

Lessons from the Technical Assistance Models Provided to the Government of Indonesia in Phase 1 of SP4PHC

INTRODUCTION

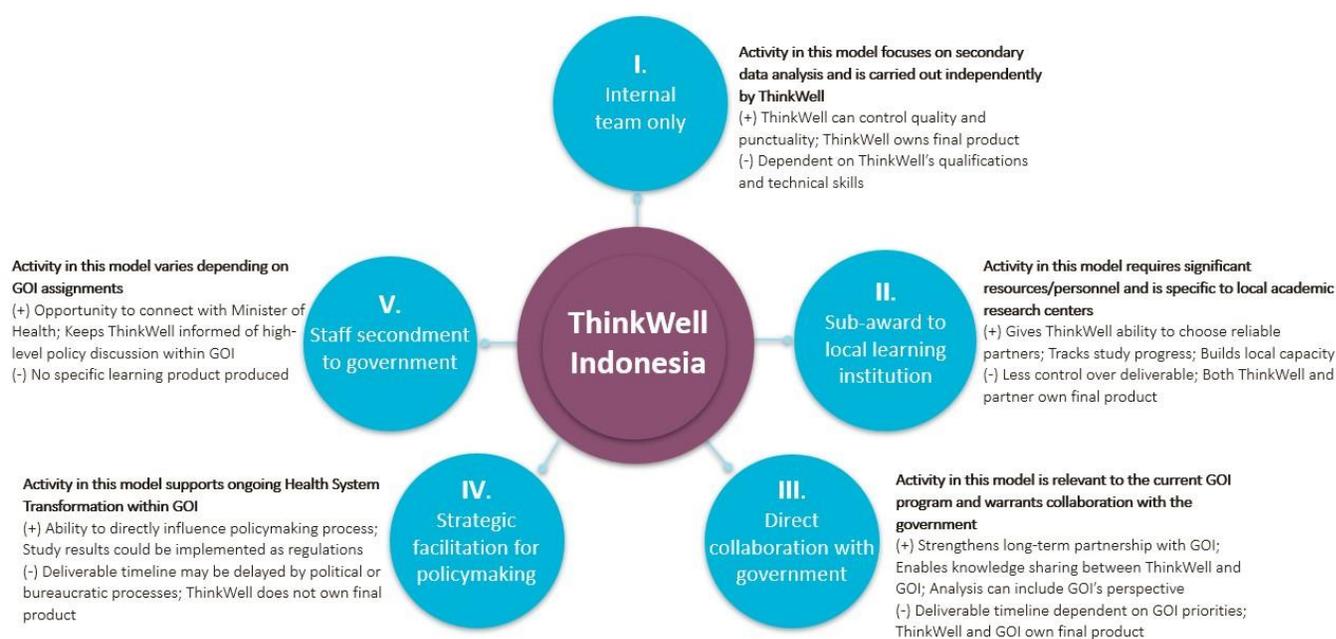
The **Strategic Purchasing for Primary Health Care (SP4HC) project**, which is supported by the Bill & Melinda Gates Foundation, is implemented in Indonesia by ThinkWell’s local team who supports the government to improve the way it purchases primary healthcare (PHC) services, focusing on family planning (FP) and maternal, newborn, and child health. Since the inception of the project in 2017 and formal registration in 2020, ThinkWell Indonesia has conducted many activities with its governmental counterparts (e.g., the Ministry of Health & National Population and Family Planning Board) and local academic research centers (e.g., Universitas Indonesia & Universitas Gadjah Mada). These activities include a wide range of technical assistance (TA), such as quantitative & qualitative analyses and strategic facilitation of policy discussions.

The goal of this brief is to describe five different models of TA that ThinkWell Indonesia has provided to Government of Indonesia (GOI) through the SP4PHC project, provide real-world examples from ThinkWell’s experience, and offer lessons learned from these models for future implementation partners.

MODELS OF TECHNICAL ASSISTANCE

Prior to selecting a TA model, members of the ThinkWell team would meet with key GOI counterparts to learn their most pressing purchasing-related challenges and priorities. After multiple discussions with GOI, the team would then select the TA model that would be the most appropriate based on internal capacity, expected outcomes, and timeline. Figure 1 below summarizes the five TA models that ThinkWell provided to the GOI. The first three models are more analytical, while the remaining two lean towards facilitation and coordination.

Figure 1. Models of Technical Assistance



The first model is characterized by ThinkWell independently responding to a government request for TA using its own internal capacity. For example, the GOI expressed interest in ThinkWell helping them evaluate their national health insurance scheme (JKN - *Jaminan Kesehatan Nasional*) and its impact on equity and financial protection. Due to the team's internal capacity to address this issue and the GOI's desire for more rapid feedback, the team developed two quantitative analyses assessing how JKN coverage would affect **out-of-pocket spending** and **supply-side readiness**. ThinkWell then conducted several dissemination events after both studies were completed and vetted by the GOI, to inform relevant stakeholders, such as the Ministry of Health (MOH) and Social Security Administrator, about the study findings and how they can inform the GOI in key policymaking decisions on JKN. By using this model, the team can control the quality and punctuality of the process, as it is entirely managed internally.

The second model is to issue sub-awards with local academic research centers on a policy question from the GOI. This model is frequently used when topics require specific expertise or capacity outside of the ThinkWell's team. Learning partners may have more experience with primary data collection, have a broader network or are more well-established in that subject area. This can enable the results to be disseminated more widely and have more influence. For instance, the team partnered with Universitas Gadjah Mada's Center for Reproductive Health on a FP fund flow study (as they have much stronger expertise in this area), which feeds into a multi-country policy landscape analysis conducted by the SP4PHC project globally. Another example is when the GOI wanted to know how purchasing arrangements were adjusted in response to COVID-19 in Indonesia and its effect on different types of providers. In this case, the ThinkWell team partnered with the Universitas Indonesia's Center for Health Economics and Policy Studies to assess this policy question. This model allows the local ThinkWell team to match the GOI request with a learning partner that has more expertise and clout on a specific subject and can help divert certain activities to well-suited partners rather than overburden the project team. Though this model has its positive and can help build the local capacity and experience of learning partners, it can also leave the ThinkWell team with less control over the process and deliverables, potentially resulting in differing objectives and delays in product development.

The third model involves the team collaborating directly with governmental counterparts on analysis related to GOI priorities. Often, this model is employed in response to a request from the GOI, in which they want to collaborate on setting the objectives, conducting the analysis, developing the final products, and dissemination. By using this model, the GOI has a stronger sense of ownership over the study results and policy recommendations, which ThinkWell has found leads to a higher likelihood of them being adopted. For example, to examine the effect of JKN implementation on Indonesia's FP program, the team collaborated on a qualitative study with the National Population and Family Planning Agency (BKKBN - *Badan Kependudukan dan Keluarga Berencana Nasional*) and MOH. This led to a joint **policy paper** that BKKBN is using to finetune the implementation of its fund for FP services not covered by JKN, and MOH is using it to revise its diagnosis-related group payment by creating a new group-based payment to reimburse for post-partum FP with hospital delivery. While this model can be beneficial for policy adoption, it can be a slower process and have higher costs due to routine meetings with GOI counterparts that often change due their availability, capacity, and shifting priorities.

In the fourth model, ThinkWell strategically facilitates the formulation of major health financing policies with the government and key stakeholders in Indonesia. An example of this is ThinkWell's support of the GOI's attempts to reform the JKN benefits package. Since 2020, the Ministry of Health has been drafting a policy to reform JKN in response to the rising annual deficits which threaten the long-term sustainability of the JKN system. This long-awaited reform, called Basic Health Needs (KDK - *Kebutuhan Dasar Kesehatan*), will expand JKN to cover disease screening, provide cost-sharing mechanism with

private insurance scheme & cost-control mechanisms for potentially fraudulent services, and optimize diagnoses coverage under the scheme. Thinkwell Indonesia was asked by the GOI to provide wide-ranging policymaking support for this effort, which included providing strategic facilitation.

In response, ThinkWell Indonesia organized more than a dozen strategic meetings for stakeholders to discuss the reforms, reviewed the ICD-10 diagnosis codes in accordance with the KDK reform, and mapped activities and resources for expanding disease screening. Additionally, the team facilitated focus group discussions between the MOH and the Indonesia House of Representatives to finalize the reforms. This type of involvement in the policymaking process allowed the team to have a seat at the table and be able to provide immediate feedback and input. While this model offers many advantages, it can be costly to host and facilitate these meetings, which can also often be delayed and rescheduled.

In the fifth model, ThinkWell seconded staff to the MOH, specifically to a newly created unit that serves to harmonize policy direction from the Minister of Health to various directorate generals within the MOH. Under the direction of the Minister of Health, ThinkWell's seconded staff were assigned to work with the Directorate General for PHC in alignment with the focus of the SP4PHC project. Though this model can result in the seconded staff being primarily taken over by the government, it also enables ThinkWell to be informed about ongoing high-level policy discussions within the GOI, which is highly beneficial for the project to be aware of upcoming policy directions and priorities.

CONCLUDING REMARKS

Each of the five TA models that ThinkWell provided to the GOI in Phase 1 of the SP4PHC project has its advantages and challenges. Occasionally when providing TA, one model may overlap with another, so the adaptability of implementing partners is crucial in responding to governments' dynamic requests. In collaboration with governmental counterparts, implementing partners should determine which model will best fit the local context and the specifics of TA being requested. Depending on the capacity of the team, the objectives of the work, and the nature of the relationship with government partners, different TA models can be adapted and used to best meet the aligned goals of the project and government.

Table 1. Summary of five technical assistance models provided by ThinkWell in Indonesia

Technical Assistance Model	Implementation Scheme	Advantages	Disadvantages
Internal team only	Activities in this model is independently carried out by ThinkWell and mainly deals with secondary data analysis	<ul style="list-style-type: none"> - ThinkWell can control quality and deliverable timeline - Final product belongs to ThinkWell 	<ul style="list-style-type: none"> - Depends on ThinkWell's qualification and technical expertise
Sub-award with the local learning institution	Activities in this model relates with specific local academic research center expertise and requires significant resources/ personnel	<ul style="list-style-type: none"> - Allow ThinkWell to choose a partner who can reliably provide deliverable - Ability to monitor study progress - Help build local capacity 	<ul style="list-style-type: none"> - Less control in the deliverable - Final product belongs to both ThinkWell and partner
Direct collaboration with government	Activities in this model relates with current GOI program thus warrants collaboration with governmental counterpart	<ul style="list-style-type: none"> - Strengthen long-term partnership with GOI - Opportunity for knowledge sharing between ThinkWell and GOI - Analysis can include GOI's point of view 	<ul style="list-style-type: none"> - Deliverable timeline will depend on the GOI agenda priority - Final product belongs to both ThinkWell and GOI
Strategic facilitation for policymaking	Activities in this model supports ongoing Health System Transformation within GOI	<ul style="list-style-type: none"> - Ability to directly influence the policymaking process - Study result could be implemented as a new regulation 	<ul style="list-style-type: none"> - Deliverable timeline may have a significant delay due to political or bureaucratic process - Final product does not belong to ThinkWell
Staff secondment to government	Activities in this model depends on the specific assignment by GOI	<ul style="list-style-type: none"> - Opportunity to link up with the Minister of Health - Allow ThinkWell to be informed about ongoing high-level policy discussions within GOI 	<ul style="list-style-type: none"> - No specific learning product is produced

Source: ThinkWell