



Overview of Healthcare Industry in Indonesia



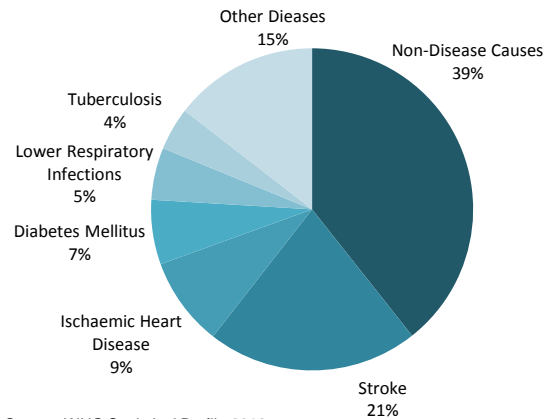
The Urgency of Healthcare in Indonesia

Over the past decade, the death rate per 1,000 population in Indonesia has been relatively stable at 6.3 on average. The situation is worsened by the fact that Indonesia has experienced a declining trend of birth rate per 1,000 population from 20.71 in 2005 to 17.04 in 2014. Referring to the chart below, it appears that the narrower the gap, the greater the decline in population growth over the years.

Stroke has proven to be the main disease-related cause of death, killing over 328,000 people in 2012. With other health problems, diseases accounted for 60% of causes of death in Indonesia. Therefore, a profound healthcare support system is urgently needed in Indonesia.

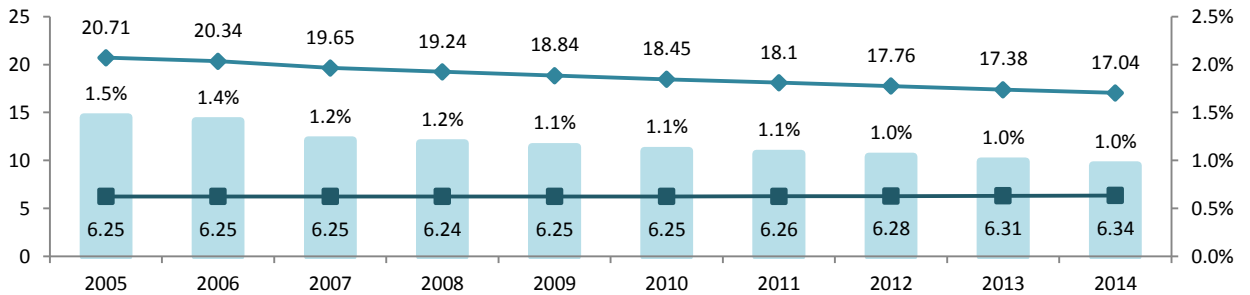
Shortage of hospitals, lack of qualified human resources, and low public expenditures on healthcare industry illustrates some of the critical problems of health system in Indonesia. To date, on average, the ratio of beds in hospitals amounted to 1.21 per 1,000 population in Indonesia. A crowded public hospital with irrational waiting time is likely to cost an imperfect quality of service for the needed patients.

Leading Causes of Death



Source: WHO Statistical Profile 2012

Population Progression



Source: CIA World Factbook 2014

Population Growth Birth/1,000 pop. Death/1,000 pop.



The Current State

The Infrastructure

The Government of Indonesia defines healthcare facility into two main categories; Hospital and *Puskesmas* (Community Health Center). According to the Ministry of Health Regulation No. 75/2014, *Puskesmas* is the district / municipality technical implementation unit responsible for providing health services in each working area.

As of December 2015, there were only 9,754 units of *Puskesmas* in Indonesia with an average of 2.0% increase each year. This condition is insufficient, given that an area with high population such as Java Island, one *Puskesmas* is allocated for a minimum of 16,000 people. Please refer to page 13 for more data on *Puskesmas*.

Healthcare Facilities in 2015



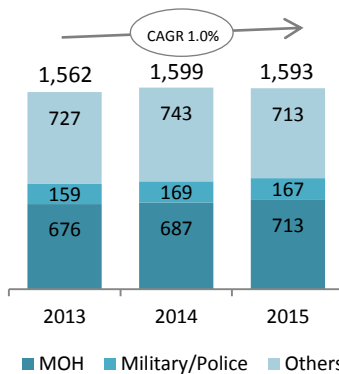
9,754 Puskesmas
100% Public
3,396 Inpatient & 6,358 Outpatient
1.15 Puskesmas per 30,000 people



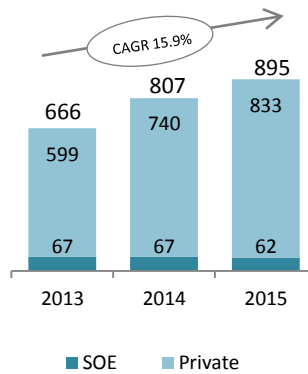
2,488 Hospitals
1,593 Public & 895 Private
1,949 General & 539 Specialized
1.21 Hospital per 1,000 people

Source: Indonesia Health Profile 2015, Ministry of Health

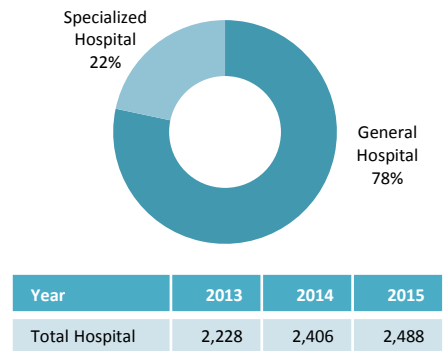
Number of Public Hospital



Number of Private Hospital



Hospital by Type



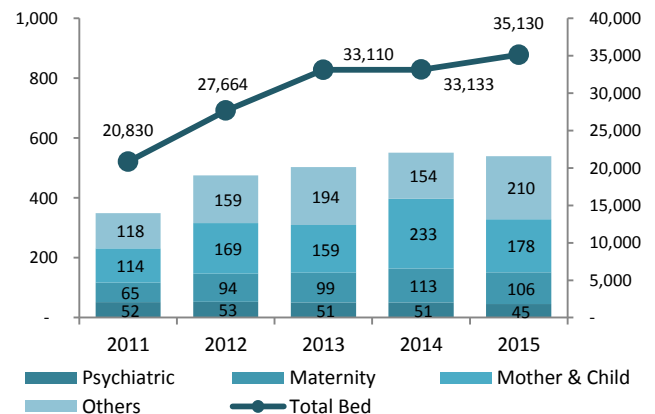
Source: Indonesia Health Profile 2015, Ministry of Health

The Ministry of Health Regulation No. 147/2010 established the categorization of hospitals in Indonesia. Public hospitals are those managed by the Ministry of Health, Regional Government, Military/Police, or other ministries and non-profit organization. Meanwhile, a private hospital can be managed by either the state-owned enterprises (SOEs) or private organizations.

As of 2015, there were 1,593 public hospitals and 895 private hospitals in Indonesia. By type, there were 1,949 general hospitals (with CAGR of 9.2%) and 539 specialized hospitals (with CAGR of 11.5%). Majority of the specialized hospitals conducted mother & child health services. Overall, the number of specialized hospital beds had an increasing trend with a total 35,130 beds in 2015.

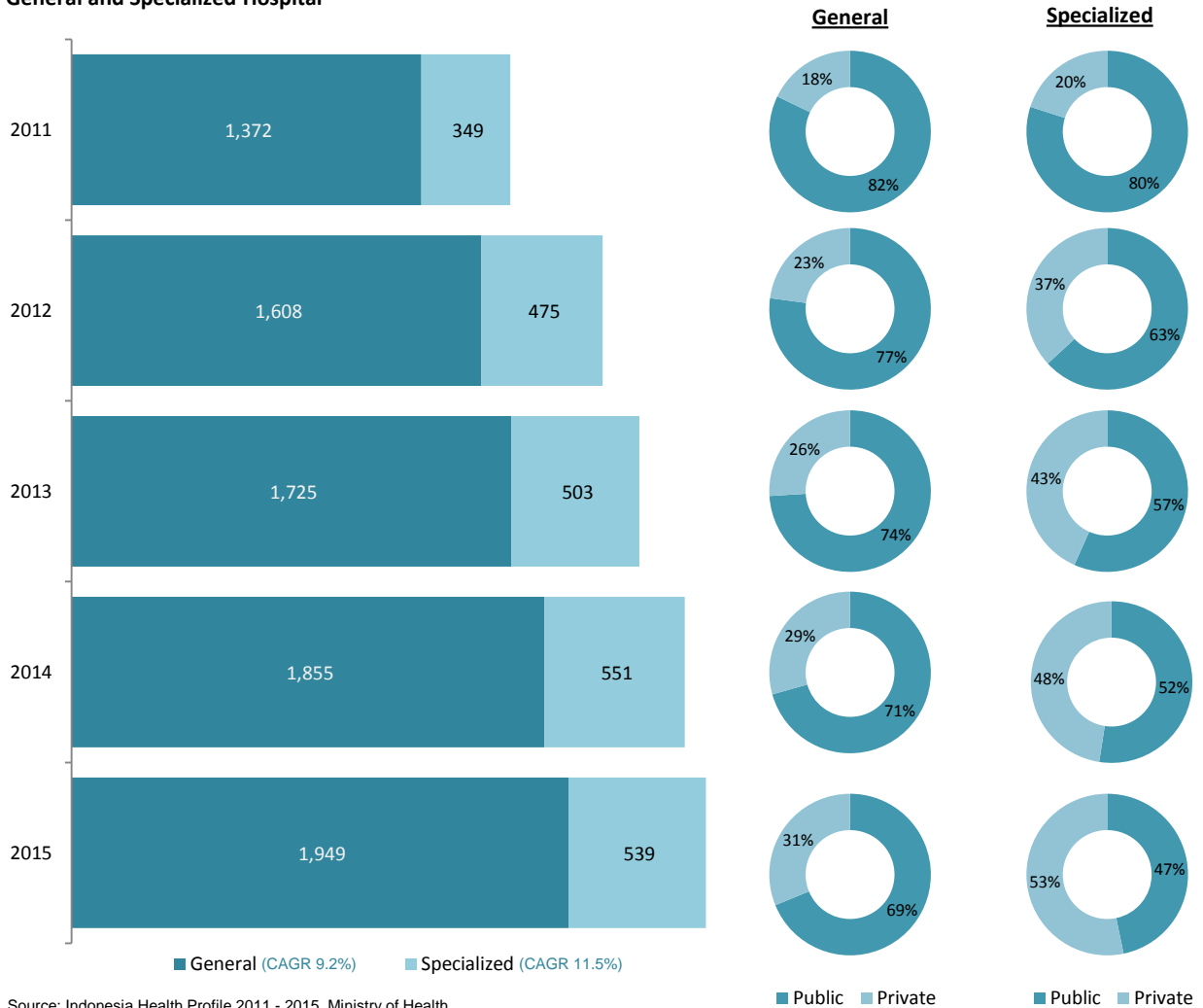
The Government dominate the ownership of both general and specialized hospitals until 2015, when private sector then owned 53.2% of specialized hospitals. With CAGR of 15.9%, the significant increase in private hospital underlines the important role of private sector in the healthcare industry. Please refer to page 14 for more data on hospitals.

Specialized Hospital by Type



Source: Indonesia Health Profile 2015, Ministry of Health

General and Specialized Hospital



Source: Indonesia Health Profile 2011 - 2015, Ministry of Health

Population served per Hospital and Bed

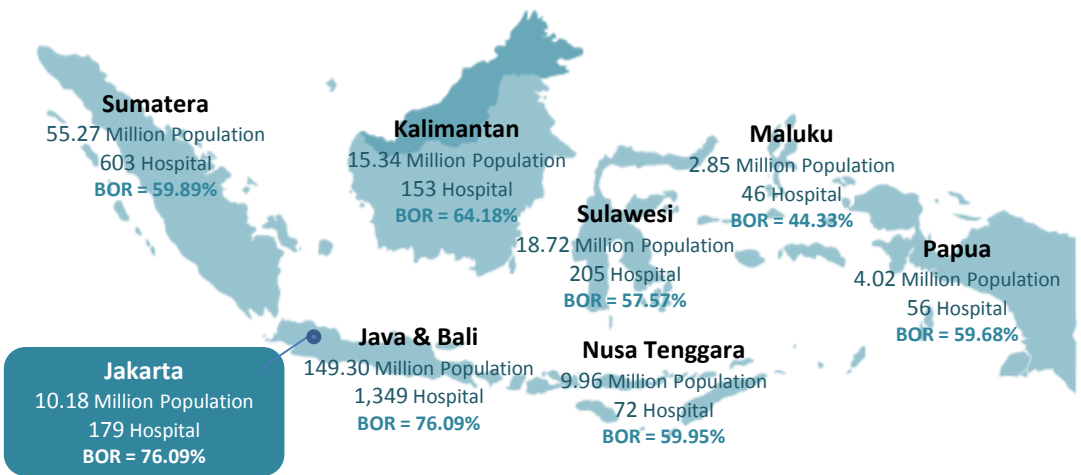
Region	Population served per			
	Hospital		Bed	
	2014	2015	2014	2015
Sumatera	96,006	91,663	889	784
Java and Bali	112,432	110,672	970	860
Nusa Tenggara	143,723	138,273	1,374	1,239
Kalimantan	98,972	100,281	872	771
Sulawesi	88,726	89,589	765	682
Maluku	61,951	61,931	816	727
Papua	77,926	71,802	905	690
Average	104,790	102,678	935	826

Source: Indonesia Health Profile 2014 & 2015, Ministry of Health

Majority of hospitals are centralized and located in Java and Sumatera. There were 1,294 hospitals in Java (57.3% public & 42.7% private) and 603 hospitals in Sumatera (63.8% public & 36.2% private) in 2015. However, a number provinces in those regions including Lampung, West Java, and Banten continue to have a ratio of hospital bed per 1,000 population below 1 (refer to page 15).

The table on the left demonstrates the number of population served per hospital and per bed for each region. Papua improved its healthcare facility through a fall of 7.9% on population served per hospital and 23.8% on population served per bed.

On the opposite, Nusa Tenggara has the lowest hospital and bed to population ratio. In 2015, one hospital is intended to serve 138,273 people with each hospital bed intended to be utilized by 1,239 people. Despite the annual improvement, Nusa Tenggara still require addition to its healthcare facilities. Thus, significant infrastructure development in rural areas is indeed vital.



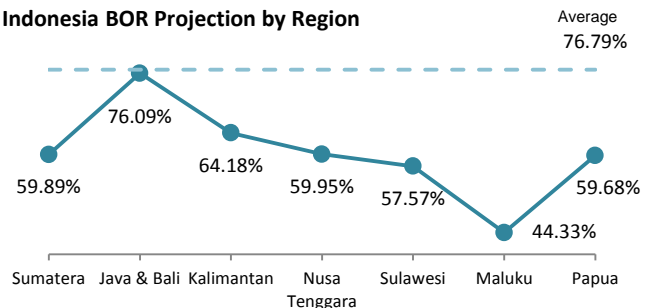
Indonesia BOR Projection by Province

Provinces	BOR Projection	Classification
Aceh	68.88	Ideal
North Sumatera	76.64	Ideal
West Sumatera	58.27	Low
Riau	62.34	Ideal
Jambi	60.14	Ideal
South Sumatera	93.82	High
Bengkulu	71.20	Ideal
Lampung	57.66	Low
Bangka Belitung Island	49.87	Low
Riau Island	n/a	n/a
DKI Jakarta	76.09	Ideal
West Java	66.11	Ideal
Central Java	137.70	High
DI Jogjakarta	60.32	Ideal
East Java	64.13	Ideal
Banten	58.48	Low
Bali	69.82	Ideal
NTB	60.18	Ideal
NTT	59.71	Low
West Kalimantan	64.70	Ideal
Central Kalimantan	58.92	Low
South Kalimantan	68.78	Ideal
East Kalimantan	67.27	Ideal
North Kalimantan	61.25	Ideal
North Sulawesi	62.31	Ideal
Central Sulawesi	57.91	Low
South Sulawesi	67.86	Ideal
South-east Sulawesi	56.02	Low
Gorontalo	50.36	Low
West Sulawesi	50.95	Low
Maluku	42.79	Low
North Maluku	45.87	Low
West Papua	52.15	Low
Papua	67.21	Ideal
Total	76.79	Ideal

Source: Indonesia Health Profile 2015, Ministry of Health, RS Data Online 2015

Bed Occupancy Rate (“BOR”) - the percentage use of hospital bed at a certain period of time - is considered as one of the most important indicators of hospital service by the Ministry of Health (“MOH”). This in turn is useful to determine the level of utilization, quality, and efficiency of hospital services. To date, MOH expects a hospital to have a BOR between 60% – 85%. Meanwhile, 80% is the threshold of BOR recommended by the World Health Organization (“WHO”).

Indonesia BOR Projection by Region



Source: Indonesia Health Profile 2015, Ministry of Health, RS Data Online 2015

From the hospitals that reported their BOR to the MOH, the overall projected BOR for Indonesia is 76.79% or principally in the ideal range. South Sumatera and Central Java have ominously high BOR or above the suggested threshold by both MOH and WHO. A high BOR defined an overcrowded facility where safety and efficiency is notoriously debatable. More importantly, a crowded hospital makes it difficult to exclusively treat patient with higher care needs, thus increase the risk of cross-infection to other patients.

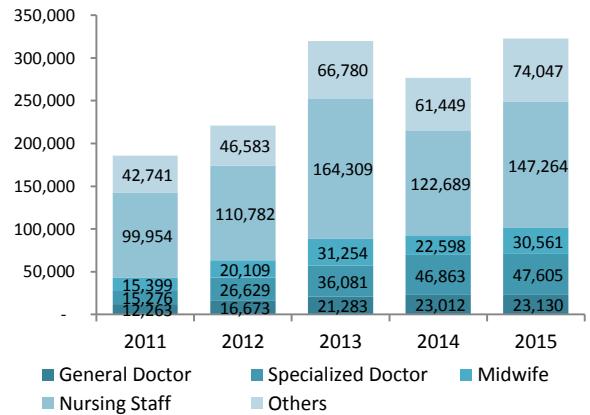
In compare with the neighboring countries with relatively higher BOR average such as Singapore (circa 90%) and Vietnam (circa 170%), Indonesia has an overall lower BOR due to the existence of medical tourism attracted by private hospitals with comprehensive services for foreign patients.

The Resources

According to the Government Act No. 36/2014, health workers are medical personnel, clinical psychology personnel, nursing staff, midwifery staff, pharmacy personnel, community health workers, environmental health personnel, nutrition personnel, physical therapy personnel, medical technicians, biomedical engineers, traditional health personnel, and other health personnel.

In 2015, there were 493,856 hospital workers, where 322,607 of them were medical personnel and 171,249 of them were supporting staff. The provinces with the highest number of medical personnel were Central Java (44,885 personnel), East Java (39,742 personnel), and West Java (39,008 personnel). In contrast, the province with the least number of medical personnel was North Kalimantan (1,163 personnel).

Medical Personnel in Hospitals

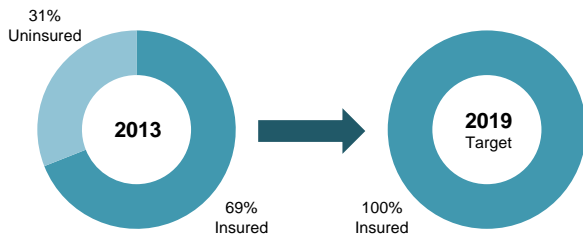


Source: Indonesia Health Profile 2011 - 2015, Ministry of Health

Universal Health Coverage

On January 1st 2014, Indonesia took a big step to reform its healthcare system by creating the Universal Healthcare Coverage ("UHC" or also called "BPJS") that is expected to be fully functioned to serve all Indonesian citizens in 2019. This will automatically create more demand on healthcare facilities and personnel as the BPJS is expected to cover 100% of Indonesian citizens.

BPJS: Target



This system is aimed at unifying the previously established public insurance provided by the Government into two categories: BPJS Health (targeting all society members) and BPJS Workforce (targeting the workforce in relation to economic and work risks/injuries). All public hospitals are required to register under BPJS while it is not mandatory for private hospitals. Nevertheless, as of February 2015, the *Jakarta Globe* indicates that 44% of private hospitals have already registered under the BPJS Health System. Up to December 2015, over 156 million Indonesian were registered as BPJS participants, or increased by 17.51% from 2014.

BPJS: Revolution Plan

2013			2019
Enrollment (approx.)	Insurance	Target	Fully Implemented BPJS
36%	Jamkesmas	Poor and near-poor	BPJS Health
16%	Jamkesda	Poor and near-poor	
6%	Askes	Civil Servants	BPJS Workforce
3%	Jamsostek	Private Formal Sector Employees	
0.6%	ASABRI	Military and Police	Private Sector
8%	Private Insurance	Private Sector	

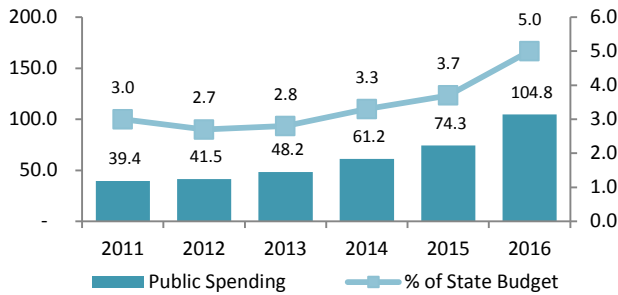
Source: EY Indonesia Healthcare Industry Publication 2015



Financing the Healthcare Industry

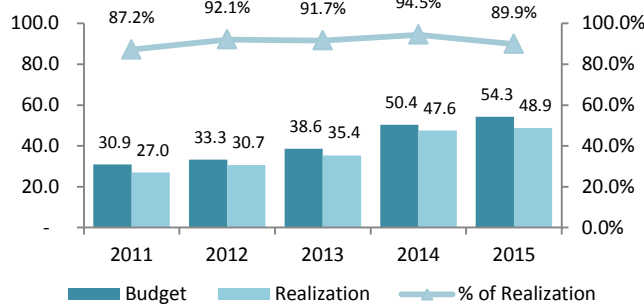
Public Spending

Allocation of State Budget to Healthcare



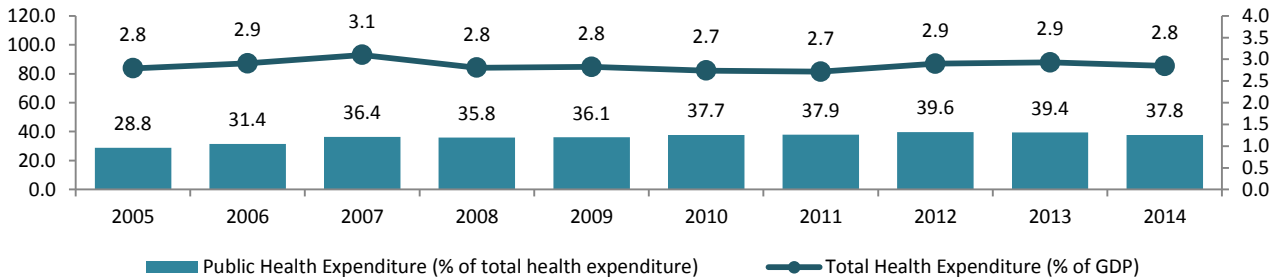
Source: Indonesia State Budget 2016

Budget Allocation and Realization of Ministry of Health



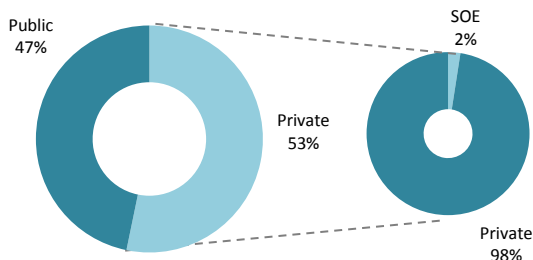
Source: Indonesia Health Profile 2015, Ministry of Health

Indonesia's Health Expenditure as % of GDP



Source: Worldbank 2014

Specialized Hospital in 2015



Source: Indonesia Health Profile 2015, Ministry of Health

The 2016 state budget is mainly directed to accelerate infrastructure development. The Government of Indonesia is refocusing its development strategy by reallocating fossil fuel subsidies to more productive expenditure such as infrastructure spending. The allocation of state's budget on healthcare in 2016 reached 5% (above IDR 100 Trillion), the highest in the past decade (refer to the chart on the left). This budget, however, is primarily allocated for medicines and neglecting health infrastructure development in general. Meanwhile, the state budget allocation managed by MOH in 2015 amounted IDR54.3 trillion with realization of IDR48.9 trillion (89.9%). As a percentage, the realization has declined from 94.5% in the previous year.

The proportion of health expenditure towards gross domestic product ("GDP") has generally an increasing trend over the past two decades. Nevertheless, the proportion in 2014 has decreased to 2.8% from 2.9% in the preceding two years. From that amount, the proportion of private sector dominates the expenditure. Only 37.8% of total health expenditure was made by the public sector. This clearly portrays the significance existence of private sector in the healthcare industry. It has also been proven by the increase number of hospitals owned by private sector over the years, with CAGR of 15.9% for the past 3 years while public hospital has only CAGR of 1.0%.

Role of Private Sector

Although in quantity, public hospitals remains the majority in the hospital industry, private hospitals offer more specialized patient care. The private hospital has essentially contributed to the growing need of special healthcare facilities as shown by the domination of specialized hospitals. According to the Ministry of Health Regulation No. 56/2014, private hospitals required to reserve at least 20% of their beds for public patients. As shown by the chart above, the proportion of private participation in the total health expenditure is higher than the public. Thus, the expansion of private hospitals will eventually beneficial for Indonesia.

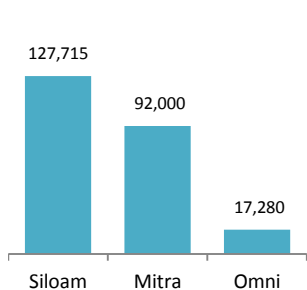
Main Private Players

The major private players in the hospital industry includes Siloam, Mitra Keluarga, Omni, Mayapada, and Ciputra. All of them are already listed in the Indonesia Stock Exchange, except for Ciputra, whom is relatively new joiner in the industry.

As shown on the table below, Siloam has 23.18% of public ownership since its IPO completion in 2013, or the highest among its competitors. Siloam's revenue is significantly higher than its peers because the number of hospitals owned that is also higher. As of September 2016, Siloam has admitted over 120,000 inpatients with BOR of 65%, or relatively ideal. As the main competitor, with fewer hospitals, Mitra Keluarga has a significantly higher EBITDA margin. To date, Mitra Keluarga has admitted 92,000 patients in 2016, with over 2,000 beds and BOR of 66%.

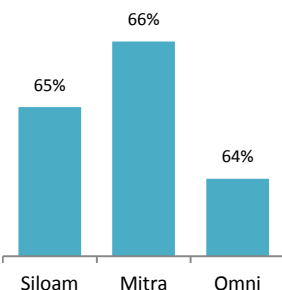
In 2008, Mayapada Hospital established its first hospital in the exclusive residential area of Tangerang. Previously, the hospital was known as the Honoris Hospital, which was operating since 1991. With IDR100 billion acquisition cost, it became the first hospital in the shade of Mayapada Group with Sejahtera Anugerahjaya, a subsidiary of the Group, as the operator.

Inpatient Admission: 9m16



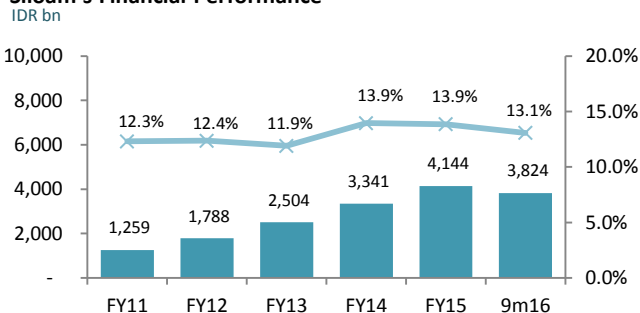
Source: Hospital's Website

BOR: 9m16



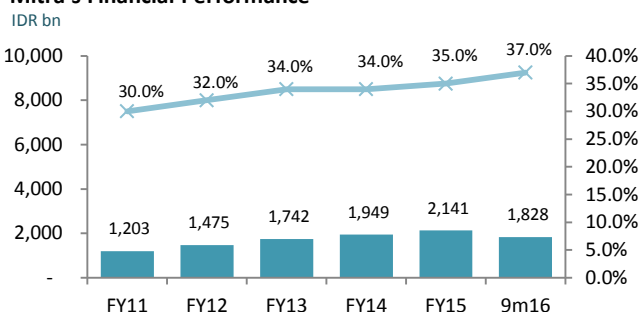
Source: Hospital's Website

Siloam's Financial Performance



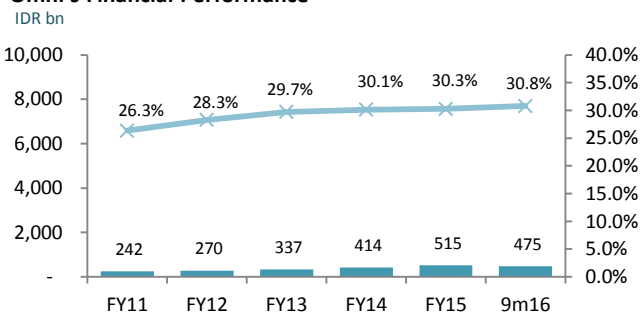
Source: Siloam Hospital Website

Mitra's Financial Performance



Source: Mitra Hospital Website

Omni's Financial Performance



Source: Omni Hospital Website

Indonesia's Largest Hospital Operators

Corporation	Hospital Name	Establishment	IPO Completion	Public Ownership	Existing Hospitals	Planned Hospitals
Siloam International Hospitals	Siloam	1996	2013	23.18 %	23 units	43 units
Mitra Keluarga Karyasehat	Mitra Keluarga	1989	2014	18.00%	12 units	18 units
Sarana Meditama Metropolitan	Omni	1972	2013	15.47%	3 units	2 units
Sejahtera Anugerahjaya	Mayapada	1991	2011	4.45%	2 units	50 units
Ciputra Raya Sejahtera	Ciputra	2011	-	-	3 units	7 units

Source: EY Publication 2015, Hospital's Website



Competitiveness of Indonesia

The position of Indonesia within its ASEAN neighbors in terms of healthcare is clearly not satisfactory. Referring to the chart below, as the largest populous country in ASEAN, the total health expenditure as a percentage of GDP of Indonesia is below 3% or actually one of the lowest among ASEAN. Specifically, the proportion of public spending is not even reaching 40% of that amount.

The situation has placed Indonesia to be the country with the lowest ratio of hospital beds per 10,000 population. The condition is in contrast with Brunei Darussalam as the country with lowest population among ASEAN but proved

to spent substantial public investment on healthcare industry. In addition to unrivaled availability of facilities, another obstacles of healthcare system in Indonesia is the lack of qualified physicians & personnel. The number of physicians available per 10,000 people is only 2, which is significantly lower than the average in ASEAN. The country is also suffering with undersupply specialists and lack of quality. The condition is worsened by the strict restriction on foreign medical personnel permit to work in Indonesia, covered in the Ministry of Health Regulation No. 67/2013.

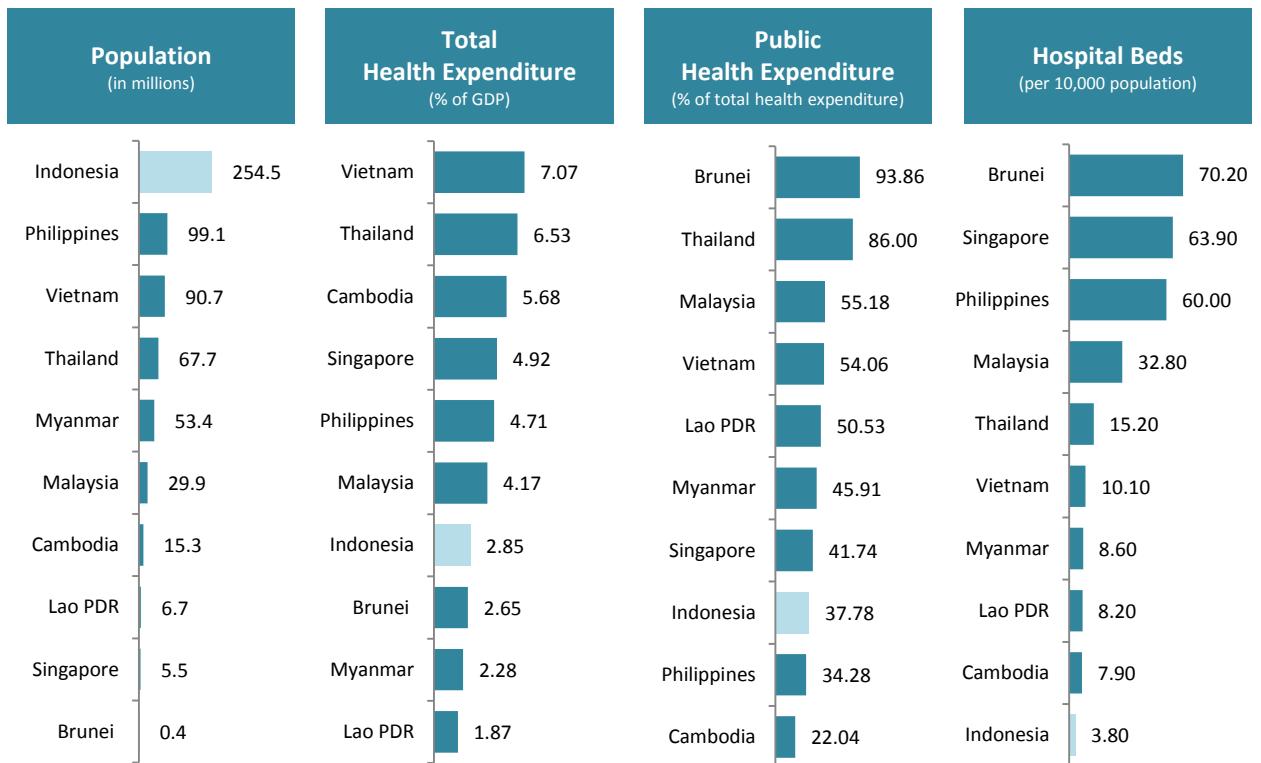
Healthcare Resources in ASEAN

per 10,000 population

Country	Physicians	Nursing Personnel	Dentistry Personnel	Pharmaceutical Personnel
Brunei Darussalam	14.4	80.5	4.2	4.0
Indonesia	2.0	13.8	1.0	1.0
Cambodia	1.7	7.9	0.2	0.4
Lao PDR	1.8	8.8	0.4	1.2
Myanmar	6.1	10.0	0.7	n/a
Malaysia	12.0	32.8	3.6	4.3
Philippines	n/a	n/a	n/a	8.9
Singapore	19.5	57.6	4.1	4.1
Thailand	3.9	20.8	2.6	1.3
Vietnam	11.9	12.4	n/a	3.1
Average	8.1	27.2	2.1	3.1

Source: WHO Data 2007 - 2013

Healthcare in ASEAN



Source: Worldbank 2013 & 2014



The Market

With the rise of middle class for the past decade, Indonesians have a higher purchasing power. It is reported that the quarterly GDP for Q3 2016 is 5.02%, which is considerably higher than Q3 2015 and Q3 2014. As the wealth of Indonesians increases, so as the demand for a better quality of healthcare services, especially above and beyond the basic health services provided by BPJS system. The facilities given by BPJS will mainly be provided by the public hospitals and limited number of private hospitals. Although, as mentioned before, many private hospitals have participated the BPJS program, they are placing limitations by restricting the treatments for BPJS subscribers due to the low payout of rates given by the BPJS system. This condition will ultimately create substantial opportunities to private investors looking for prospects in the industry.

It is important to also noted that opportunities also lies beyond the capital city of Jakarta. In the region of Sumatera, the gross regional domestic product ("GRDP") is actually comparable with Vietnam's GDP. Provinces such as East Kalimantan and Riau have a relatively high GRDP in contrast with other provinces in Indonesia. Thus, the high purchasing power of Indonesia is not centralized in Jakarta. Nonetheless, the disparities of medical care, equipment, facilities, and medicines between Jakarta and the other provinces are clearly recognizable.

The Existence of Medical Tourism

The limited facilities in Indonesia that offer high standard healthcare services forced the middle to higher class Indonesians to look for alternative providers in the neighboring countries. The current condition in Indonesia is highly unattractive since not only lack of technology, but also lack of specialized foreign doctors due to the strict restriction on foreign medical personnel permit.

Medical Tourists from Indonesia

	Indonesia		Overseas	
	Public	Private	Malaysia	Singapore
Patients (2010)	93,800,000	23,000,000	300,000	226,000
Annual Medical Costs (2011, USD mn)	80,000	152,000	500,000	8,000
Per capita Healthcare Costs (2010, USD)	USD84	USD660	USD200	USD3,500

Source: Roland Berger, 2015

Singapore, Malaysia, and Thailand are some of the medical tourism destinations for about 600,000 Indonesians every year. Albeit the higher cost of healthcare, many Indonesians still prefer to be served and treated in Singapore. This is triggered by the lack of trust in the Indonesian healthcare services and the desire for better quality of medical services, including medical technologies. This is also an incentive for foreign doctors to work in the healthcare industry in Singapore. For example, there are nearly 50% of the doctors are foreigners in Mount Elizabeth Hospital, Singapore.

Attraction for Foreign Investments

Foreign investors are naturally concerned about a country's regulations and restrictions when they want to make investments. Albeit the previous effort by the Government, overall, the foreign direct investment ("FDI") flew into Indonesia was still rather shrinking over the past three years.

Given the situation, the Government is boosting foreign investments and execute ASEAN Economic Community (AEC) by creating Presidential Regulation No. 44/2016 shows in relation to a Negative Investment List. Under this regulation, although foreign firms are not allowed to operate a general hospital in Indonesia, they are allowed to operate specialized hospitals (other than maternity) up to 67% of ownership for foreigners and up to 70% of ownership for the ASEAN firms.

Foreign Direct Investment: ASEAN

USD mn

Country	2013	2014	2015
Brunei Darussalam	725	568	171
Cambodia	1,275	1,727	1,701
Indonesia	18,444	21,810	16,917
Lao PDR	427	913	1,079
Malaysia	12,297	10,875	11,290
Myanmar	2,621	946	2,824
Philippines	3,860	5,815	5,724
Singapore	60,380	74,420	61,285
Thailand	15,936	3,720	8,027
Viet Nam	8,900	9,200	11,800
ASEAN	124,865	129,995	120,819

Source: The ASEAN Secretariat 2016

Healthcare Investment Restrictions: The Negative Investment List (2014 and 2016)

Business Type	Investment allowed for	Year		Location
		2014	2016	
Business/hospital management service	Foreigners	Max. 67%	Max. 100%	Anywhere
General medical services/ public hospital or clinic	Foreigners	x	x	x
Specialist hospital (excl. maternity)	Foreigners	Max. 67%	Max. 67%	Anywhere
	ASEAN investors	Max. 70%	Max. 70%	East Indonesia (except Makassar and Manado)
Specialist maternity hospital	Foreigners	x	x	x
Specialist clinic	Foreigners	Max. 67%	Max. 67%	Anywhere
	ASEAN investors	Max. 70%	Max. 70%	East Indonesia (except Makassar and Manado)
Laboratory clinic and medical check-up clinic (supporting health)	Foreigners	Max. 67%	Max. 100%	Anywhere

Source: Presidential Regulation No. 44/2016

Alternative Financing Scheme

As the high cost of developing healthcare facilities, Indonesia cannot solely depend on the state budget. With the limitation of the state budget, the Government needs to look for alternative financing scheme such as through the public-private partnership (“PPP”). Recently, the Government is planning to create the first PPP project in healthcare industry: a partnership of Municipal Government of Sidoarjo (East Java) with Japan International Cooperation Agency (JICA) to expand the public hospital and the availability payment scheme given to expand the municipal hospital dr. Pirngadi in Medan (North Sumatera).

Over the past decades, many countries have started using PPP scheme to develop infrastructure and social infrastructure such as healthcare. In this case, the United Kingdom (“UK”) has historically been the largest market for PPP since it started in the early 1990s. The most common model of PPP in the UK is the Private Finance Initiative (“PFI”), used to develop public services and achieve best utilization of the UK’s public spending. The form of PFI is commonly a long-term contracts (20-35 years) where the private sector constructs the project’s facilities / assets and generate the essential funding (project finance). According to HM Treasury, up to 2015, a total of 722 current PFI projects have been delivered to sustain the social and economic development in the UK, while 679 projects are operational. In terms of project value, the sector with the greatest proportion is health while in terms of number of projects is education.

Roles in PFI Model in UK’s Healthcare

Private Funding	NHS Trust
Design, build, and operate hospital buildings, including the non-clinical services (cleaning, catering, pottering, etc)	Core services (clinical, medical, and nursing services)

Source: UNECE - ‘PPPs in Health Manila 2012

The National Health Service (“NHS”), established in 1948, is UK’s publicly funded national healthcare system. Through local bodies called NHS Trusts as hospital manager, the Government used PFI to built new NHS hospitals building since 1990s. With the distribution of roles shown on the table above, NHS Trust will pay annual fee for the contracted period that consisted of two components: availability charge (related to management of building and equipment) and service charge (related to facilities management and non-clinical services). The model has been favoring both the Government and private players in the UK and the achievement of the hospitals built could have not been possible using other financial arrangement available.

Case Study:

The redevelopment of The St Bartholomew's and the Royal London Hospitals

With construction worth over £1 billion signed in 2006, the redevelopment of the two hospitals under the largest NHS Trust in the UK, Barts Health, is considered as the one of the largest PPP project in the Europe. The redevelopment project of the 900 years historical building of St Bartholomew's Hospital that offers specialists services for treatment of cancer and the Royal London Hospital that provides women and children center in East London comprises of modernization by the creation of new building, refurbishment of existing building, and new equipment.

Project Summary

Project Name	Redevelopment of the St Bartholomew and the Royal London Hospitals
Location	East London
Scheme	Private Finance Initiative ("PFI")
Public Sector	Barts Health
Private Sector	Capital Hospitals Ltd (consortium)
Shareholders	<ul style="list-style-type: none"> • Skanska UK plc • Innisfree Ltd • Bank of Scotland Corporate • John Laing • Siemens Medical Solutions (SMS)
Contract Duration	42 years
Capital Value	£1,100 million
Status	<ul style="list-style-type: none"> • Project Signing: 2006 • First Handover: 2010 (St Bartholomew) and 2012 (Royal London) • Construction Completion: 2016

Source: Skanska, Barts Health, and Partnerships Bulletin



St Bartholomew's



New St Bartholomew's



Royal London



New Royal London

Project Advisors

Public Sector	Private Sector
<ul style="list-style-type: none"> • Technical: Davis Langdon, YFS Consultancy , and WSP UK • Legal: Allen & Overy • Financial: PwC • Architects: Llewelyn Davies Yeang, Hubbert Halls & Barnes, and Anshen + Allen 	<ul style="list-style-type: none"> • Technical: Troup Bywaters + Anders and Faithful + Gould • Legal: Clifford Chance and Freshfields Bruckhaus Deringer • Financial: Investec and Morgan Stanley • Architects: HOK • Construction: Skanska UK plc • Debt Providers: BNP Paribas , HSBC, Deutsche Bank, European Investment Bank, Ambac Assurance UK Ltd, and Financial Security Assurance (UK) Ltd • Facilities Managers: Carillion Aquamen (Mowlem) and Carillion Private Finance • Other: Synergy Healthcare plc

Source: Skanska, Barts Health, and Partnerships Bulletin

Turkey is another example of country with groundbreaking financing structure of healthcare system. In 2010, Turkey launched its PPP program for healthcare that aimed to improve service delivery by serving nearly 90% of the population. The program itself consisted of 50 projects with an estimated investment value of EUR20 billion. One of the project in the program is the Adana Hospital Complex with 1,550 bed capacity to serve Adana, Hatay and Osmaniye provinces.

Case Study:
Adana Hospital Complex

With a total area of 318,504 m², the complex will be consisted of 1,300-bed Main Hospital, 150-bed Physical Therapy and Rehabilitation Hospital and 100-bed High Security Criminal Psychiatric Hospital. Through the 28-year PPP contract, the private sector, ADN PPP Sağlık Yatırım A.Ş., is responsible for the detailed design, construction, equipping, financing and maintenance., while the Ministry of Health will be in charge of the provision of medical services.

Project Summary

Project Name	Adana Integrated Health Campus Project
Location	Yüreğir District in Adana Province, South Turkey
Scheme	Public Private Partnership (“PPP”)
Public Sector	Ministry of Health
Private Sector	ADN PPP Sağlık Yatırım A.Ş.
Contract Duration	28 years
Capital Value	EUR 460 million

Source: PPP Adana Hastanesi, EBRD 2014



Disclaimer

All information presented were taken from multiple sources and considered as true by the time they were written to the knowledge of PT Sarana Multi Infrastruktur (Persero). PT Sarana Multi Infrastruktur (Persero) can not be held responsible from any inaccuracy contained in the material.

Any complaint can be submitted to:

- Corporate Secretary PT SMI
- Tel : +62 21 8082 5288
- Fax : +62 21 8082 5258
- Email : corporatesecretary@ptsmi.co.id

Public complaints on PT SMI service will be kept strictly confidential and handled by a special committee to ensure that complaints are addressed appropriately.



Puskesmas and its ratio to population

Provinces	Puskesmas			Ratio of Puskesmas per 30,000 pop.		
	2013	2014	2015	2013	2014	2015
Aceh	334	337	339	2.14	2.14	2.03
North Sumatera	570	570	571	1.28	1.26	1.23
West Sumatera	262	264	264	1.56	1.55	1.52
Riau	207	211	212	1.01	1.00	1.00
Jambi	176	176	176	1.59	1.55	1.55
South Sumatera	319	321	322	1.22	1.20	1.20
Bengkulu	180	180	180	3.00	2.95	2.88
Lampung	280	290	291	1.07	1.09	1.08
Bangka Belitung Island	60	61	62	1.34	1.33	1.35
Riau Island	70	73	72	1.08	1.08	1.09
SUMATERA	2,458	2,483	2,489			
DKI Jakarta	340	340	340	1.02	1.01	1.00
West Java	1,050	1,050	1,050	0.69	0.68	0.67
Central Java	873	875	875	0.80	0.80	0.78
DI Jogjakarta	121	121	121	1.02	1.01	0.99
East Java	960	960	960	0.75	0.75	0.74
Banten	230	231	233	0.60	0.59	0.58
Bali	120	120	120	0.87	0.85	0.87
JAVA & BALI	3,694	3,697	3,699			
NTB	158	158	158	1.02	1.01	0.98
NTT	362	370	371	2.18	2.19	2.17
NUSA TENGGARA	520	528	529			
West Kalimantan	237	238	238	1.58	1.57	1.30
Central Kalimantan	194	195	195	2.50	2.47	3.27
South Kalimantan	228	228	230	1.78	1.75	1.73
East Kalimantan	222	174	174	1.68	1.49	1.52
North Kalimantan	-	48	49	-	2.37	2.29
KALIMANTAN	881	883	886			
North Sulawesi	183	187	187	2.33	2.35	2.33
Central Sulawesi	183	184	189	1.97	1.94	1.97
South Sulawesi	440	446	448	1.59	1.59	1.58
South-east Sulawesi	264	269	269	3.34	3.34	3.23
Gorontalo	91	93	93	2.46	2.46	2.46
West Sulawesi	92	94	94	2.20	2.20	2.20
SULAWESI	1,253	1,273	1,280			
Maluku	190	197	199	3.43	3.46	3.54
North Maluku	125	127	127	3.36	3.34	3.28
MALUKU	315	324	326			
West Papua	143	149	151	5.07	5.09	5.20
Papua	391	394	394	3.54	3.39	3.75
PAPUA	534	543	545			
TOTAL	9,655	9,731	9,754	1.17	1.16	1.15

Source: Indonesia Health Profile 2015, Ministry of Health



Hospital, Hospital Beds, and Ratio of Bed/1,000 population in 2014

Provinces	Public Hospital			Private Hospital		Total Hospital	Bed	Bed /1,000 pop.
	MOH	Military / Police	Others	Private	SOEs			
Aceh	27	4	15	14	4	64	7,118	1.50
North Sumatera	38	9	76	39	15	177	20,010	1.48
West Sumatera	22	4	20	15	1	62	5,994	1.18
Riau	19	4	6	30	3	62	5,892	0.93
Jambi	14	2	2	15	0	33	3,190	0.93
South Sumatera	27	4	11	8	5	55	7,567	0.95
Bengkulu	13	3	2	1	0	19	1,881	1.03
Lampung	14	2	16	21	0	53	5,685	0.71
Bangka Belitung Island	0	9	0	3	4	16	1,448	1.05
Riau Island	11	2	6	4	2	25	2,319	1.14
SUMATERA	185	43	154	150	34	566	61,104	1.12
DKI Jakarta	19	12	56	66	5	158	21,425	2.11
West Java	49	13	73	153	5	293	33,141	0.72
Central Java	61	12	149	75	3	300	35,308	1.08
DI Jogjakarta	9	4	39	18	1	71	10,135	2.82
East Java	66	31	118	119	13	347	36,705	0.95
Banten	11	2	16	55	1	85	9,360	0.79
Bali	12	3	22	20	0	57	5,872	1.39
JAVA & BALI	227	77	473	506	28	1311	151,946	1.03
NTB	13	2	4	5	0	24	3,022	0.64
NTT	19	5	17	3	0	44	4,090	0.81
NUSA TENGGARA	32	7	21	8	0	68	7,112	0.73
West Kalimantan	19	6	8	11	1	45	5,174	1.14
Central Kalimantan	16	2	0	1	0	19	1,789	0.76
South Kalimantan	16	5	8	5	2	36	4,317	1.10
East Kalimantan	13	4	5	20	2	44	5,045	1.44
North Kalimantan	5	1	0	1	0	7	809	1.33
KALIMANTAN	69	18	21	38	5	151	17,134	1.15
North Sulawesi	18	4	15	5	0	42	5,008	2.10
Central Sulawesi	17	2	8	4	0	31	3,433	1.21
South Sulawesi	37	9	24	16	2	88	11,557	1.38
South-east Sulawesi	14	2	4	4	1	25	1,905	0.79
Gorontalo	9	0	2	1	0	12	1,292	1.14
West Sulawesi	8	0	1	1	0	10	938	0.73
SULAWESI	103	17	54	31	3	208	24,133	1.31
Maluku	16	4	7	0	0	27	2,144	1.26
North Maluku	13	2	4	0	0	19	1,350	1.18
MALUKU	29	6	11	0	0	46	3,494	1.23
West Papua	10	3	1	3	1	18	1,382	1.58
Papua	23	7	5	3	0	38	3,438	0.99
PAPUA	33	10	6	6	1	56	4,820	1.10
TOTAL	678	178	740	739	71	2,406	269,743	1.07

Source: Indonesia Health Profile 2014, Ministry of Health



Hospital, Hospital Beds, and Ratio of Bed/1,000 population in 2015

Provinces	Public Hospital			Private Hospital		Total Hospital	Bed	Bed /1,000 pop.
	MOH	Military / Police	Others	Private	SOEs			
Aceh	26	5	16	16	3	66	8,324	1.66
North Sumatera	38	9	75	47	15	184	22,298	1.60
West Sumatera	23	4	20	17	1	65	6,960	1.34
Riau	18	4	6	37	3	68	6,710	1.06
Jambi	14	2	2	16	0	34	3,883	1.14
South Sumatera	27	4	12	15	5	63	8,508	1.06
Bengkulu	13	3	2	2	0	20	2,248	1.20
Lampung	14	2	14	31	0	61	7,020	0.86
Bangka Belitung Island	10	0	3	4	0	17	1,696	1.24
Riau Island	11	2	6	5	1	25	2,826	1.43
SUMATERA	194	35	156	190	28	603	70,473	1.28
DKI Jakarta	35	12	56	71	5	179	24,696	2.43
West Java	50	13	74	170	5	312	39,308	0.84
Central Java	61	12	131	74	2	280	39,456	1.17
DI Jogjakarta	10	4	39	20	1	74	10,833	2.94
East Java	68	31	117	132	13	361	41,429	1.07
Banten	11	2	16	58	1	88	10,968	0.92
Bali	12	3	18	22	0	55	6,845	1.65
JAVA & BALI	247	77	451	547	27	1,349	173,535	1.16
NTB	13	2	4	9	0	28	3,508	0.73
NTT	19	5	17	3	0	44	4,524	0.88
NUSA TENGGARA	32	7	21	12	0	72	8,032	0.81
West Kalimantan	19	6	7	12	0	44	5,608	1.02
Central Kalimantan	17	2	0	1	0	20	2,083	1.16
South Kalimantan	16	4	7	6	2	35	4,823	1.21
East Kalimantan	15	4	5	21	2	47	6,440	1.88
North Kalimantan	5	1	0	1	0	7	939	1.46
KALIMANTAN	72	17	19	41	4	153	19,893	1.30
North Sulawesi	18	4	15	5	0	42	5,503	2.28
Central Sulawesi	17	2	8	4	0	31	4,021	1.40
South Sulawesi	35	7	20	22	1	85	12,870	1.51
South-east Sulawesi	18	2	4	4	1	29	2,498	1.00
Gorontalo	9	0	2	1	0	12	1,575	1.39
West Sulawesi	8	0	1	1	0	10	1,002	0.78
SULAWESI	101	15	50	37	2	205	27,469	1.47
Maluku	16	4	7	0	0	27	2,417	1.43
North Maluku	13	2	4	0	0	19	1,500	1.29
MALUKU	29	6	11	0	0	46	3,917	1.37
West Papua	9	3	0	3	1	16	1,540	1.77
Papua	25	7	5	3	0	40	4,287	1.36
PAPUA	34	10	5	6	1	56	5,827	1.45
TOTAL	713	167	713	833	62	2,484	309,146	1.21

Source: Indonesia Health Profile 2015, Ministry of Health