WESTERN PACIFIC

THE COUNTRY PHARMACY PROFILE SERIES

INDONESIA

A country profile of pharmacy practice in the context of the national healthcare system

Informed by FIP Member Organisation
INDONESIAN PHARMACISTS ASSOCIATION

ADVANCING PHARMACY WORLDWIDE

1. OVERVIEW OF THE HEALTHCARE SYSTEM

Indonesia has a mixed healthcare system that combines both public and private providers. The public sector is largely governed by the Ministry of Health (Kementerian Kesehatan), which formulates national health policies, regulations, and programmes.[1, 2] Since 2001, local governments have also played an essential role in healthcare delivery through decentralisation, especially at the provincial and district levels. Although decentralisation aimed to improve access and equity, it also led to increased heterogeneity in the quality of services and access to care across different regions.[3] Indonesia's healthcare infrastructure includes primary health centres (Puskesmas) as the backbone for basic services, supplemented by public and private hospitals for secondary and tertiary care.[2] The private sector plays a growing role, especially in urban areas, offering services to those who can afford out-of-pocket payments or private insurance, which increases inequity between socio-economic groups.[2] The country also operates a universal health coverage (UHC) scheme known as Jaminan Kesehatan Nasional (JKN), launched in 2014 and managed by the Social Security Agency for Health (BPJS Kesehatan). As one of the largest single-payer systems globally, JKN aims to provide all citizens with access to essential health services.[3, 4]

In 2025, JKN dominated the financing, covering 99.14% of the total Indonesian population.[5] However, direct and indirect taxes still contribute to and support specific programmes or additional funding.[6] Company health coverage has decreased due to most companies joining JKN, and a few companies having a double cover programme (JKN and another private insurance).[7]

Indonesia's pharmacist workforce is expanding and evolving, playing an increasingly critical role across the universal health coverage support chain, from primary care and chronic disease management to hospitals, medicine distribution, and the pharmaceutical industry.[8, 9] In 2019, there were 77,191 registered pharmacists, the majority of whom were young, and 78% were female, a pattern expected to persist in the coming years.[9, 10] As of June 2025, there were 153,631 registered pharmacists, equating to 5.8 pharmacists per 10,000 population.[11] However, persistent challenges remain, including uneven distribution of healthcare resources, competency gaps, quality gaps between regions, limited integration into the wider healthcare system, and the need for effective pharmacist retention strategies.[8-10]

Healthcare financing model[4]

Indonesia's current healthcare financing model is hybrid:

MODEL TYPE	Hybrid model*	
PRIMARY SOURCES OF FUNDING	National Health Insurance scheme (JKN)-UHC scheme	The JKN scheme collects contributions from formal/informal/non-salaried workers and pays full or partial premiums for low-income members.
	Direct taxes	Contributed approximately 15–20% of health financing annually between 2015–2019. Direct taxes were consistently progressive sources of funding over the period.
	Indirect taxes	Also contributed roughly 15–20% of financing each year but remained regressive during the 2015–2019 period.
	Social health insurance (SHI)	Accounting for 23.1% of financing in 2019. SHI contributions were generally regressive.
	Company health coverage (CHC)	Accounted for 11.1% of current health expenditure in 2019; similar shares in prior years.
	Private health insurance (PHI)	Accounting for 3.5% in 2019.
	Out-of-pocket payments (OOPs)	While OOPs have declined, they still represent around one-third of health expenditure, accounting for 32.1% in 2019.

*The hybrid healthcare financing model is described as a system that combines multiple funding sources, such as public funds, private investment, donor contributions, and out-of-pocket payments, to finance healthcare infrastructure and services. Available at: http://bit.ly/4mFQNL2

2. SERVICES PROVIDED BY PHARMACISTS IN THE COUNTRY

Types of services provided in community and hospital pharmacies

This section outlines the range of professional services provided by pharmacists in Indonesia across community and hospital settings.

Services provided by community pharmacies beyond dispensing*		
Therapeutic substitution (changing dose, formulation, etc)		✓
Adjustment of prescribed treatments		✓
Complementary prescribing		✗
Independent prescribing	Services may be delivered collaboratively despite the lack of independent authority.	✗
Prescribing in an emergency		✗
Providing medicines and services in care homes (nursing homes)		✓
Services to hospital and other facilities without a pharmacy		✗
Home deliveries		✓
Home care and medication reviews/medicines use reviews	It occurred but was not formally established.	✗
Dispensing emergency contraceptive		✓
Applying first aid and arranging follow-up care		✓
HIV testing		✗
Counselling on HIV self-test products		✗
COVID-19 testing		✗
Dispensing prescription renewals for patients with long term conditions authorised with the original prescription		✓

*Data in this table were provided by the Indonesian Pharmacists Association (IAI).

Services and activities provided by hospital pharmacies*	
Validation of prescriptions	✓
Preparing non-sterile medicines	✓
Preparing sterile medicines	✓
Preparing cytotoxic medicines**	✗ ✓
Preparing nutrition mixtures**	✗ ✓
Dispensing to outpatients	✓
Pharmacy and therapeutics committees	✓
Multidisciplinary therapeutic decision making**	✗ ✓
Reporting non-quality medicines**	✗ ✓
Managing medication history	✓
Pharmacogenomics testing	✗
Medicines reconciliation	✓
Monitoring medicines use	✓
Pharmacokinetic monitoring**	✗ ✓
Clinical trials**	✗ ✓
Managing medicines-related waste	✓
Antibiotic stewardship	✓
Support to emergency departments	✓

*Data in this table were provided by the Indonesian Pharmacists Association (IAI).
**Yes/No refers to a wide range of types of hospital pharmacies in Indonesia (unable to generalise across Indonesia)

Extended scope of practice[12]	
Is **pharmacy-based vaccination available** in the country?	No
Are pharmacists authorised to **administer** vaccines in pharmacies?	No
Are pharmacists authorised to **prescribe** vaccines in pharmacies?	No
Do pharmacists receive vaccination **training**?	No

3. PHARMACY HUMAN RESOURCES: EDUCATION AND ENTRY INTO PRACTICE

Education and training of the pharmacy workforce (year 2025)

3.5 years[13] minimum of full-time undergraduate education

161[13] accredited pharmacy schools/ faculties

NO Continuing professional development (CPD) **IS NOT** mandatory for pharmacists' licence renewal (a pharmacist's licence is permanent, no renewal required)*. However, CPD is required to maintain competency certification.

1 year programme comprising several training modules across various settings. Students may choose a minor placement, lasting approximately 3–4 weeks, or a major placement of up to 3 months. The selection between minor and major placements is based on the individual interests and focus areas of the student.[13]

NO The renewal of pharmacist licensing or registration **IS NOT** based on gaining CPD 'credits' or 'points' or similar credentials

NO CPD **IS NOT** linked with an annual portfolio-type submission (for example, reflective diary entries, or reflective cases)

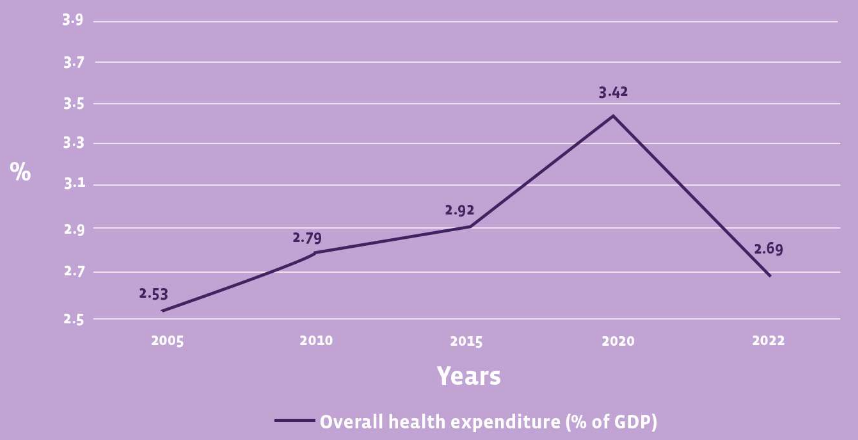
A pharmacist's professional license is now valid for life; however, pharmacists are still required to collect Continuing Professional Development (CPD) credits to maintain their competency certificate, which is necessary to obtain a practice license at their workplace.

4. COUNTRY'S HEALTHCARE ECONOMIC SNAPSHOT

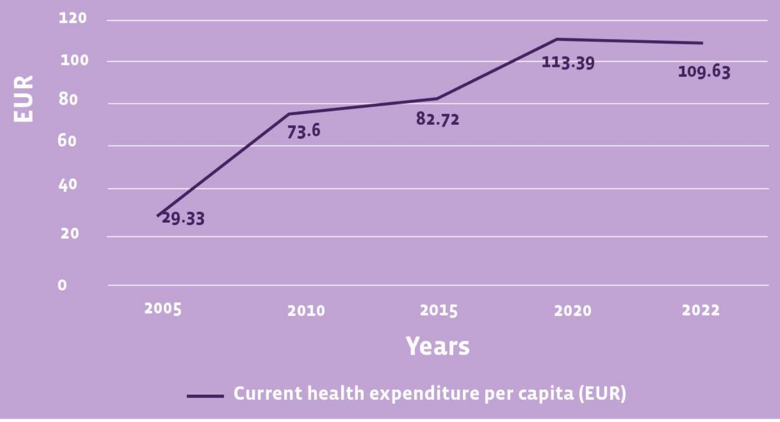
This section provides a macro-level overview of Indonesia's health financing indicators and outcomes, including GDP spending, life expectancy, and workforce employment.

World Bank income level category[14]
Indonesia: Upper-middle-income economy

Overall healthcare expenditure as a percentage of GDP[15]
In 2022–2023, Indonesia's total health expenditure was approximately 2.69–2.90% of GDP, with public financing accounting for 57.4% and out-of-pocket (OOP) spending at 28.6%, marking a slight decrease from 2022.[16] The services sector, including healthcare, contributed around 45.4% to the country's GDP.[17]



Health expenditure per capita[18]
From 2005 to 2022, health expenditure per capita increased from EUR 29.33 to EUR 109.63, peaking at EUR 113.39 in 2020.



Life expectancy (male/female)[19,20]
Over the past three decades, the overall health status of Indonesians has seen marked improvement, with life expectancy rising from 62.3 years in 1990 to 71 years in 2023.[4,21]

Life expectancy at birth from 2005 to 2023, by gender

The employment rate in the healthcare sector
As of June 2025, Indonesia had 153,631 registered pharmacists, equivalent to 5.8 pharmacists per 10,000 population, with a total population of approximately 285.7 million.[11]

5. HEALTH SERVICE STATUS

1. Coverage rates for essential health services

Indonesia's UHC service coverage increased slowly from 42 in 2010 to 56 in 2019, and then decreased again to 55 in 2021.[22] In 2014, Indonesia introduced a novel Universal Health Coverage (UHC) system, known as Jaminan Kesehatan Nasional (JKN), designed to be flexible and responsive to evolving needs. As of 2025, JKN has covered 99.14% of the Indonesian population,[5] becoming the world's largest single-payer scheme and contributing to improving health equity, access to services, and financial protection.[3,4,23] However, challenges remain, including lower enrolment among middle-income groups, limited coverage for children under five and maternal care, rising costs related to non-communicable diseases, and the need for stronger preventive measures and digital health infrastructure. The financial sustainability of JKN, data system integration, and improving health literacy are also pressing issues for future reform.[3,4]

2. Availability and accessibility of health insurance options

Indonesia's essential health services are primarily delivered through the public insurance scheme, JKN, which covers the majority of the population, while around 10% are covered by private health insurance. JKN premiums are based on income tiers: Class 1 – IDR 150,000 (~EUR 9/month), Class 2 – IDR 100,000 (~EUR 6/month), and Class 3 – IDR 35,500 (~EUR 2/month). Private health insurance premiums start from approximately EUR 3–9 per month for basic local plans, and range from EUR 24 per month for minimal international coverage to EUR 455 per month for comprehensive packages. It is worth noting that primary health care (PHC) spending increased by 18.3% compared to pre-pandemic levels, increasing access to essential services.[16]

3. Policies and strategies implemented within the pharmacy context to promote health and prevent diseases

In 2020, pharmacy personnel were present in 75% of public health centres,[24] with most pharmacists involved in health promotion activities such as patient education, smoking cessation, and disease prevention. Community pharmacies also support treatment advice and chronic disease management.[25,26] National efforts include immunisation programmes, antimicrobial stewardship, and access to essential medicines through the JKN formulary, contributing to improved maternal and child health, immunisation coverage, and infectious disease control.[11]

4. Availability and accessibility of patient medical records (including pharmacy access)

Indonesia has implemented the SATUSEHAT platform (formerly PeduliLindungi), which integrates electronic medical records (EMRs) across hospitals, clinics, health centres, and pharmacies, as mandated by the Ministry of Health Regulation No. 24/2022. However, the system still faces ongoing technical challenges related to interoperability, and many facilities continue to rely on alternative digital systems or paper-based records.[11]

6. PHARMACY WORKFORCE CAPACITY AND DISTRIBUTION

Pharmacy workforce capacity* (Year 2025)

94,683 licensed pharmacists in the country

3.34 pharmacists' per 10,000 population

7455 new registrants

88,717 female pharmacists in the country out of **94,683**

NO DATA pharmacy technicians in the country

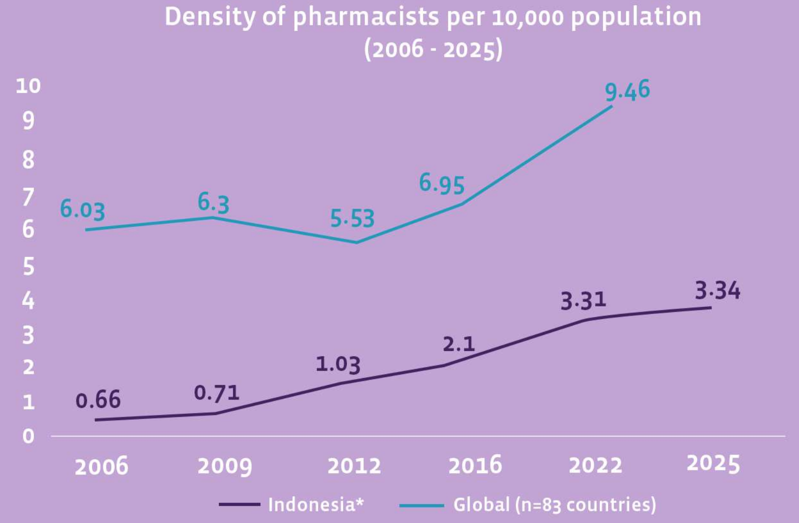
94% female pharmacists in the workforce

NO DATA pharmacy graduates

*Data in this table were provided by the Indonesian Pharmacists Association (IAI).

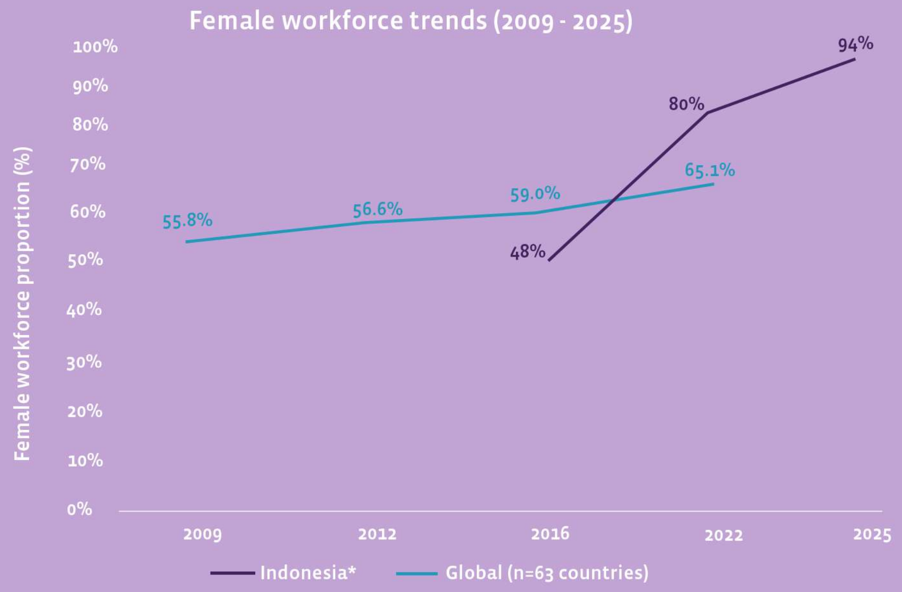
Distribution across the area of practice

Pharmacist density in Indonesia gradually increased from 0.66 per 10,000 population in 2006 to 3.31 in 2022, reaching 3.34 in 2025. Despite this growth, it remains below the global average at all observed time points.



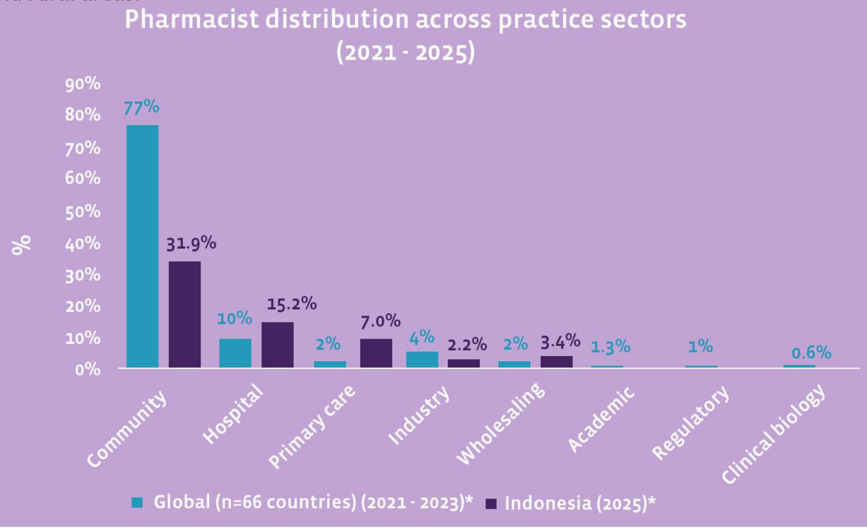
*Data in this chart were provided by the Indonesian Pharmacists Association (IAI).

The proportion of female pharmacists in Indonesia surged from 48% in 2016 to 94% in 2025, far exceeding the global average of 65% in 2022.



*Data in this chart were provided by the Indonesian Pharmacists Association (IAI).

In 2025, the largest share of Indonesian pharmacists worked in community (31.9%), followed by hospital (15.2%), primary care (7%), industry (2.2%), and wholesaling (3.4%). No data were available for academic, regulatory, and clinical biology sectors. Distribution remains uneven, particularly between urban and rural areas.



*Data in this chart were provided by the Indonesian Pharmacists Association (IAI).
* Global figures are based on average data from 2021–2023; Indonesia's data reflect the most recent available year (2025).

7. CURRENT POLICIES, URGENCIES AND PRIORITIES WITH PHARMACEUTICAL SERVICES PROVISION

Key insights from the Indonesian Pharmacists Association (IAI) on:

1. Innovative practices that have successfully improved health outcomes and addressed inefficiencies within Indonesia's healthcare system

Jaminan Kesehatan Nasional (JKN – National Health Insurance): Now covering more than 99% of the population, JKN has reduced out-of-pocket expenditure and improved equity in healthcare access.

Digital health and telepharmacy: The SATUSEHAT platform integrates health records nationally, supporting continuity of care. Telepharmacy and e-prescriptions, widely adopted during COVID-19, continue to expand access to pharmaceutical services.

Strengthening primary care: Puskesmas programmes such as Prolanis (chronic disease management for diabetes and hypertension) actively involve pharmacists in prevention and rational medicine use, reducing hospital burden. More recently, the integrated primary service model links Puskesmas with auxiliary facilities (pustu) and community posts (posyandu), enhancing service reach and efficiency.

National e-catalogue for medicines: Centralised procurement has improved transparency, reduced costs, and ensured more reliable access to essential medicines across the health system.

Makan Bergizi Gratis (free nutritious meals): A flagship initiative to improve child nutrition and reduce stunting. Although operational challenges remain, the programme reflects strong government commitment to preventive health and is supported by the pharmacy profession for its potential public health impact.

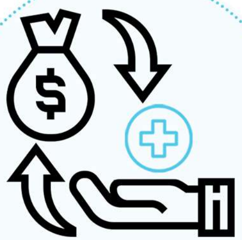
2. Significant challenges currently facing the pharmacy profession in Indonesia

Fragmented professional voice: Following the new Health Law (2023), the government no longer recognises a single unified professional organisation for pharmacists. This has led to fragmentation, with pharmacists divided into different groups, weakening collective advocacy and reducing the profession's ability to influence policy effectively.

Career pathway and HR harmonisation gaps: There is still no harmonised system between public and private sector HR frameworks. This creates inconsistencies in recognition, remuneration, and career progression, particularly affecting emerging specialisations such as radio-nuclear pharmacy, which expects its first graduates in 2026.

Credentialing transition and funding uncertainty: The transfer of credentialing authority from IAI to the Ministry of Health has created a transitional period marked by unclear processes and resource allocation. While funding is now part of the national health budget, dedicated allocation for pharmacists is also a concern.

3. Reimbursed pharmacy services beyond dispensing



At present, in Indonesia, there are no pharmacy services beyond dispensing that are directly reimbursed or financially compensated by third-party payers (such as government or insurance schemes). While pharmacists contribute significantly to patient care through counselling, chronic disease management, and public health initiatives, these activities are not yet recognised within the reimbursement framework.

Indonesia's pharmacy profession is in transition, with challenges around representation, career pathways, and funding. Yet these shifts also open the door for renewal. Backed by national health programmes and IAI's commitment to leadership, specialisation, CPD, and digital transformation, pharmacists are ready to turn challenges into opportunities and play a stronger role in shaping the future of healthcare in Indonesia.

4. Current projects and priorities aligned with FIP Developmental Goals

DG 2 (Early Career Training Strategy) & DG 6 (Leadership Development):
IAI actively empowers young pharmacists through the Indonesian Young Pharmacists Group (IYPG). An annual event is dedicated to building their capacity and leadership skills. In October 2025, IAI, through IYPG, hosted the Asia Young Pharmacists Group (AYPG) Leadership Summit in Lombok, reflecting their commitment to nurturing future leaders.

DG 4 (Advanced and Specialist Development), DG 5 (Competency Development) & DG 9 (Continuing Professional Development):
Through Badan Pendidikan dan Pelatihan (Badiklat) IAI, the association provides structured education and training to strengthen members' capabilities at all stages of their careers. This includes CPD activities, competency-based training, and support for the establishment of specialist and advanced practice pathways. Despite credentialing functions being transferred to the Ministry of Health, IAI continues to invest in professional development through Badiklat to ensure pharmacists maintain competence and progress in their careers.

DG 17 (Antimicrobial Stewardship):
Antimicrobial resistance is a national health priority, and IAI plays an active role in addressing it. They run programmes both at the national level and through their regional branches to ensure pharmacists become champions of antimicrobial stewardship.

DG 20 (Digital health):
Recognising the importance of digitalisation, IAI has begun integrating digital health topics into all himpunan seminat (special interest group) events, creating awareness and preparing members to embrace new digital tools and innovations.

DATA SOURCES AND VALIDATION

The data and information presented in FIP case studies are derived primarily from a desktop review of publicly available sources and relevant documents, complemented by in-house data that FIP has collated. The sources and methods underlying these data are fully cited and referenced to ensure transparency and traceability. Additional data were obtained directly from the respective FIP member organisation (MO). All data were subsequently reviewed and validated by the FIP MO to ensure accuracy, completeness, and reliability.

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