# Indonesia - Strengthening National Tuberculosis Response Program-for-Results

Innovative Financing to Strengthen the Performance of the National Tuberculosis Program in Indonesia









## Background

- Indonesia continues to be one of the top three contributors to the global TB burden; The 2021 TB incidence 354/100,000 is projected to increase, among others, due to COVID-19 pandemic;
- Indonesia also one of the countries with the largest TB-related economic losses. Based on a business-as-usual scenario, TB will cost Indonesia USD 1.68 trillion during the period of 2020 – 2050. To prevent this economic loss, pace of progress must increase. Investing in TB and required investments are only ~2% of the loss;
- The Government of Indonesia (GoI) has made several commitments at the global level, as well as at the national level – for example with the issuance of a Presidential Decree on TB in January 2021;
- The Indonesia National TB Program is currently reviewing and updating its national strategic plan to address recent developments, as well as challenges (among others, those triggered by the COVID-19 pandemic)

# Indonesia TB Program for Results: An innovative approach to address systemic challenges



Focus on accountability and incentives for subnational performance on TB, through Performanceoriented central transfers, which allows flexible enduse by the District level and/or public primary care facilities once performance targets are met.



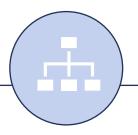
A robust performance measurement and verification system for local government and health facilities based on national and international evidence on what's needed and what works.



Incentivizing reporting through an enhanced digital eco-system as a pre-requisite for this performance system-with verifications improving data reliability and data quality



Clear guidelines to engage the private sector- and harmonization across performance based central transfers and Performance-based Social Health Insurance payment mechanism (capitation, casebased payment)



System-wide advantage: Initial experience from TB as a pioneer can also inform non-TB health services for similar performance-based transfers

## **Theory of Change – Strengthening Indonesia National TB Response**

**Problems** 

- · High under-reporting
- · High TB burden
  - Declining treatment success
- Minimal participation of private GPs in TB
- High patient costs, catastrophic expenditure, impoverishment
- High JKN costs, poor Value for Money

- · Delayed treatment initiation
- · Poor quality care and HR capacity constraints
- Excessive hospital management of uncomplicated cases
- · High attrition of diagnosed patients
- · Low case notification

Causes, constraints

#### Weak governance at sub national level

- · Districts and Puskesmas lack incentive to focus on TB: capacity constraints at all levels
- · Poor TB service quality assurance framework and oversight
- Poor referral systems and variable linkages to diagnostics and to treatment

#### Misaligned incentives

- · Current system of BOK and Capitation discourages management of simple TB in primary care settings
- · Hospitals incentivized to keep TB patients but not follow through to complete treatment
- Patients penalized if manage TB in private primary care

#### Weak outreach to Private Providers

- · Reliance on voluntary associations
- · GPs lack access to approved TB diagnostics
- · Private patients lack access to program TB drugs

Fragmented data systems

- Poor design/interoperability of existing TB information systems (hospital, private providers, and diagnostic centers)
- · Limited interoperability with information systems beyond TB
- · Predominantly manual and repetitive reporting-including notifications

Interventions. **Desired System** Performance (inputs and activities)

#### **RA1: Strengthened Sub National TB Response**

- BOK transfers to Puskesmas and Districts based on improvements in TB performance
- · Supply side readiness, capacity constraints and incentive structures at subnational level are addressed
- · Payments to hospitals, lab and primary care providers revised to encourage early diagnosis and improved case management at primary care level
- · Capable health personnel in TB case management both public and private sector

#### RA2: Strengthened TB care among public and private primary care health providers

- · Strengthened logistics and regular sample transport modalities from GPs for WHO Recommended Diagnostics
- · Access to program diagnostics and drugs for privately notified patients
- · Payments to hospitals, lab and primary care providers revised to encourage early diagnosis and improved case management at primary care level

#### RA3: Enhanced digital systems for TB and evidence informed policy

- Robust performance measurement and verification system
- · Integration of data systems
- Automated event tracking
- · User-friendly digital systems adapted for private sector use cases, including for notifications

Service delivery

- ✓ Puskesmas and private GPs notify and successfully manage an increased share of TB patients
- ✓ Reduction in TB under-reporting in private GPs and in private and public hospitals
- ✓ Better follow-up and treatment success rates across the health system, esp hospitals

Improvements

#### To improve coverage, quality and efficiency of TB services in Indonesia

PDO and PDO indicators

- Increase TB case detection/treatment rate
- Increase proportion of notified TB cases managed at private primary care level
- ✓ Number of private primary care providers that notified TB cases



Increase TB treatment success rate



- ✓ Loss of follow up of diagnosed cases to treatment reduce the share of TB cases diagnosed and not put on treatment)
- ✓ A functional, integrated information system linked to mobile health applications is in place

Medium/Long Term Impact

Reduction in TB incidence, disease burden, mortality, and socio-economic cost

## The TB PforR Structure



- Focus on SNG Governance and Accountability; Involvement of Private Primary Providers; and Digital Solutions
- National level policy
- Results framework for improved coverage, quality, and efficiency

## The Indonesia TB PforR covers three dimensions: Improved Coverage, Quality and Efficiency of the National TB Response.

## RESULTS AREA 1: Strengthened Subnational Tuberculosis Response

An intergovernmental fiscal transfer mechanism to be linked with TB key performance indicators

 The design of (intergovernmental fiscal) transfers linked with TB performance in case notification and success treatment is developed and implemented

#### Improved supply side readiness

- Improved readiness of primary health care facilities for TB services
- Comprehensive TB Service Protocol (primary care, laboratory, and hospital)
- Training modules for TB service delivery using new approach and digital technologies developed and implemented

## RESULTS AREA 2: Strengthened TB care among public and private primary care health providers

Strengthened access to diagnostic and regular sample transport mechanism

- Logistics and regular sample transport mechanism

Improved access to TB program diagnostics and drugs among private primary care providers

 Logistics and arrangement for TB drugs for private primary care providers and refer back from hospital

## Strengthened payment mechanism links to quality of service

- PKBK (Pembayaran Kapitasi Berbasis Kinerja -Performance-based capitation payment) to include notification, and/or successful AND Fee for service payment per episode for treatment of TB
- InaCBG reform to modify hospital payments

## RESULTS AREA 3: Enhanced digital systems for TB and Evidence informed policy

## An integrated TB transaction-based information system:

- Simplified interface of the TB information system to notify TB cases is designed, piloted, and implemented;
- The use of automated data exchange interfaces
- Interoperability of the existing TB application/information system with the Integrated Health Service (Satu Sehat) platform

#### Improve use of data in decision making

- TB Prevalence Survey and
- Implementation process evaluation

to support evidence-based decision making to be completed by 2026

## **TERIMA KASIH**









## What is innovative about the "buy-down" arrangement?

## "Buy-down" Definition

An arrangement whereby a donor subsidizes the interest and/or the principal of a loan between a country and a lending organization (by reducing the effective rate of interest or reducing the principal outstanding), thereby reducing the country's future repayment obligations.

## Specifications

- Global Fund's grant will be held by the WB in a dedicated "trust fund" used to make these future repayments – linked to the independently verified achievement of the same DLIs as are used for WB financing.
- Any remaining funds in the Trust Fund would be returned to the grant contributor.
- In the proposed design in Indonesia, there are added layers of innovations and results-based arrangements such as performance-based transfers from MOH to Puskesmas.

## **Examples**

Buydowns have been frequently used in the WB health sector in recent years, linked to performance-based operations.

## Guatemala

Malnutrition – Grant provided from GFF for IBRD partial buy-down

### India

TB – Grant provided from Global Fund for IBRD partial buydown

## Nigeria - Pakistan

Polio eradication – Grant provided from Gates Foundation for IDA partial buy-down

#### **Pakistan**

EPI – Grant provided from Gates for IDA partial buy-down