

Report of visit to Indonesia, 14-20 Dec 2011

Context

Since its transition to democracy in 1999, Indonesia has made significant progress in implementing democratic principles and a market-oriented economy. Within this framework, the Indonesian Government is pursuing substantial reforms of the national social protection system. The Law No. 40/2004 on the National Social Security System (Sistem Jaminan Sosial Nasional - SJSN) aims at synchronising the implementation of social security to ensure protection and social welfare for all Indonesians. While the Indonesian Government has made progress in improving social protection over the past decades by introducing pro-poor programmes such as health insurance for the poor, rice for the poor and conditional cash transfers, major challenges still lie ahead, including increasing coverage for informal workers, reducing fragmentation in and increasing the performance of the system, and improving the targeting of the poor.

One of the P4H partners, GIZ, assists the National Development Planning Agency (BAPPENAS) and other partners including academia and civil society in the development of long term strategies for a comprehensive system of social protection in Indonesia. The main objective of the GIZ Social Protection Programme (SPP) is to improve framework conditions for the implementation of an integrated social protection system. In relation to SHP, the support focuses advisory services and facilitation of knowledge exchange for BAPPENAS, the Council of National Social Security, the Secretariat of the National Team for the Acceleration of Poverty Reduction under the Office of the Vice President and other relevant ministries and stakeholders in the implementation of universal coverage and social health protection.

GIZ has invited the P4H CD to participate in an appraisal mission to discuss how future GIZ support could be linked with the support of other development partners under the umbrella of P4H.

Objectives of the CD visit

The CD scoping visit shall serve

- to join a GIZ appraisal mission to Indonesia to discuss **options for future collaboration** on universal coverage for health under the umbrella of P4H;
- to establish **contacts** between the GIZ team and potential partners to discuss common interests and current/planned support interventions in the area of health financing, universal coverage and SHP;
- to provide **information about P4H** to Govt. of Indonesia and interested development partners and to clarify the expectations towards P4H;
- to foster the development of a local support **network** for harmonised support, including WHO, WB as well as possibly AusAID and other partners interested in health financing, universal coverage and SHP;
- to advocate for a **multi-sectoral strategy process**;
- to contribute to the development of a **joint action plan** including possible complementary support from regional / global level;

Strategy development for UC

The transition process to universal coverage (UC) in Indonesia is in a fairly advanced stage compared to other countries where P4H is involved. This can be mainly attributed to two larger pro-poor health insurance programmes with comprehensive benefit packages, which

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together cover more than half of Indonesia's population: the *Jamkesmas programme* (since 2005), managed by the MoH has reached a coverage of more than 76 Mio. people and the regional public health programme *Jamkesda*, which operates in currently in 250 districts/municipalities covering more than 31 Mio. people. However, approx. 100 Mio people still have no adequate social health protection.

The UC agenda is guided and driven by laws and corresponding roadmaps and supported by a broad spectrum of national stakeholders. Besides the above mentioned Law No. 40/2004, Indonesia passed a new law in Oct 2011, which governs the integration of the different health insurance schemes, such as *Askes* for civil servants (16.8 Mio people), Army/Police scheme (2 Mio people), *Jamsostek* for formal sector employees (4.4 Mio people) and commercial health insurance (8.8 Mio people) with *Jamkesmas* and *Jamkesda*. The aim is to reduce fragmentation and to unify the benefits under the various schemes.

The National Social Security Council (DJSN) has developed a national roadmap for the achievement of UC in 2010, which is guided by the 3 dimensions of UC as described in the WHR 2010. However, according to DJSN, this roadmap will undergo further revision to integrate the roadmaps of other stakeholders such as *Askes* (on integration of various schemes). Furthermore, the planned activities need to be harmonised with other pro-poor programmes of the National Team for the Acceleration of Poverty Reduction (TNP2K) under the Office of the Vice President.

The priorities that have been stated by Indonesian officials during the scoping visit are

- Establishing a unified and integrated Road Map
- Defining an inclusive and financially viable benefit package
- Transforming PT ASKES/PT JAMSOSTEK into new BPJSs
- Devising and implementing relevant regulations for health and social security reforms
- Including the informal sector
- Strengthening the supply side
- Financial Management & Risk Management
- Unified Data Management System including single identity number
- Monitoring and Evaluation System
- Public Education/Social Marketing for UC
- Coordination
- Improving communication and coordination between stakeholders at national level
- Improving coordination between national and local level (JAMKESDA)
- Capacity Building of DJSN

CD comment: *Though Indonesia has made significant gains towards UC in the last few years; a lot of strategic choices on the above challenges still need to be made. In this context, the prospect of joint harmonised support has been welcomed by all national partners visited (DJSN, the National Development Planning Agency [BAPPENAS] and the Min of Health). P4H support to Indonesia's UC agenda may create a win-win situation: Indonesia could benefit from international experience and additional complementary support offered by P4H, while the experience of Indonesia may well benefit the processes in other P4H supported countries. In particular the experiences in achieving high-level political commitment and the practiced multi-sectoral approach may be of interest to other P4H countries (South-South learning).*

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Networking

Several P4H network partners are already, or intend to become more active in the area of UC and SHP in Indonesia. There have been one-on-one meetings between various development partners (DPs) in the past, but there is currently no forum for broader regular exchange and discussions among DPs across sectors.

The CD has informed the network partners at country level about P4H; why P4H, what is P4H and in particular about the benefits of an open network approach (see ppt in Annex 2).

GER/GIZ is currently preparing a proposal for its future support to Indonesia in the area of UC and SHP. Based on the 'inform & involve' principle, the GIZ team in Indonesia has suggested to intensify collaboration among network partners and to better coordinate the various contributions of DPs under the umbrella of P4H.

The **WHO** has expressed strong interest in Indonesia's UC agenda; considers this as the right time for stepping up support; is prepared to take the lead in forming a partnership for UC in Indonesia; and has more technical capacity to provide support to the transition process to UC (see Annex 1, summarising a meeting between WHO, GIZ and P4H CD on 16 Dec 2011)

The **World Bank** has been analysing the fiscal implications of UC, including an actuarial study and service cost estimates; developed a roadmap; carried out a supply-side study; supported the Health Management Information System. The WB has expressed interested in more information exchange and collaboration.

The **ILO** just completed a regional workshop on the SPF involving a team from Indonesia. ILO intends to pilot a 'one-window-service' approach in 3 provinces linking health (essential services), income security (incl. cash transfers), employment services, old age and disability services, etc. In terms of SHP, ILO plans to support these provinces (in particular the Jamkesda) to revise and adapt the benefit package. The relation of these activities to the national roadmap to UC requires and possible synergies require further exploration.

AusAID has been supporting pro-poor programmes for SHP, cash transfers, old age and people with disabilities; is one of the strongest investors working with the National Team for the Acceleration of Poverty Reduction (TNP2K) under the Office of the Vice President; intends to increase its development support to Indonesia from currently Aus\$ 60 Mio p.a. to 200 Mio p.a. by 2015.

CD comment:

*The NSSC (DJSN) has announced that it would like to update/unify the existing **roadmaps** into one guiding document for their transition to UC. This would be a good **entry point** for joint support of the P4H network partners.*

*The CD suggests that **ILO/SPF** takes part in the 'Partnership for UC' in Indonesia to foster harmonisation of UC/SHP related activities across sectors and initiatives (e.g. how does the work on benefit packages of Jamkesda in 3 pilot provinces relate to the overall revision of all benefit packages of all carriers under the national roadmap).*

*Furthermore the 'Partnership for UC' could also invite the focal points of the **Joint Learning Network** (e.g. Ibu Atika) to coordinate the support activities of the complementing networks.*

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Annex 1: Meeting with WHO, GIZ and P4H CD on 16 Dec 2011

Summary

Participants: Khanchit Limpakarnjanarat (WR WHO Indonesia), Rob Yates (WHO Indonesia), Mohammad Shahjahan (WHO Indonesia), Eijiro Murakoshi (WHO Indonesia), Joshua Seidman-Zager (GIZ Indonesia), Michael Adelhardt (P4H Coordinator).

Main results/agreements:

- Participants exchanged their views on the current Indonesian HF situation, political context and capacity to implement reforms. We concluded that the time and conditions (arrival of Rob Yates, planned continuation of GIZ support to UC, SPF Initiative?, other partners' interest in UC) are favourable for **stepping up support** to Indonesia and its ambitious plans to reach Universal Coverage (UC) by 2014.
- The WR Indonesia stated that WHO would like to take on a stronger **role in the coordination and brokering** of international collaboration for UC in Indonesia.
- In line with the P4H network approach - i.e. assisting countries in developing and implementing policies, strategies and laws for UC and Social Health Protection; and forming an open network for harmonised support - WHO Indonesia agreed to take the lead in setting-up an (informal) **multi-agency group** (proposed name: 'Partnership for UC'.)
- Rob Yates has been tasked to contact interested development partners (WB, GIZ, AusAID, JICA, ADB, ILO, etc.) and propose **monthly** (informal) **meetings**. Suggestion for the first meeting: 12 Jan 2012.
- Together with the P4H Coordinator, WHO Indonesia will **explore possible links** of the work of this group with activities from the **Social Protection Floor Initiative** in Indonesia, e.g. within the UN Partnership and Development Framework (UNPDF) in Indonesia.

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and Cooperation SDC

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UN

World Health
Organization

P4H
Providing for Health
Social Health Protection Initiative

Providing For Health (P4H)

Social Health Protection: Moving Together Towards Universal Coverage

SHP Stakeholder workshop
20 Dec 2011
Jakarta

Dr. Michael Adelhardt
P4H Coordinator

OUTLINE

P4H
Providing for Health
Social Health Protection Initiative

- **Why P4H?**
- **What is P4H?**
- **P4H Structures**
- **Scope of action**
- **How we work with countries**
- **Role of the coordination desk**
- **Where is P4H active?**

03/02/2012

WHY P4H?



The **global challenge**...

- Three quarters of the world's population is without adequate social protection
 - more than **150 million** individuals face **financial catastrophe** as a direct result of having to pay for health care.
 - About **100 million** individuals are pushed into **poverty** each year by the need to pay for health services

And some **country level challenges**...

- Slow and uncoordinated **transition process** to UC and SHP ...(*capacity issue*)
- Separate and uncoordinated **work streams** of development partners
- At times **conflicting messages/approaches** about equitable and efficient health financing
- Lack of comprehensive national policies/strategies for **alignment** of support
- Insufficient **use** of **domestic and external funds** for SHP

03/02/2012

WHAT IS P4H?



A **global response**...

- **Global agenda**: more **political commitment** - G8 summits, World Health Report 2010, World Health Assembly resolutions in 2005 and 2011, ILO conventions; WHO global plan for action.
- Launch of a **global initiative – Providing for Health (P4H)** for **scaling up support** to UC and SHP:
 - By core group: WHO, World Bank, ILO, Germany, France
- The **purpose** and **focus** of P4H is to **support countries** in developing effective, efficient, equitable and sustainable health and social protection systems for better SHP (=UC), in particular for the poor and other disadvantaged populations.
 - contributing to the Millennium Development Goals 1, 4, 5 and 6.

03/02/2012

WHAT IS P4H? (2)

P4H operates through a **NETWORK** of organizations comprising WHO, World Bank, ILO, Germany, France, Switzerland, Spain and African Development Bank.

The **added value** of P4H is based on several unique features:

- A **strategic** and **broad-based approach** to SHP including health, poverty, social dialogue and sustainable development perspectives.
- Ensuring inclusive **multi-sectoral stakeholder involvement** and social dialogue in order to understand different values and interests,
- A **unique support network** of normative, technical and financial institutions committed to SHP, providing normative guidance, high level expertise, and vast international experience.
- Providing **joint** and **coordinated multi-/bilateral support**, implementing the principles of the Paris Declaration and Accra Agenda for Action.

03/02/2012

P4H STRUCTURE

Steering Group

WHO, World Bank, ILO, Germany (BMZ), France (MAE), Switzerland (SDC)

Technical Coordination Group

Focal Points

WHO, World Bank, ILO, Germany (BMZ), France (MAE), Switzerland (SDC), Spain, African Development Bank
(and implementation organisations AFD, GIP SPSI, GIZ, KfW)

Coordination Desk

2 P4H Coordinators attached to WHO HSF Department;
admin assistant

Country level (P4H) SHP network

Country offices of P4H partners,
complemented by regional and global structures of P4H partners

*and other interested local and development partners
(open and inclusive network approach)*

SCOPE OF ACTIONS

- **Technical support** to the development and implementation of national policies, strategies and laws for UC and SHP
- **Advocacy and communication** on UC and SHP, *(socialisation in Indonesia)*
- **Training, capacity development** activities at global, regional or country level to enhance country support.
- Assisting countries in **accessing funds** for UC and SHP
- **Research, monitoring and evaluation, joint learning** in the area of health financing, UC and SHP.

03/02/2012

HOW DOES P4H WORK WITH COUNTRIES?

<p>1. Policy, Strategy, Law for UC and SHP</p>	<p>Multi-sectoral stakeholder process [Indonesia = good practice model]</p> <p>Link with health sector reform (goals) and poverty agenda</p> <p>Link with other initiatives (e.g. Social Protection Floor) and networks (e.g. JLN)</p>
<p>2. Open support network</p>	<p>Harmonised support to UC/SHP roadmap: Joint action plan for technical support, advocacy (socialisation), capacity development, assist in accessing funds, research, M&E.</p> <p>Inform and involve; open dialogue; spirit of collaboration</p> <p>P4H activities can attract additional resources</p> <p>In Indonesia: WHO offered to facilitate a 'Partnership for UC' regular (informal) meetings with interested agencies: GIZ, World Bank, AusAID, JICA, ILO...?</p>

03/02/2012

P4H Coordination Desk (P4H CD)



The functions of the CD are to support and facilitate

- **the coordination of country support provided by P4H.**
Setting-up country collaboration; linking country network with regional and global structures for complementary support
- **the development, functioning and expansion of P4H.**
Preparing inputs for design and strategic development of P4H; the expansion of the network; Monitoring & Evaluation
- **advocacy and communication in line with the purpose and objectives of P4H.**

03/02/2012

P4H RESULTS



- Social Health Protection **incorporated/expanded in national health policies**, strategies and programmes and aligned with the overall social protection system.
- **Harmonization and alignment** of external assistance for social health protection is enhanced.
- Utilization of **domestic and international resources** (e.g. SWAs, vertical funds) for the development of equitable, efficient and sustainable social health protection structures is increased and improved
- **Awareness and cross-country learning** on social health protection among countries, development partners and the public is increased
- **Capacity** in partner countries for evidence-based decisions and strategic orientations in social health protection is enhanced

03/02/2012

COUNTRY WORK – OVERVIEW (DEC 2011)



Joint support activities:

Africa	Chad, Benin, Kenya, Madagascar, Mali, Senegal, Tanzania, Togo, Rwanda and Uganda
Asia	Bangladesh, Cambodia, Laos, Nepal, Philippines and Sri Lanka
Latin America	Haiti
New countries	Indonesia, India, Vietnam

03/02/201



Thank you!

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