TWO GIANTS GO UNIVERSAL: INDIA AND INDONESIA ON PATH TO UHC

HSTP PANEL DISCUSSION @ PRINCE MAHIDOL AWARD CONFERENCE & UHC FORUM 2020: ACCELERATING PROGRESS TOWARDS UHC

28 JANUARY 2020 BANGKOK, THAILAND

Contact

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PANEL DISCUSSION

TWO GIANTS GO UNIVERSAL: INDIA AND INDONESIA ON PATH TO UHC

India and Indonesia are on the path towards UHC and their recent policy actions hold a promise to impact large sections of the poor & vulnerable in improving health status and financial risk protection. Their experience underlines value of political context, policy experiments in a federal government and an iterative strategy in achieving UHC.

The session was hosted by Health Systems Transformation Platform in collaboration with the National Health Authority and the World Bank

Panelists:

Dr. Indu Bhushan
Chief Executive Officer, National Health Authority, India
Ir. Tubagus Achmad Choesni
Chair, National Social Security Council, Indonesia
Dr. Suwit Wibulpolprasert
International Health Policy Program (IHPP), Thailand
Dr. Mundiharno
Director Research & Development, BPJS Kesehatan, Indonesia
Mr. Bhupinder Kumar
Chief Executive Officer, Ayushman Bharat PMJAY - Jammu & Kashmir, India
Drg. Doni Arianto
Head Health Insurance Div, Centre Health Financing, Ministry of Health, Indonesia
Mr. Rajeev Sadanandan
Chief Executive Officer Health Systems Transformation Platform, India
Dr. Kheya Melo Furtado
Assistant professor, Goa Institute of Management, India

HSTP Health Systems Transformation Platform

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national health authority

PMAC 2020
Side Meeting

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28 January 2020
09.00 – 10.30

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LOTUS SUITE 12
Centera Grand Bangkok,
Central World

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OBJECTIVES

Share experience from both the countries on the value of political context, policy experimentation in a federal/decentralized government and an iterative strategy in achieving UHC goals

Share lessons, achievements, and challenges between the two countries and with a larger audience, to reflect on what can be learnt from this journey of both the countries and ideate on what holds for them in future

Learn from policy makers & experts' stories of joy & hope on the path to UHC

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Ideate what does the future hold? How to cover everyone? How to cover primary care?

SESSION SUMMARY

India Pradhan Mantri Jan Arogya Yojana (PMJAY)	Indonesia Jaminan Kesehatan Nasional (JKN)
KEY FEATURES (for complete information, refer to program websites)	
• Launched in 2018, PM-JAY provides flexibility to states in choosing the mode of implementation considering that states are at different levels of preparedness and have varying capacities. They can implement PMJAY through a semi-autonomous government body (Trust), an insurance company or mixed model. • States can choose to cover more beneficiaries than mandated in central list, expand benefit package according to population needs, use/ customize Information technology system. • Robust Data Management and Analytics Layer- ensures seamless processing of beneficiary identification, hospital empanelment, transaction management and prevents fraudulent activities. • An individual with PM JAY coverage from one state is ensured portability through a centralized identification system for seeking services in any other state. • Strong Feedback Mechanism - PM-JAY ensures that entitled individuals have a recourse to raise a query or a grievance, seek information and provide feedback.	• In 2014, JKN consolidated more than 300+ risk pools into one National Risk Pool meant to ensure greater financial sustainability and expanded coverage to reach 85% of the population. • It offers a single Uniform Benefit Package meant to enhance equity; and • A Single Purchaser of Health Services meant to improve the efficiency of the system. • Laws are enacted on National Social Security System in 2004 and on Social Security Administrator (BPJS) in 2011. • Capitation for Primary Care - providers are paid a fixed amount for each individual enrolled to provide a defined set of health services. • DRGs for Hospitals - DRG payment system, providers are paid a fixed amount per admission/ case, determined based on resource use • Decreased out-of-pocket health expenditures by 12% in only 5 years – down to 37% of Total Health Expenditure
CHALLENGES	
• Awareness about PMJAY among eligible population is still low. • Multiple risk pools continue to exist, and this fragmentation is yet to be addressed. • Quality of services varies across the country among the PMJAY empaneled network of providers • Providers are concentration in urban areas causing impediments to access and availability of services.	• Claim payments exceeded contribution received and JKN has incurred huge deficits reflecting challenges to long-term sustainability. • 39 million Indonesians remain uninsured, mostly among the informal sector. • Non-compliance towards contribution of premiums has increased among non-salaried/informal workers. • Coverage and practice for health promotion and disease prevention is limited. • Primary health care facilities lack basic diagnostic tests, essential medicines, and treatment guidelines.

SESSION SUMMARY

India Pradhan Mantri Jan Arogya Yojana (PMJAY)	Indonesia Jaminan Kesehatan Nasional (JKN)
LESSONS LEARNT	
• Strong political commitment is a necessity • Requires Continuous Quality Improvement (CQI) efforts – development of standard treatment workflows, payment linked to quality, strong medical audit framework. • Realized the need to strengthen the public healthcare system to compliment and ensure access and availability of services. • Continuous monitoring & evaluation is required for course corrections and assess and comprehend the impact of PM-JAY and this is being done in collaboration with premiere research institutions and in partnership with development agencies.	• Strong political commitment is a necessity • Comprehensive analysis of the national health system, including balancing benefit and contribution. • Multi-stakeholders' participation in developing and implementing the plans. • Continuous monitoring and evaluation. • Continuous improving access and service delivery to maintain member satisfaction. • Continuous improving the quality of data for government assistance recipients. • Socialization and public education to change people's behaviour.

ACKNOWLEDGEMENT

We are grateful to the moderator, Mr. Rajeev Sadanandan, CEO, HSTP and the panellists - Dr Indu Bhushan, CEO National Health Authority (joined by stream in); Dr Suwit Wibulpolprasert, IHPP Thailand; Ir. Tubagus Achmad Choesni, Chair, National Social Security Council, Indonesia, Dr Mundiharno, Director Research & Development, BPJS Kesehatan, Indonesia, and Drg. Doni Arianto - Head Health Insurance Div, Centre Health Financing, Ministry of Health, Indonesia; Dr Bhupinder Kumar, CEO PMJAY Jammu & Kashmir, and Ms. Kheya Furtado – Assistant Professor, Goa Institute of Management, India.

We are thankful to our collaborators - World Bank India (Sheena Chhabra, Senior Health Specialist, & Owen Smith, Senior Health Economist) and World Bank Indonesia (Senior Health Specialists - Pandu Harimurti & Somil Nagpal); the National Health Authority (Henna Dhawan, Deputy General Manager & Pooja Chavan, Young Professional).

We appreciate continuous support of the HSTP Board and efforts of HSTP staff - Dr Rahul Reddy, National Co-ordinator, Vivek Panwar, Fellow and Peter Parekattil, Operations Officer for bringing this together.

Thanks to 60 PMAC participants who engaged in a remarkably interesting & interactive session.