

STRATEGIC PURCHASING OF MATERNAL AND NEWBORN HEALTH SERVICES THROUGH NATIONAL HEALTH INSURANCE IN INDONESIA

Designing solutions to incentivize better health care under Jaminan Kesehatan Nasional (JKN)

Safe pregnancy and delivery care is a high priority in Indonesia, especially since its maternal mortality ratio (MMR) is one of the highest in Southeast Asia

MOST PREGNANT WOMEN GET THE RECOMMENDED MATERNAL CARE - four antenatal (ANC) visits (77%), deliver their babies with a midwife, doctor or obstetrician (91%), and give birth in a health facility (74%)¹

Despite high rates of skilled birth attendance, **THE MMR REMAINS UNEXPECTEDLY HIGH AT 305 DEATHS** for every 100,000 live births²

70.5% of Indonesia's maternal deaths **OCCUR IN HEALTH FACILITIES**³

The **NEWBORN MORTALITY RATE** is **12 PER 1,000**⁴

Private midwives play an important role, contributing to

34% OF DELIVERIES

35% OF ANC

41% OF FAMILY PLANNING SERVICES (IDHS, 2017)

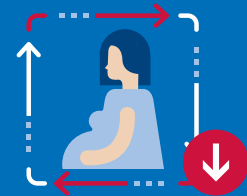
The way health providers are contracted and paid under JKN creates incentives for three service delivery problems:



Low rates of private⁵ midwife participation in the national health insurance scheme, JKN, despite many women choosing private midwives for maternal care



Inadequate quality assurance for maternal health services



Lack of continuity of care throughout the whole pregnancy

To design solutions, we used qualitative research to better understand how JKN incentives influence provider behavior and MNH service delivery patterns

The analysis highlighted several ways that current incentives aren't working, leading to low quality care and poor health outcomes.

QUALITY OF CARE

Clinical protocols: Incentives don't encourage health workers to follow clinical guidelines for high-quality ANC, so serious underlying conditions linked to maternal complications and mortality end up being missed (e.g. high blood pressure, anemia, heart conditions).

Integrated care and referrals: Private midwives tend to work alone and are not well connected to health centers or hospital networks. Problems with communication, coordination, and referrals lead to delays in women receiving appropriate care and leave hospitals unprepared to receive critical patients

Proposed Solution Support a network approach among primary-level providers that incentivizes early risk detection, birth preparedness, and appropriate referrals to reduce delays, promote screening, and prevent high-cost interventions.

PROVIDER PAYMENT

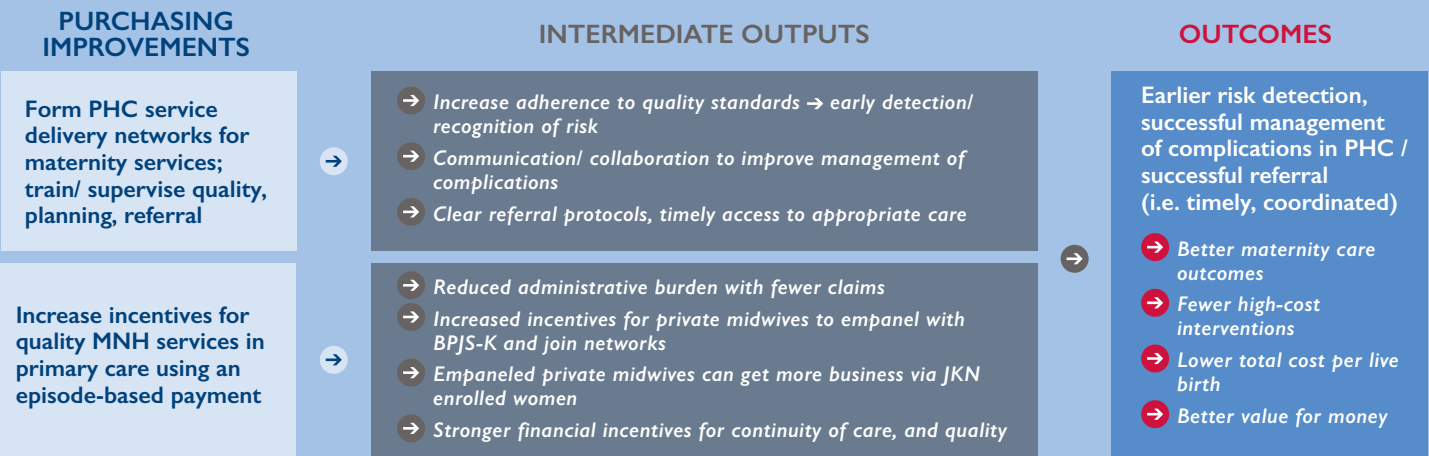
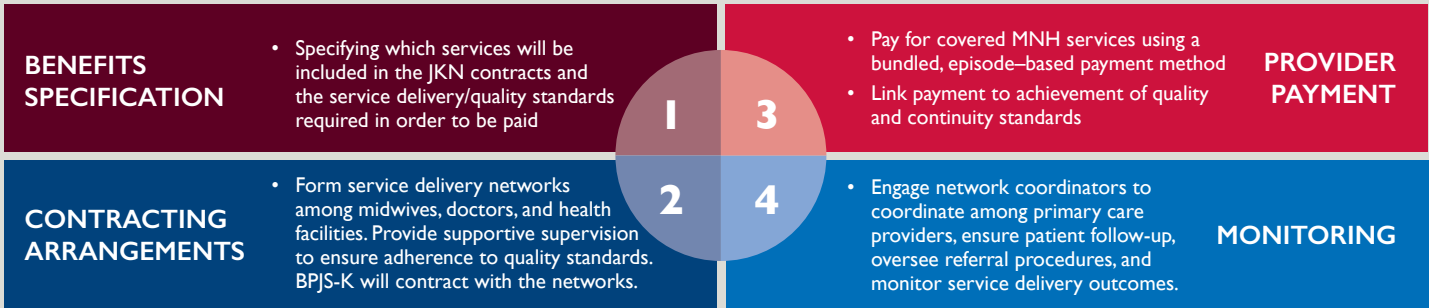
JKN claims: Submitting claims for MNH services is administratively burdensome. Payments to providers are often delayed, and the amounts are very low compared to what providers receive from patients paying out-of-pocket. As a result, many private midwives choose not to contract with BPJS-K, and those that do often don't bother to submit claims for ANC and PNC.

Incentives: Because few private midwives contract with JKN or submit claims for ANC or PNC services, there is a missed opportunity for JKN to positively influence their behavior and create incentives to provide higher-quality MNH services.

Proposed Solution Encourage more midwives to participate in JKN. Reduce the administrative burden of submitting claims and increase financial incentives for quality to encourage more midwives to participate in JKN.

More strategic purchasing arrangements can incentivize health providers to meet quality standards and deliver comprehensive pregnancy, delivery, and postnatal care.

In 2021 a strategic purchasing pilot will test new contracting and payment arrangements for MNH in two districts in Indonesia. The pilot addresses the four core aspects of strategic purchasing (Cashin, et al., 2018)



¹ National Population and Family Planning Board - BKKBN, Statistics Indonesia - BPS, Ministry of Health - Kemenkes, and ICF. 2018. Indonesia Demographic and Health Survey (IDHS) 2017. Jakarta, Indonesia: BKKBN, BPS, Kemenkes, and ICF

² Statistics Indonesia (Badan Pusat Statistik □ BPS). Profil Penduduk Indonesia Hasil SUPAS. Jakarta: BPS; 2015. <https://www.bps.go.id/indicator/30/1349/1/maternal-mortality-rate-by-island.html>

³ Indonesia Ministry of Health and UN Population Fund (UNFPA). Disparity of access and quality. Review of maternal mortality in five region in Indonesia. Jakarta: UNFPA; 2012.

⁴ UN Inter-agency Group for Child Mortality Estimation, East Asia and Pacific region estimates https://data.worldbank.org/indicator/SH.DYN.NMRT?name_desc=false

⁵ We refer to "private" midwives for clarity in English. The terminology in Bahasa Indonesia is praktek mandiri bidan or "independent midwives"