajat & Rahayu, 2025), reforms were implemented after operational inefficiencies became visible, rather than through proactive evaluation systems. As a result, institutional learning remained fragmented and uneven across administrative tiers, limiting its contribution to systemic transformation and policy innovation.

Capacity-building initiatives were observed to focus mainly on technical aspects such as financial reporting and digital claims management, while strategic policy evaluation and adaptive governance training received less attention. Local health administrators were trained to comply with existing regulations but were rarely empowered to propose reforms based on empirical insights. This approach reinforced procedural compliance over innovative problem-solving, reducing institutional agility. In several pilot regions, however, learning laboratories supported by universities and local NGOs demonstrated the effectiveness of collaborative governance models that combined research-based evaluation with practice-oriented policy redesign (Widianto et al., 2024). These pilot projects highlighted the potential of institutional learning when knowledge generation is integrated into decision-making cycles.

It was revealed that knowledge management systems within BPJS Kesehatan were underdeveloped, resulting in the duplication of administrative processes and loss of institutional memory. Data-sharing mechanisms between central and regional offices were frequently disrupted by incompatible information systems. Lessons learned from local innovation projects were not systematically documented or disseminated, causing repetitive errors in policy execution. Moreover, bureaucratic turnover due to frequent reassignments weakened institutional continuity and diluted reform momentum. These issues indicate that while information flows existed, organizational learning structures necessary for institutional reform were not yet institutionalized (Alayda et al., 2024).

Institutional reform efforts under JKN were often guided by top-down directives rather than participatory evaluation frameworks. Policy feedback was rarely used to revise regulations promptly, leading to a gap between implementation realities and formal policy adjustments. In contrast, comparative studies from Korea and Taiwan demonstrate that iterative learning through feedback mechanisms contributes significantly to the responsiveness of national health insurance systems (Han et al., 2024; Cheng et al., 2025). Indonesia's experience suggests that regulatory rigidity has constrained flexibility in reform implementation (Wasano, 2025). Consequently, adaptive governance practices that encourage decentralized experimentation are required to strengthen learning processes within the JKN system (Tamura et al., 2025; Wulandari et al., 2025).

When examined through Cleaves' three dimensions, institutional learning under JKN was influenced by bureaucratic inertia, political incentives, and resource limitations. Bureaucratic structures favored vertical accountability to central authorities rather than horizontal collaboration among stakeholders. Political interests were found to shape reform priorities, as policy adjustments often aligned with fiscal agendas or electoral timing rather than technical evaluation results. Resource constraints further hindered the establishment of systematic learning platforms and professional development programs. Thus, institutional learning was not merely a technical matter but a governance challenge shaped by the political economy of health reform (Azeri et al., 2025; Rahmawati & Hsieh, 2024).

It can therefore be concluded that governance reform within the JKN framework requires a paradigm shift from compliance-driven administration toward knowledge-

Journal Governance Bureaucraric Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

driven adaptation. Institutional learning must be embedded as a continuous process supported by data analytics, cross-sectoral collaboration, and transparent evaluation mechanisms. Strengthening digital platforms for knowledge exchange, enhancing the role of research institutions, and promoting community participation in evaluation are essential strategies for reform. Through these efforts, institutional learning can evolve from fragmented, reactive measures into a structured and sustainable component of health governance. Only by embedding learning in governance practice can JKN achieve long-term policy resilience and administrative innovation in Indonesia's decentralized health system.

CONCLUSION

This study was conducted to analyze the implementation of Indonesia's Jaminan Kesehatan Nasional (JKN) within a resourc -scarce political environment through the analytical framework proposed by Peter S. Cleaves. The findings revealed that policy execution under such constraints was shaped by the interplay of bureaucratic structure, political environment, and resource allocation. Decentralized administration was found to both empower and fragment governance, leading to varied implementation outcomes across regions. Political influences manifested through patronage, populist incentives, and inter-agency competition further complicated coordination and fiscal management.

The study contributes to the broader discourse on public policy implementation by demonstrating the relevance of Cleaves' model in analyzing contemporary welfare programs within decentralized systems. By integrating empirical observations from Indonesia's JKN with theoretical insights from comparative studies in Korea, Taiwan, and Ghana, the research advances understanding of how resource scarcity shapes institutional behavior. The results emphasize that sustainable health insurance requires synergistic reform in three areas: administrative capacity, political accountability, and financial governance.

Despite its analytical depth, this research faced limitations in primary data collection due to restricted access to confidential policy documents and limited interviews at regional levels. Future studies are encouraged to employ mixed-methods approaches combining quantitative fiscal modeling and qualitative stakeholder mapping to deepen understanding of the causal relationships between political behavior and implementation outcomes.

ACKNOWLEDGEMENT

-

REFERENCES

Alayda, N. F., Aulia, C. M., Ritonga, E. R., & Purba, S. H. (2024). Literature Review: Analisis Dampak Kebijakan Jaminan Kesehatan Nasional (JKN) Terhadap Akses dan Kualitas Pelayanan Kesehatan. *Jurnal Kolaboratif Sains*, 7(7), 2616–2626. https://doi.org/10.56338/JKS.V7I7.5573

Azeri, B., Tamba, W. P., & Silaban, R. A. (2025). Realisasi Progresif Implementasi Program Jaminan Kesehatan Nasional dan Kartu Indonesia Sehat. *Pancasila: Jurnal Keindonesiaan*, 5(1), 135–152. https://doi.org/10.52738/PJK.V5I1.743

Budiarsih, B., & Syamsul, A. (2025). Analisis Problematika Sistem Pembiayaan Kesehatan di Era Jaminan Kesehatan Nasional (JKN). *Research Journal of Social Science and*

Journal Governance Bureaucratic Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

Economics , 1(3), 494–504. https://jurnal.untag-sby.ac.id/index.php/rejosse/article/view/9271

Cheng, F. C., Wang, L. H., Chen, H. Y., & Chiang, C. P. (2025). Rapid response model for mandibular fractures by community clinic dentists under the National Health Insurance in Taiwan. *Journal of Dental Sciences*. https://doi.org/10.1016/J.JDS.2025.08.034

Clark, A. M. (1998). The qualitative-quantitative debate: moving from positivism and confrontation to post-positivism and reconciliation. *J Adv Nurs*, *27*(6), 1242–1249.

Cleaves, P. S. (1980). Implementation amidst scarcity and apathy: Political power and policy design. In *Politics and Policy Implementation in the Third World*. Princeton University Press. https://doi.org/10.1515/9781400886081-015/XML

Creswell, J. W., & Creswell, J. D. (2018). *Research design. Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.

Fajarwati, D., Efrila, E., & Makbul, A. (2024). Analisis Yuridis Penegakan Hukum atas Kecurangan (Fraud) Fasilitas Kesehatan Terhadap Peserta Jaminan Kesehatan Nasional dalam Pelayanan Medis. *Jurnal Cahaya Mandalika*, *5*(2), 899–912. https://doi.org/10.36312/JCM.V5I2.3788

Grimaud, O., Kerbrat, S., Menant, L., Timsit, S., André, J. M., Nowak, E., Olié, V., Padilla, C., & Le Meur, N. (2025). Ischemic stroke care for patients affiliated to the French agricultural health insurance scheme: A national study. *Revue Neurologique*, *181*(4), 298–304. https://doi.org/10.1016/J.NEUROL.2025.01.410

Han, A., Park, E. G., Yoon, J. H., Choi, J. Y., Park, H. K., & Hahn, S. (2024). Cost-effectiveness of expanding national health insurance coverage for composite resin restorations in cancer patients in South Korea. *Journal of Dentistry*, *150*, 105357. https://doi.org/10.1016/J.JDENT.2024.105357

Kim, J. H., & Lee, W. (2025). Population health impacts of national health insurance coverage for neonatal intensive care unit admission in South Korea: evidence from regression discontinuity analyses. *Health Policy*, *162*, 105471. https://doi.org/10.1016/J.HEALTHPOL.2025.105471

Lee, Y. J., & Lee, S. (2024). National Health Insurance Claim of Pediatric Appendectomy With Mandatory Diagnosis-Related Group Payment System in Korea. *Journal of Surgical Research*, *303*, 709–715. https://doi.org/10.1016/J.JSS.2024.09.076

Leray, E., Drezen, E., Casey, R., & Vukusic, S. (2025). Data linkage between the French multiple sclerosis cohort (OFSEP) and the French national health insurance database (SNDS). *Revue Neurologique*, *181*(7), 624–631. https://doi.org/10.1016/J.NEUROL.2025.05.002

Manita, R., & Afrita, I. (2024). Aksebilitas Pembiayaan Dalam Program Jaminan Kesehatan Nasional. *Innovative: Journal of Social Science Research*, *4*(1), 12874–12886. https://doi.org/10.31004/INNOVATIVE.V4I1.9581

Achiaw, S. O., Geue, C., & Grieve, E. (2025). The role of universal health coverage in secondary prevention: A case study of Ghana's National Health Insurance Scheme and early-onset hypertension. *SSM - Health Systems*, *4*, 100053. https://doi.org/10.1016/J.SSMHS.2025.100053

Paisal, P., & Laksono, A. D. (2025). Regional disparities of TB-HIV coinfection among national health insurance members in Indonesia. *Clinical Epidemiology and Global Health*, *36*, 102201. https://doi.org/10.1016/J.CEGH.2025.102201

Journal Governance Bureaucratic Review
eISSN: 3108-9356 pISSN: 3109-0605
VOL 2, NO. 2, AUGUST 2025
https://ojs.umrah.ac.id/index.php/jgbr

Park, D., Bang, M., Kim, H. S., & Kim, J. H. (2025). Modifiable risk factors for early- and late-onset dementia using the Korean national health insurance service database. *The Journal of Prevention of Alzheimer's Disease*, 12(3), 100032. https://doi.org/10.1016/J.TJPAD.2024.100032

Rahmawati, T., & Hsieh, H. M. (2024). Appraisal of universal health insurance and maternal health services utilization: pre- and post-context of the Jaminan Kesehatan Nasional implementation in Indonesia. *Frontiers in Public Health*, 12, 1301421. https://doi.org/10.3389/FPUBH.2024.1301421/BIBTEX

Sudrajat, A. S., & Rahayu, R. H. (2025). Implementasi Kebijakan Kelas Rawat Inap Standar Jaminan Kesehatan Nasional (KRIS-JKN) di RSUD Kota Bandung. *Journal of Governance Innovation*, 7(1), 372–391. https://doi.org/10.36636/JOGIV.V7I1.5256

Tamura, D., Iwasaki, K., Yoshida, M., Sato, Y., Hiroi, S., & Shimizu, E. (2025). Status of diagnostic test, diagnosis, and treatment of influenza using the national database of health insurance claims and specific health checkups of Japan. *Journal of Infection and Chemotherapy*, 31(5), 102692. https://doi.org/10.1016/J.JIAC.2025.102692

Wasano, K. (2025). Trends in paediatric otitis media revealed in national health insurance data in Japan. *International Journal of Pediatric Otorhinolaryngology*, 195, 112444. https://doi.org/10.1016/J.IJPORL.2025.112444

Widianto, H., Ratnawati, R., & Apriliani, E. D. (2024). Edukasi Pentingnya Jaminan Kesehatan Nasional BPJS Kesehatan. *APMa Jurnal Pengabdian Masyarakat*, 4(2), 123–129. https://doi.org/10.47575/APMA.V4I2.653

Wulandari, R. D., Laksono, A. D., Nugraheni, W. P., Suryati, T., Latifah, L., Yunitawati, D., Mubasyiroh, R., Ardani, I., Kusnali, A., & Alruwaili, A. S. (2025). Hospital inpatient in Indonesia: Does national health insurance matter? *Clinical Epidemiology and Global Health*, 35, 102155. https://doi.org/10.1016/J.CEGH.2025.102155

Zebua, J. F., Hutahean, M., & Tobing, A. L. (2024). Implementasi Aplikasi Mobile Jaminan Kesehatan Nasional (JKN) BPJS Kesehatan Kota Medan. *Innovative: Journal Of Social Science Research*, 4(2), 4735–4744. https://doi.org/10.31004/INNOVATIVE.V4I2.9937