

## STRATEGIC PURCHASING FOR PRIMARY HEALTH CARE

## INDONESIA: PROGRAM OF WORK



BREAKING NEW GROUND

Strategic Purchasing for Primary Health Care (SP4PHC) is a multi-country, multi-year project that aims to improve how governments spend funds for primary health care (PHC) services, with a focus on family planning (FP) and maternal, neonatal and child health (MNCH). ThinkWell is implementing the project, funded by the Bill and Melinda Gates Foundation to run from 2017 to 2021, in five countries: Burkina Faso, Indonesia, Kenya, the Philippines and Uganda.

In Indonesia, the project's work is linked to improving purchasing through the national health insurance program, *Jaminan Kesehatan Nasional* (JKN). The goal is to improve how JKN uses purchasing as lever to increase access and quality of FP and MNCH services through the full range of health providers, as well as realign the program to increase the share of its spending on PHC.

## KEY STRATEGIES

The SP4PHC team in Indonesia is working with the Ministry of Health (MoH), the Social Security Corporation for Health (BPJS-K), and other key stakeholders to pursue the following four strategies:

**Strategy 1: Increase the number of private midwives enrolled in JKN**

Private midwives provide a significant share FP and MNCH services to Indonesian women, but only 5 % of them are currently registered with JKN. This is due to difficult enrolment and administration processes, as well as low tariffs that make JKN membership unattractive to private midwives. ThinkWell and its learning partner in Indonesia, the Center for Reproductive Health at the University of Gadjah Mada, is working with MoH, BPJS-K, BKKBN (National Population and Family Planning Board), IBI (the national midwives association) and other development partners to design and test policy reforms that will lead to JKN attracting and retaining a larger number of private midwives and ensuring that they deliver high quality FP and MNCH services.

**Strategy 2: Leverage JKN to promote FP and MNCH quality and FP method choice**

Maternal and neonatal mortality in Indonesia is high despite near universal coverage rates for a range of MNCH services, underscoring the need for improving the quality of MNCH services. While Indonesia has made considerable progress in improving the uptake of modern contraception, poorer women have limited method choice. Against this backdrop, the project is exploring ways to leverage purchasing through JKN to improve the quality of MNCH and FP services. The team is first synthesizing evidence of how current contracting and payment methods influence the quality of FP and MNCH within the JKN package. Then, in collaboration with all key stakeholders, the team will support BPJS-K ensure a strong quality management system that is linked with financing and contracting methods.

**Strategy 3: Support JKN to improve efficiency by prioritizing PHC**

There are growing concerns about the escalating costs of the JKN scheme, and its long-term financial sustainability. One factor contributing to this situation is the heavy bias in program spending towards curative care. The team will work with BPJS-K to explore how it can use its purchasing power to improve vertical integration that increases the use of PHC services at lower levels of care and, in turn, raise the share of JKN spending that is for PHC.

**Strategy 4: Use JKN as a lever to increase access to services in remote areas**

Remote and rural communities in Indonesia have poor access to health services as a result of low population and population density, high costs associated with delivering care in such settings, and limited availability of human resources and infrastructure. The SP4PHC team will support MoH and BPJS-K to undertake analyses to assess whether using health financing as a lever can attract providers to these remote areas. The analysis will be used to stimulate policy debate and options that involve public and private sectors working together to address the availability of services in remote areas.