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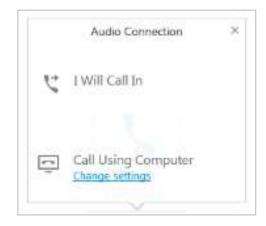
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Pro Tip: Using the computer to watch the presentation while calling in with a phone tends to provide better sound quality





JOINT LEARNING NETWORK For Universal Health Coverage

Accelerating Progress toward Universal Health Coverage

JLN HEALTH BENFITS POLICY COLLABORATIVE

Webinar Launch October 25th, 2018

WELCOME AND OVERVIEW



WebEx Audio Tips

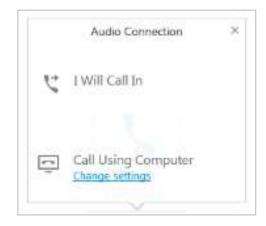
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WebEx Audio Tips

Q&A

- We will be having a discussion with our panelists during the webinar.
- Feel free to submit questions as they arise via the "Q&A" panel on your screen.

Chat

- You may use the "Chat" panel to:
 - Connect with other attendees
 - Communicate with the host about any technology issues you may be experiencing
 - Please DO NOT type your questions into the "Chat" panel as the host will be looking at the "Q&A" panel and may miss your question if you typed it into the "Chat" panel.

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Speakers

Moderators



Kamaliah Mohd Noh JLN Facilitator Joint Learning Network for UHC (JLN)

Senior Fellow Results for Development (R4D)



Aaron Pervin JLN Facilitator Joint Learning Network for UHC (JLN)

Program Officer Results for Development (R4D)

Video presenters

- Dr. Cyrus Matheka, Kenya
- > Dr. Noridah Mohd Saleh and Dr. Nor Idawaty Ibrahim, Malaysia
- Dr. Atikah Adyas, Indonesia



Agenda

- Background / framing of importance of using all levers of health system
- JLN Health Benefits Policy Collaborative
 - Joint learning methodology
 - HBP Assessments and Summary Report
 - HBP Framework
 - Country Innovations in HBP
- Insights from country experts
 - Indonesia
 - Kenya
 - Malaysia







JLN HEALTH BENEFITS POLICY COLLABORATIVE



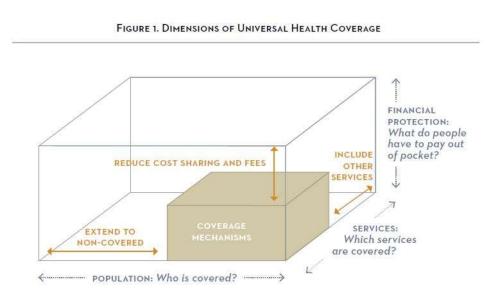
Mission of HBP Collaborative

Implementation of the best PHC package possible, given country-level resource constraints and health objectives



Importance of a health systems approach for health packages

- Countries want a scheme that covers all services for all people -> often impractical and expensive
- Failure to account for financing and service delivery realities can lead to rationing that is misaligned with health objectives
- Entire health system should be coordinated to ensure equitable access to defined services
- These coordinating regulations or policies are known as *health* benefits policies



Adapted from World Health Organization, 2010



The Joint Learning Approach

1. Common Problem Identification

2. Collective Problem Solving

3. Synthesis of New Knowledge

4. Knowledge Adapted Within JLN Countries

Collaborative learning among practitioners to codevelop global knowledge on the practical "how-to's" of achieving UHC 5. Knowledge Disseminated to Other Countries



HBP Suite of New Knowledge Products



Defining Health Benefits Package: Lessons from Six JLN Countries



Designing Health Benefits Policies: A Country Assessment Guide



Designing Health Benefits Policies: Country Assessments

All three knowledge products are now available on the Joint Learning Network website

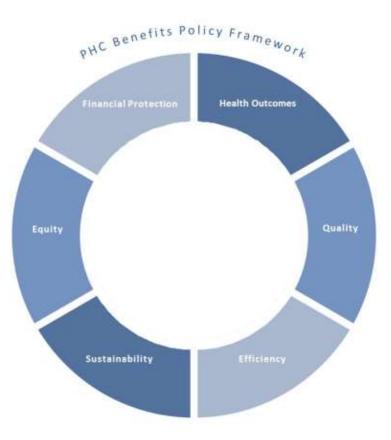


HBP Collaborative's Framework





PHC Objectives





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PHC Policy Domains





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HEALTH BENEFITS POLICIES: COUNTRY LESSONS AND INNOVATIONS



Lessons from the Benefits Policy Assessments

Mobilizing and Pooling Resources:

- Consolidate multiple social insurance schemes into single payer
- Letting subnational gov't innovate with different package offerings, while central gov't defines a clear coverage "floor"

Payment Mechanisms:

- Consider using blended payment models to incentivize prioritized services
- Inadequate funding for providers can lead to higher out of pocket payments from beneficiaries for prioritized services



Generatine

fechanis

Supply-side

Strengthening

Mechanic

Protocols

Pathways

What did JKN do about pooling and provider payment to improve access and efficiency?

- Jaminan Kesehatan Nasional (JKN) is one of the largest UHC schemes in the world
- In 2014, Indonesia consolidating multiple government supported coverage schemes into JKN and expanded access to the previously uninsured

Indonesia



Dr. Atikah Adyas Ministry of Health

Dr. Yusuf Kristanto Forum Dentist Association

Dr. Ede Surya Darmawan University of Indonesia

Dr. Ali Ghufron Mukti University of Gajah Mada, Center for Financing Policies and Health Insurance Management



Lessons from the Benefits Policy Assessments

Generating Demand

How a coverage scheme enrolls new beneficiaries has downstream effects on access to services and risk pooling

Accountability Mechanisms

- Create M&E framework to assess beneficiary access
- Deliberative process for decision-making that includes many stakeholders



Financing: Mobilizing & Pooling Resources

Accountability

Mechanisms

Financine

Payment

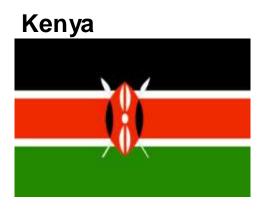
Mechanism

Supply-side

Strengthenin

How did MakueniCare increase accountability and generate demand for services?

- MakueniCare is a UHC scheme governed by Makueni County in Kenya
- All residents of Makueni County are eligible to join and MakueniCare relies on voluntary enrollment



Dr. Omar Mohammed Kenyan Ministry of Health

Dr. Matheka Cyrus

Department of Health, Government of Makueni County



Lessons from the Benefits Polic, Assessments

Supply-Side Strengthening

Use task-shifting to increase facility capacity to provide services

Protocols and Pathways

- Strengthen gatekeeping role of PHC staff
- Well-defined catchment areas for PHC with automatic empanelment of patient to physician
- Use ICT to improve private and public data sharing





How did EnPHC improve care coordination and strengthen providers to improve health outcomes?

- Enhanced Primary Health Care (EnPHC) is a pilot health benefits package being implemented in 20 facilities nation-wide.
- The principal beneficiaries are adults at risk of, or diagnosed with, non-communicable diseases such as diabetes, hypertension, and hyperlipidemia

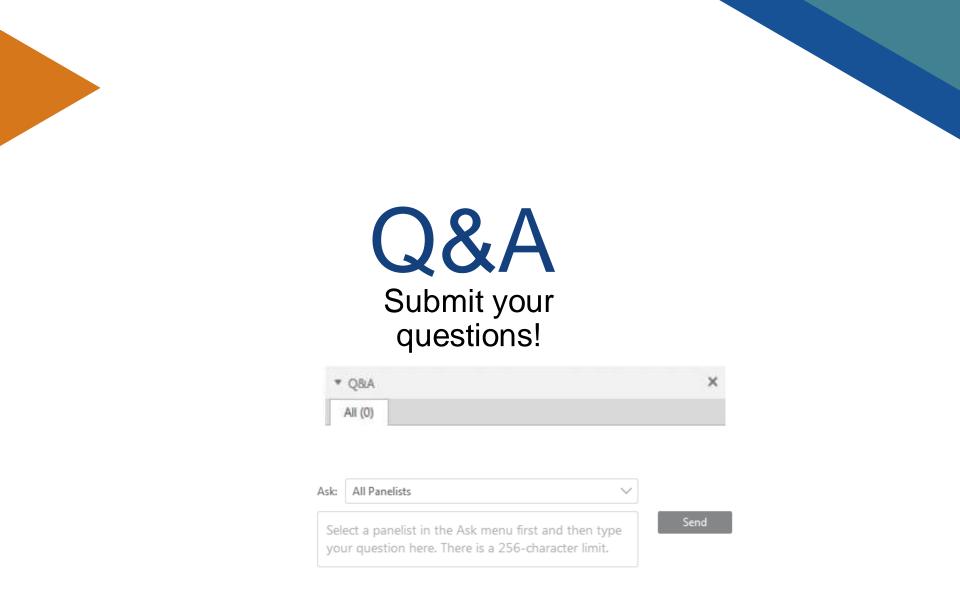
Malaysia



Dr. Noridah Mohd Saleh Dr. Nazrila Hairizan Nasir Dr. Nor Idawaty Ibrahim

Family Health Division Ministry of Health







Q&A on HBP Lessons

- Create M&E framework to assess beneficiary access
- Deliberative process for decisionmaking that includes many stakeholders

- Consolidate multiple social insurance schemes into single payer
- Letting subnational gov't innovate with different package offerings, while central gov't defines a clear coverage "floor



- Consider using blended payment models to incentivize prioritized services
- Inadequate funding for providers can lead to higher out of pocket payments from beneficiaries for prioritized services

Use task-shifting to increase facility capacity to provide services

- Strengthen gatekeeping role of PHC staff
- Well-defined catchment areas for PHC with automatic empanelment of patient to physician
- Use ICT to improve private and public data sharing

 How a coverage scheme enrolls new beneficiaries has downstream effects on access to services and risk pooling



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Key takeaways:

Failure to account for financing and service delivery realities can lead to rationing that is misaligned with health objectives

P

Countries should embrace a health systems approach to ensure that new prioritized entitlements are financed and robustly accessible

The JLN's HBP Framework and Assessment can help policymakers understand if health benefits policies are properly reorienting the health system



HBP Suite of New Knowledge Products



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For Universal Health Coverage

Thank You!

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