



Dear Colleague,

Around this time last year, national governments were busy mobilizing resources to respond to a rapidly spreading COVID-19 pandemic. Now, attention is largely trained on securing and delivering sufficient vaccines. Through the [Strategic Purchasing for Primary Health Care \(SP4PHC\)](#) project, ThinkWell has been exploring and documenting how resources for these efforts flow down to front-line providers. The five project countries—[Burkina Faso](#), [Indonesia](#), [Kenya](#), [the Philippines](#), and [Uganda](#)—offer contrasts in the purchasing arrangements they use to pay for COVID-19 services as well as lessons about common challenges.

The [Philippines leveraged its national health insurance agency](#), PhilHealth, early and extensively. The agency designed a benefit package for COVID-19 services and then started paying public and private providers to deliver those services. [Indonesia](#) also used the Social Insurance Administrator for Health (BPJS-K), which operates the country's national insurance scheme (JKN), but in a [more modest way](#). The Indonesian Ministry of Health (MoH) set the terms for benefits and tariffs, BPJS-K processed claims, and the MoH made payments to public and private providers. [Kenya](#) opted not to use its National Hospital Insurance Fund (NHIF) as part of its COVID-19 response. While the NHIF initially started reimbursing public facilities for COVID services accessed by its members, the Kenyan MoH and NHIF discontinued this coverage for all members except public sector health workers and government employees, citing concerns about escalating costs. In [Kenya](#), [Uganda](#), and [Burkina Faso](#), ministries of health have channeled COVID-19 funds primarily to public providers. In all five countries, the pandemic highlighted the importance of [adapting public financial management rules and processes](#) that dictate fund flows to sub-national and local governments and then on to frontline health providers.

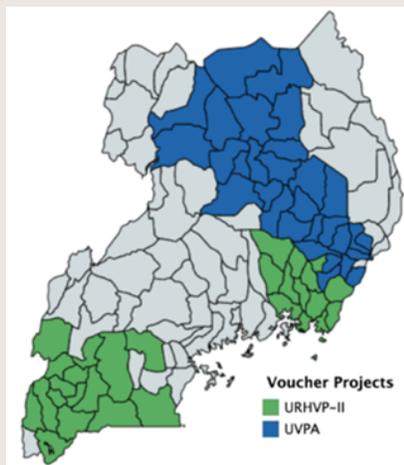
We will explore these choices and their implications in two upcoming virtual sessions at the Health Systems Research Symposium (HSR2020). The [first session](#) on March 10 will discuss the different ways governments have adjusted their purchasing arrangements for COVID-19 services. The second, on March 31, will highlight how countries have introduced public financial management adjustments to improve the allocation, flow, and accounting of public funds for the pandemic. You can find more details about these events below. You can also access blog posts, briefs, and other resources on these topics [here](#).

I am also happy to highlight learning resources below from Uganda, the Philippines, and Burkina Faso that we released over the past quarter.

As always, we welcome your thoughts and feedback! And if you know someone who might like to receive this newsletter, please share the [sign-up link](#) with them.

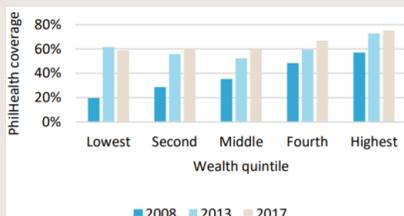
Regards,

Nirmala Ravishankar, PhD
SP4PHC Program Director
ThinkWell



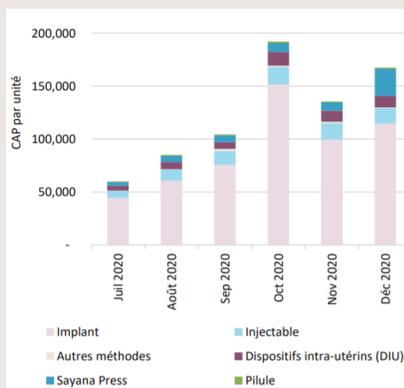
A decade of voucher programs in Uganda: Key lessons for the future

Uganda has more than a decade of experience working with voucher schemes as a demand-side financing mechanism to increase access to reproductive, maternal, and newborn services for poor, rural women. We partnered with the Ugandan Ministry of Health to document [experiences and lessons learned](#) from these voucher schemes to inform the country's plans for a national health insurance scheme.



Getting to the “universal” in universal health coverage: Insights from the Philippines

Many countries have opted to introduce national health insurance schemes as a vehicle for progressing towards universal health coverage. How readily and effectively governments can subsidize coverage for the poor is a live issue. In [this brief](#), ThinkWell's team in the Philippines describes the country's journey to expand PhilHealth eligibility to the entire population and discusses what more needs to be done to achieve effective coverage.



Tracking the scale-up of free family planning (FP) in Burkina Faso

In July 2020, Burkina Faso's MoH extended *Gratuité*—a user fee exemption scheme—to offer free FP services in all public facilities. ThinkWell supports the MoH to routinely analyze free FP data through quarterly factsheets, including this [latest one](#). Our analysis shows that the number of claims has grown rapidly; however, removing user fees does not appear to have increased overall FP uptake. Questions remain about the financial sustainability of the scheme.

UPCOMING EVENTS

- On March 10, 2021 at 1:00pm Gulf Standard Time (GST), ThinkWell and the WHO will host a HSR2020 virtual session titled “Adjusting purchasing arrangements to support the COVID-19 response: A global overview and country insights.” More information about the event, which is open to registered symposium participants, can be found [here](#).
- On March 31, 2021 at 4:00pm Gulf Standard Time (GST), ThinkWell is pleased to partner with the WHO and the World Bank for a second HSR2020 virtual session on “Public financial management challenges and innovations: Learning from the COVID-19 health response.” This too is open to HSR2020 participants. More details [here](#).
- Stay tuned for a ThinkWell webinar in June on whether family planning services should be integrated into nascent national health insurance schemes in low- and middle-income countries.

[Bridging the Digital Divide: Early Reflections in Scaling Up Telemedicine in the Philippines During the COVID-19 Pandemic](#)

- [Rolling Out Free Family Planning in Burkina Faso is Improving Choice, but Who Will Pay?](#)
- [Lessons from Rapid Implementation: How the revamped system to purchase COVID services in Indonesia affected its hospitals](#)

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