

## **SUSTAINABILITY OF HUMANITARIAN SUPPLY CHAIN MANAGEMENT HEALTH INSURANCE IN SURABAYA CITY**

**Nur Jannah<sup>1</sup>, Yurilla Endah Muliatie<sup>2</sup>, Aminatuzzuhro<sup>3</sup>**

Universitas Wijaya Putra<sup>1,2,3</sup>

Email korespondensi: nurjanah@uwp.ac.id

### ***Abstract***

*The big theme of this study is humanitarian supply chain management, the initiation of contemporary public health is realized as a result of increasing health injustice and the level of social marginalization at a time when society is subject to increasing political pressures and resources. The urgency of this study is to analyze the discourse of humanitarian supply chain management public health in the city of Surabaya. This is important because BPJS has seen an increase in revenue in recent years due to the increase in health insurance rates. This research is a qualitative research that defines sustainability in humane supply chain management. This method is considered to correspond to the existing primary and secondary data. The results show several aspects of scientific progress and consider legality as the main reference in carrying out all activities. Technological advances in the health sector are one of Indonesia's future challenges, especially in improving the stability of health services and supply chains. This article is limited to a narrowly defined object of study compared to other public health literature. this study is limited to a short duration of research of about 2 months, causing limited research results.*

**Keywords:** Humanitarian Supply Chain; Insurance; Sustainability

### **1. INTRODUCTION**

The reality is that we as academics have no shortage of ideas about how greater and fairer access to the distribution of goods and services is used carefully and more effectively (Henry, 2013). Thus abandoning the behavior of waste, but often hindered in implementing the idea due to the assumption that sustainability always leads to higher costs, the imposition of higher taxes, fiscal deficits and leads to higher prices. The discovery of creative solutions by rallying all market participants can be used as a form of responsibility that reduces negative externalities of trade before finally entering into business calculations and pricing. These days organizations act as market custodians rather than as simple producers and the use of information in pricing mechanisms as a form of allocation of responsibility for broad and equitable access, careful and effective consumption while addressing the waste problem more efficiently.

The concept of sustainability began to be known since the UN conference in 1970 and became a concept that is difficult to separate from sustainability development (Benson & Craig, 2014). In general, sustainability is concerned with the long-term ability to continue to engage in activities, processes or uses of natural resources. This implies that good support for the concept of sustainability will cause a high impact. In making public policy, for example, we can understand

that the sustainability of the policy is certainly one of the optimizations of predetermined policy outputs.

Doubt after doubt is beginning to arise whereas it is a serious challenge for academics to continue to support and fully explore the humanitarian supply chain. Despite these doubtful situations, policy discussions always lead to the concept of sustainability goals. The concept of humanitarian is like an explanation (Larson & Foropon, 2018) humanitarian uses a variety of process management tools, including certain codes of ethics and standards, a contingency in decision making depending on internal and external situational factors. Humanitarian initiates an expansion of our understanding of process improvement technology and a focus on the standards used. Humanitarian arrangements describe a process improvement approach to improving disaster relief, something that has similarities with the object under study.

(Nurmala et al., 2018) cross-sectoral humanitarian business partnerships play an important role in the success of health sector assistance. The previous literature did not sufficiently conclude that the typology of humanitarian business partnerships in logistics uses content analysis that has been developed. The findings show that the level of partnership between the business and humanitarian sectors in managing humanitarian logistics is limited and has not been widely recognized. This partnership targets support for accelerating emergency management of natural and health disasters.

*Supply chain management is key to disaster relief due to the effectiveness, efficiency and speed in supplying beneficiary goods in all sectors (Abidi et al., 2014). Facts show that measuring actual performance in the supply chain is critical to identifying whether an organization is on target in accordance with supply chain goals. This identification will reduce long-standing problems in the humanitarian supply chain, as it is too difficult and expensive to establish a direct unidirectional relationship between the organization's annual efforts and the organization's established mission.*

The big theme of the study is Humanitarian Supply Chain Management. This is related to social health insurance, where with the increasing number of disasters, it becomes important for actors in the humanitarian supply chain to provide effective assistance. A form of assistance to those in need by various actors involved in disaster management. Disasters in this case are health disasters that guarantee the well-being of each individual, including the level of public health, according to the Constitution of the Republic of Indonesia. In the event of a disaster, stakeholders – government agencies, the UN, non-governmental organizations, non-governmental organizations, the armed forces, logistics service providers, the private sector and community actors – must be integrated and coordinated with each other to facilitate management and need adjustments (Prasanna & Haavisto, 2018).

The initiation of contemporary public health is manifested as a result of increasing health injustice and the level of social marginalization at a time when society is subject to political pressures and increasing resources. The article (Mykhalovskiy et al., 2019) shows the result that there is a sense of dissatisfaction with the established scientific interconnectedness with public health services especially the mode of practice referred to as the social sciences of public health.

There needs to be a whole and more complex alternative to be able to provide better public health services. Some empirical problems are often experienced by almost all countries, both developed and developing countries.

(Anderson & Burris, 2017) leverage alternative efforts to bring a public health perspective by improving the efficacy and safety of medical practices. Complex exploration is carried out on the basis of experiences related to possible reforms to be carried out. This alternative is important in order to improve public health services. On the other hand, health services face the problem of over-utilization in terms of demand and supply (Stacey et al., 2017). On the demand side, it proves that patients will abstain from unnecessary care if they are given a good communication reference.

Another potential problem is that health insurance or BPJS in this case is irregular at all times, given the large number of patients who need medical assistance. Research (Fawcett et al., 2015) concluded that cultural differences between buyers and suppliers can lead to failed collaborations. Differences in organizational culture hinder the provision of effective assistance (Rodon et al., 2012), but there is still little research linking organizational culture with cooperation in humanitarian supply chains.

Based on Law Number 24 of 2011 concerning the Implementation of Social Security, Article 11 letter d, namely "Settlement of Agreements with Health Institutions regarding Payment of Health Institutions Related to Standard Rates Set by the Government". Furthermore, based on PP Number 53 of 2018 concerning the Implementation of Social Security for Sick Illness, Article 39 paragraph 3 states: The financial statements of the previous month and still comply with the provisions of Article 35. In fact, more than the percentage of BPJS underfunding goes to the hospital. This is an empirical issue in this study, where the researcher's preliminary analysis shows that the government will definitely increase the price of BPJS to cover the cost of the bailout by 35%.

Data shows that several hospitals that are integrated with BPJS health insurance payments have defaulted. One of the reasons is that the number of patients who need treatment is so large that the cost of each treatment is not the same and is often very high. The main requirement is that when people experience health problems that are not severe, the hospital only gives a period of three days. BPJS Hospitals in Surabaya are: Soetomo Hospital, Ramelan Hospital, Surabaya Community Eye Hospital, Undaan Eye Hospital, Bhayangkara Samsoeri Hospital, Airlangga University Hospital, Jemursari Islamic Hospital, Haji Hospital Surabaya, Menuur Hospital, Suwandi Hospital, Adi Husada Kapasari Hospital, Perdana Merdika Hospital, Siloam Hospital, Darus Shifa Hospital, Pura Laharjah Hospital, Brawijaya Hospital Surabaya, Lung Hospital, Bhakti Rahayu Hospital, Royal Hospital, Al Irshad Hospital, Ahmad Yani Islamic Hospital, Bhakti Dharma Husada Hospital, Willian Booth Hospital Surabaya, PHC Hospital, Surabaya Medical Center Hospital, Husada Utama Hospital, Rumkitaban Surabaya, Wiyung Sejatera Hospital, Muzi Lahayu Hospital, Dr. Rumkitaru Oepomo, Bunda Hospital, Wijaya Hospital, Soemitro Hospital, Mitra Keluarga Kenjeran Hospital, PKU Muhammadiyah Hospital, RSIA Lombok 22 Lontar, RSIA Putri Surabaya, Gotong Royong Hospital, RSIA Graha Medika, Surgical Hospital and RSIA Nur Umami Numbi.

The number of hospitals receiving BPJS is 41 hospitals in the city of Surabaya. Given the large number of BPJS recipient hospitals in the city of Surabaya, the continuity of the humanitarian aid supply chain in this case has a significant impact on the community. The research is limited to a small number of hospitals, and the selection of such hospitals is based on the anomalous problems and complexity of the hospitals, and is likely to represent almost all hospitals in the city of Surabaya.

The urgency of this study is to analyze the discourse of humanitarian supply chain management public health in the city of Surabaya. This is important because BPJS has seen an increase in revenue in recent years due to the increase in health insurance rates. When the deficit is eliminated, services and supply chains will remain normal. However, problems in this area are not ideal, and theories show just that.

### **Literature Review**

(van Barneveld et al., 2020) show the result that humanitarian crises are unprecedented in that they cannot become normal in general. The impact of the Covid-19 pandemic on health around the world has had an impact on the unsustainability of economic globalization based on neoliberal restrictions on the ability of states for market mechanisms. This article suggests that public policymakers should be able to decide extra ordinary policies compared to previous crisis alleviations. The similarity of this research with the research to be carried out is that the concept of humanitarian is taken into account as the main variable and not just the amount of state losses in a crisis. Furthermore, the state of the art of this research is a contribution to the fundamental health services of every human being in Indonesia, namely health insurance or called BPJS. In terms of method of using indepth interview is possible in this article.

Research (Apriliansyah et al., 2021) shows that supply chain management affects the financial performance of the consortium. This is the basis for supporting research debates and research literature into alternative medicine service policies. The cutting-edge research site is a research method using in-depth interviews with researchers, FGDs, and qualitative improvement by observation. On the other hand, previous studies have shown the use of purely quantitative methods in testing hypotheses.

This study (Rahmawati et al., 2021) provides an excellent qualitative analysis and states that capacity building requires managerial relationships. The similarity of this research is to use qualitative techniques with sharp analysis in interpreting the theory, so as to produce mature arguments that can be developed in further research. In addition, this article does not require customer loyalty because prior art is still in the research stage and health insurance is the right of all healthy card holders to get health services. When people need medical treatment, they naturally seize the first opportunity. That is, having health insurance. Hereinafter referred to as BPJS. However, the implementation of BPJS often presents strengths and weaknesses for the community, especially related to the services provided by hospitals.

This study (Heaslip et al., 2018) evaluates existing systems in the United States and provides up-to-date insights into those systems. The similarity of his research is the integration of local actors

## Humanitarian Supply Chain Management

Supply Chain Innovation Management (SCIM) identifies three elements of SCI content that interact with each other; 1) Supply chain business processes; 2) Supply chain network structure; 3) Supply chain technology. The supply chain management framework is an integral part of all supply chain management literature. A humane supply chain requires a unique composition made possible by supply chain design. The main characteristics of supply chain design are agility, adaptability, and integrity.

Vosviewers are used to analyze the extent to which the research conducted contributes to other studies. The use of the Vosviewer application is combined with the Harzing Publish or Perish application using the Scopus Search and Google Scholar Search search methods.



Semakin besar bulatan yang berada di gambar maka telah banyak orang yang meneliti tentang tema tersebut. Penggunaan Vosviewer ini berdasarkan keyword yang ada di Scopus sehingga akan mendapatkan literatur terkini dan terbaru, sekaligus menjadi penelitian terdahulu yang memungkinkan untuk melanjutkan kontribusi penelitian sebelumnya. Batasan tahun yang digunakan dalam penggunaan aplikasi Vosviewer adalah tahun 2017-2022 dan jumlah artikel tidak lebih dari 200. Penggunaan Batasan angka 200 didapati untuk bisa menjelaskan setidaknya lima tahun terakhir penelitian yang menggunakan tema yang sama dengan penelitian ini. Hasil menunjukkan bahwa tema management dalam *humanitarian supply chain* terhitung belum banyak dilakukan dan ditunjukkan pada Gambar 1 tidak terlalu besar bulatan yang ada.

## **2. RESEARCH METHODS**

This research is a qualitative research that defines sustainability in humane supply chain management. This method is considered to correspond to the existing primary and secondary data. Primary data were collected based on direct observation, in-depth interviews, and focus group discussions. In addition, secondary data are obtained from previous literature, studies, books, studies and other important documents.

The focus of this research is on the sustainability of humanitarian supply chains, which is an important issue for both developed and developing countries. It is hoped that this research can be useful for the community, especially health insurance in Surabaya. The location of this study is in the city of Surabaya because health insurance in the city of Surabaya serves many patients and 90% of empirical data is registered with the National Health Insurance (JKN). Surabaya is also the second largest city in Indonesia after Jakarta, the capital of DKI.

This research data collection technique uses interviews, indepth interviews, and focus group discussions. Furthermore, the study used triangulation data analysis based on literature dicuments, primary data, and observations made during the study.

## **3. RESULTS AND DISCUSSION**

### **Interpretation of Sustainability Humanitarian Supply Chain**

Supply chain management literacy distinguishes the supply chain of innovative products based on the functionality of those commodities. Innovative products require a responsive supply chain, while functional products can be handled by a leaner supply chain. The main characteristics of supply chain networks are due to the following factors: 1) Stuck in incremental to radical contexts, all healthcare workers are expected to abandon progressive forms to carry out measurable procedures according to the rules of the discipline. 2) Innovation can occur at the intra-enterprise level, indicating that innovation in one company can be applied to another. Thus, it can and will be a new benchmark for the acceleration of health services. This becomes important given that the technology and the urgency of the problem must be actively used for solutions. 3) Innovation is a value for stakeholders. Of course, innovation requires displaced values: efficiency and effectiveness. Given the high urgency of health problems, the efficiency and effectiveness of treatment and services is of paramount importance in terms of accelerating treatment in the health

sector. This value at least covers several aspects of scientific progress and considers legal legality as the main reference in carrying out all activities.

Based on the analysis (Ambassador & Gunasekaran, 2016), three content elements of supply chain innovation management were identified. For example, 1) In the context of health services, the availability of vaccines is one of the key factors in the supply chain because it is related to the availability of commodities. In addition, not long ago, the scarcity of masks was one of the causes of the non-achievement of supply chain elements. 2) The structure of the supply chain network is one of the next important factors in stabilizing the availability of the supply chain. Empirically, the structure of the health supply chain network is fully controlled by the government through the Minister of Health, who can proactively respond to the needs and availability of the supply chain in order to maintain the stability of health and health services. 3) Supply Chain Technology Regarding the last factor, Indonesia is still lagging behind in empirical research and development of technology. Proven by the lack of use of simple technology but the efficiency is still low. Technological advances in the health sector are one of Indonesia's future challenges, especially in improving the stability of health services and supply chains.

#### **4. CONCLUSION**

Given the high urgency of health problems, the efficiency and effectiveness of treatment and services is of paramount importance in terms of accelerating treatment in the health sector. This value at least covers several aspects of scientific progress and considers legal legality as the main reference in carrying out all activities. One of the proofs that health services are adequate is the use of technology with minimal updates, some technologies are used, but the efficiency is still low. Technological advances in the health sector are one of Indonesia's future challenges, especially in improving the stability of health services and supply chains.

This article suggests that public policy holders apply legality of legislation that can accommodate the improvement of health services in the city of Surabaya, then hospital management can transform to provide health services better than before. So that the concept of sustainability can last until it achieves optimum public health service satisfaction.

This article is limited to a narrowly defined object of study compared to other public health literature. By not ruling out the possibility for future research to be able to use a more complex research locus and objects, so as to get better data accuracy. In addition, this research is limited to a short duration of research of about 2 months, causing limited results that can be a contribution to the development of knowledge.

#### **BIBLIOGRAPHY**

- Abidi, H., De Leeuw, S., & Klumpp, M. (2014). Humanitarian Supply Chain Performance Management: A Systematic Literature Review. *Supply Chain Management*, 19(May), 592–608. <https://doi.org/10.1108/SCM-09-2013-0349>
- Anderson, E., & Burris, S. (2017). Policing and Public Health: Not Quite the Right Analogy.

- Policing and Society*, 27(3), 300–313. <https://doi.org/10.1080/10439463.2016.1231188>
- Apriliansyah, M., Widyastuti, T., & Bahri, S. (2021). Pengaruh Supply Chain Terhadap Kinerja Keuangan Dengan Kepuasan Pelanggan Dan Loyalitas Pelanggan Sebagai Variabel Intervening Pada Kerja Sama Operasi Rumah Sakit. *Jurnal Apresiasi Ekonomi*, 9(2), 238–250. <https://doi.org/10.31846/jae.v9i2.394>
- Benson, M. H., & Craig, R. K. (2014). The End of Sustainability. *Society and Natural Resources*, 27(7), 777–782. <https://doi.org/10.1080/08941920.2014.901467>
- Dubey, R., & Gunasekaran, A. (2016). The sustainable humanitarian supply chain design: agility, adaptability and alignment. *International Journal of Logistics Research and Applications*, 19(1), 62–82.
- Fawcett, S. E., McCarter, M. W., Fawcett, A. M., Webb, G. S., & Magnan, G. M. (2015). Why supply chain collaboration fails: the socio-structural view of resistance to relational strategies. *Supply Chain Management: An International Journal*.
- Henry, E. (2013). Sustainable Business. *Printwear*, 26(8), 46–51. <https://doi.org/10.1201/9780429058387-4>
- Larson, P. D., & Foropon, C. (2018). Process Improvement in Humanitarian Operations: An Organisational Theory Perspective. *International Journal of Production Research*, 56(21), 6828–6841. <https://doi.org/10.1080/00207543.2018.1424374>
- Mykhalovskiy, E., Frohlich, K. L., Poland, B., Di Ruggiero, E., Rock, M. J., & Comer, L. (2019). Critical Social Science With Public Health: Agonism, Critique and Engagement. *Critical Public Health*, 29(5), 522–533. <https://doi.org/10.1080/09581596.2018.1474174>
- Nurmala, N., de Vries, J., & de Leeuw, S. (2018). Cross-Sector Humanitarian–Business Partnerships in Managing Humanitarian Logistics: An Empirical Verification. *International Journal of Production Research*, 56(21), 6842–6858. <https://doi.org/10.1080/00207543.2018.1449977>
- Prasanna, S. R., & Haavisto, I. (2018). Collaboration in humanitarian supply chains: an organisational culture framework. *International Journal of Production Research*, 56(17), 5611–5625.
- Rahmawati, N. F., Toana, R. D. A., & Sofyan, M. (2021). Customer Relationship Marketing Di Ramayana Departement Store Pada Masa Pandemic Covid-19. *Jurnal Apresiasi Ekonomi*, 9(3), 372–378. <https://doi.org/10.31846/jae.v9i3.425>
- Rodon, J., Serrano, J. F. M., & Gimenez, C. (2012). Managing cultural conflicts for effective humanitarian aid. *International Journal of Production Economics*, 139(2), 366–376.
- Stacey, D., Légaré, F., Lewis, K., Barry, M. J., Bennett, C. L., Eden, K. B., Holmes-Rovner, M., Llewellyn-Thomas, H., Lyddiatt, A., Thomson, R., & Trevena, L. (2017). Decision Aids for People Facing Health Treatment or Screening Decisions. *Cochrane Database of Systematic Reviews*, 2017(4). <https://doi.org/10.1002/14651858.CD001431.pub5>
- van Barneveld, K., Quinlan, M., Kriesler, P., Junor, A., Baum, F., Chowdhury, A., Junankar, P. N., Clibborn, S., Flanagan, F., Wright, C. F., Friel, S., Halevi, J., & Rainnie, A. (2020). The



COVID-19 pandemic: Lessons on building more equal and sustainable societies. *Economic and Labour Relations Review*, 31(2), 133–157. <https://doi.org/10.1177/1035304620927107>