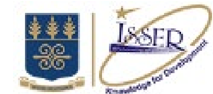
Implementation Research for Health System Equity, Inclusion, and Impact:

Experience from Georgia, Ghana, and Indonesia

A USAID HSS Learning Series Session | July 9, 2024



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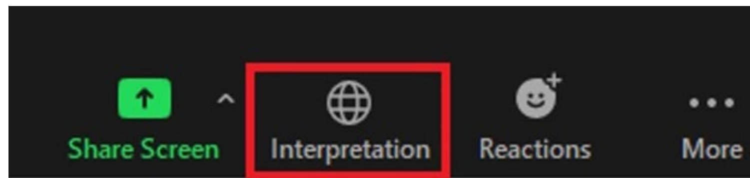

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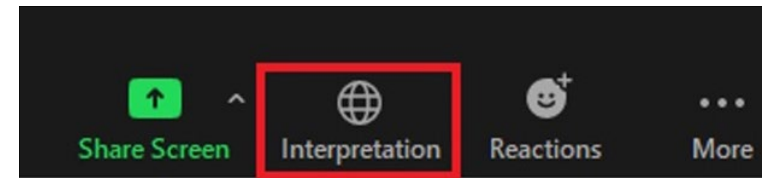

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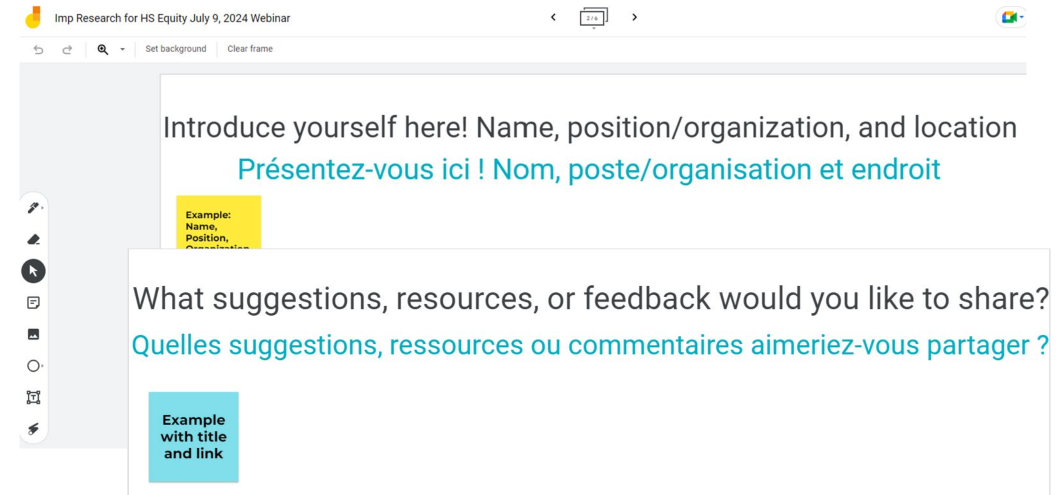
Webinar Participation

1. Use the Jamboard link to introduce yourself, and to share your ideas in real-time.
2. Have **questions** for the speakers? Please submit them in the Zoom **Q&A**.



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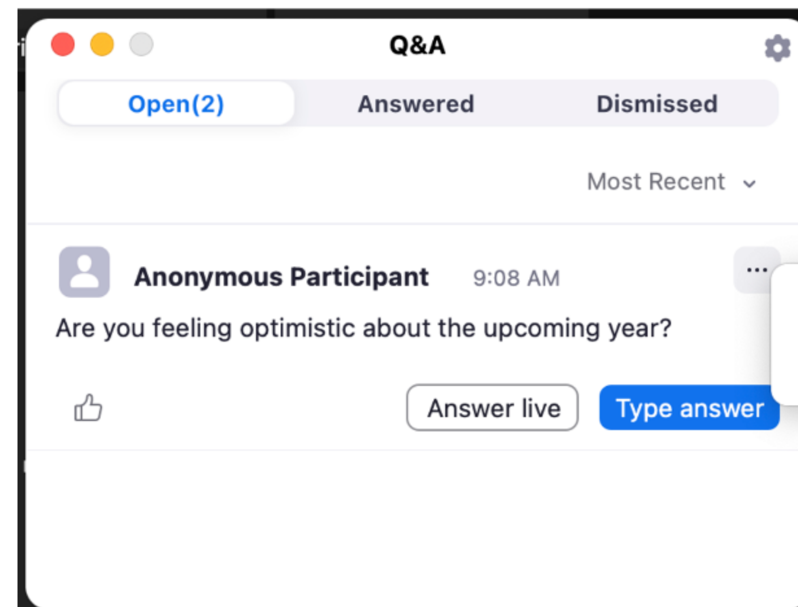
2. Avez-vous une **question** pour les intervenants? Veuillez les soumettre dans la partie **Q&A.**



The Health Systems Strengthening Accelerator

The Accelerator is a six-year (*2018-2024*) USAID cooperative agreement, with co-funding from the Bill & Melinda Gates Foundation.

The project provides technical assistance across a broad range of health systems strengthening challenges to ensure that in-country institutions and organizations have the capacity and expertise to independently translate, adapt and build more effective and sustainable health system interventions on their journeys to self-reliance.

Core Implementing Partners

Implementation Research for Health System Equity, Inclusion, and Impact

Today's Agenda

- Welcome, Logistics, and Introductions
- Introductory Remarks by USAID
- Moderated Presentations from Ghana, Georgia, and Indonesia
- Audience Q&A
- Wrap up

Webinar Objectives

1. Gain an overview of how implementation research can accelerate and improve Universal Health Coverage (UHC) interventions, focusing on accessibility, equity, and sustainability.

2. Receive recommendations for engaging stakeholders in implementation research to enhance equity and inclusion.

3. Learn best practices for disseminating and communicating implementation research results to facilitate their uptake.

Moderator and Distinguished Speakers

DR. RACHEL MARCUS

moderator and speaker

Senior Health Systems Strengthening Advisor, Office of Health Systems, USAID Bureau for Global Health, Washington, D.C.

DR. AMA POKUAA FENNY

speaker

Senior Research Fellow, Social and Economic Research (ISSER), University of Ghana
Accra, Ghana

MS. ALISA TSULADZE

speaker

Researcher, Curatio International Foundation, Tibilisi, Georgia

MS. ASTARA AMANTIA LUBIS

speaker

Program Director, Results for Development,
Indonesia

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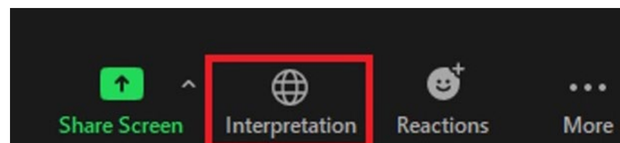

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Introductory Remarks

Rachel Marcus

Senior Health Systems Strengthening Advisor

Office of Health Systems, USAID Bureau for Global Health

Washington, D.C.

Introduction and Key Concepts

An HSS Learning Series Webinar

Implementation research is a hugely valuable tool for advancing equity in health systems. It can help:

- **Bridge the often-substantial gap between design and implementation reality** of pro-poor policies and strategies
- **Increase accountability for equity-enhancing outcomes** as programs scale-up by explicitly measuring and accounting for equity-related variables
- **Empower disadvantaged groups** to influence programs and policies intended for their benefit

Helpful Resources 1 (Global)

- USAID Vision for Health System Strengthening 2030
- New USAID HSS Practice Spotlight brief on Enhancing Equity in Health Systems: The Critical Role of Implementation Research

Role of Networks of Practice (NOPs) in advancing community-level health equity in Ghana

Ama Pokuaa Fenny

Senior Research Fellow

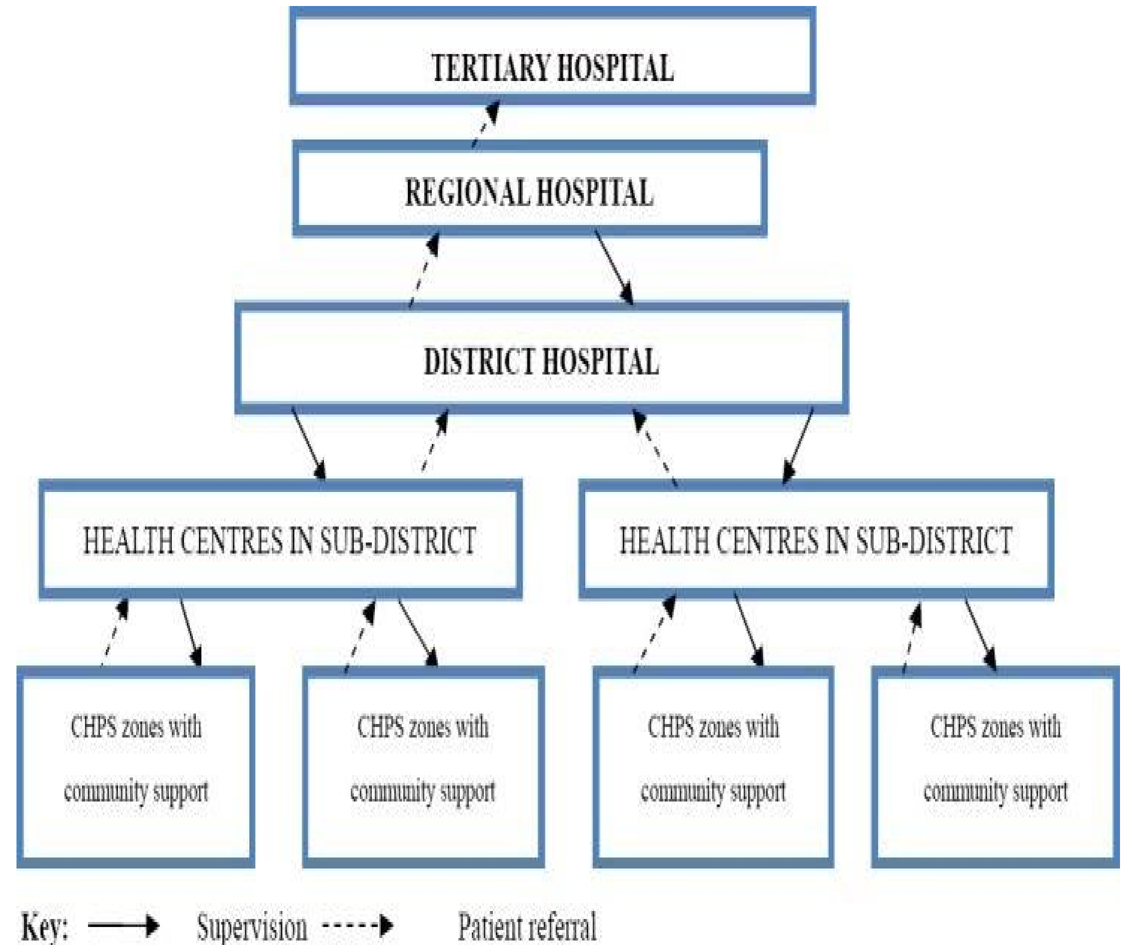
Institute of Statistical, Social, and Economic Research (ISSER), University of Ghana

Accra, Ghana

ISSER Knowledge for Development Institute of Statistical Social & Economic Research

Ghana Context

- Pop: 33.48 million (2022)
- National Health Insurance Scheme: covers 95% of disease conditions
- Health insurance coverage: 68.6% of pop (2021 census)
- Health is provided by public and private facilities through a hierarchical system
- Life expectancy - 65.17 years



Background: Ghana PHC & Networks of Practice (NoPs) for UHC

- Ghana PHC system built on Community-based Health Planning and Services (CHPS) compounds as first point of care and health centers
- Networks of Practice (NoPs) group multiple PHC facilities together to:
  - Share human resources and supplies
  - Conduct joint outreach
  - Coordinate referrals
  - Process National Health Insurance Scheme claims and other admin tasks
- Expected equity benefits from better support to CHPS via NoPs:
  - Use of CHPS as first point of care in communities should alleviate access barriers and minimize time and costs
- NoPs key to UHC by 2030 agenda

Study Purpose

Ghana Health Service, with support from USAID and the Accelerator conducted implementation research on the role of NoPs in enhancing health equity to inform nationwide scale up.

Research Question: Can the NoP model promote equitable access to and improve utilization of quality essential health services among vulnerable, underserved and priority populations?

- Equity in health refers to the absence of systematic disparities in the use of health services among people with different social and economic status (adapted from Braveman and Griskin, 2005)

Methodology

Study type: Mainly quantitative, supplemented by desk review of study areas

Study area:

- Akatsi South and North Tongu – Non-NoP district
- South Tongu and South Dayi – Pilot districts

Study tools: Equity Tool questionnaire

Sample Size: Interviews with 250 heads of household

Analysis: Primary data was analyzed to identify factors associated with utilization of health facilities. These factors include:

- Household wealth
- Household location and distance from facility visited
- Gender of household head
- NHIS membership status of the household

Summary of Key Findings

- In both districts, **poorer households rely more on lower-level facilities** due to a number of factors, including **proximity, NHIS provider and good reputation**.
- **Health insurance** was a significant factor for service use. Implying an opportunity to encourage the accreditation of facilities at all levels to improve accessibility and utilization of health services.

Key Recommendations of the Implementation Research

- **Community Education & Engagement:** Educate clients and communities about NOPs and leverage community support for network implementation.
- **Norms, Practices, and Health Center Designation:** Align norms, practices, and health center designations with NOPs objectives and broader health care policies, ensuring equipped hubs at every network.
- **Assessment and Implementation Research:** Routinely assess NOPs functioning and commission implementation research as networks scale up.

Key Lessons and Achievements from the Implementation Research on Networks in Ghana

Measuring equity bolstered accountability for equity-enhancing outcomes along with increase in scale

Stakeholder engagement was key

- Engagement with policy makers from the start (MOH)
- Engagement with planners (GHS)
- Engagement with implementers (Network members and leads)

Relied on existing processes and resources to implement the study

Co-created recommendations with policy-makers and implementers; shaped new national guideline

Built the capacity/transfer of skills to key stakeholders to ensure continuity

Implications for Equity

Poorer households and those living in rural areas are the main beneficiaries of NoPs and thus creates an opportunity to improve equitable coverage of services for these groups.

Key investments:

- Ensuring NHIS **credentialing of facilities** and **community enrolment/renewal of expired NHIS membership cards** will improve access and utilization of network services.
- **Well-resourced network hubs** will provide this coverage.

Helpful Resources: Ghana

- Implementation research report (Phase 2) Leaving No One Behind: The role of Primary Care Provider Networks in Advancing Equitable Universal Health Coverage in Four Districts of Ghana

Assessing the Introduction of Financing for Rehabilitation Services in Georgia’s UHC program

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Researcher

Curatio International Foundation

Tibilisi, Georgia

CURATIO
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30 Years for Better Health Systems

Introduction

Context – UHC in Georgia

- In Georgia Universal Health Coverage Program (UHCP) provides a broad set of preventive and curative healthcare services for up to 90% of the population, free of charge or with co-payment since 2013.
- The National Health Agency (NHA), under the Ministry of Health (MoH), is a single purchaser for the UHCP, using pooled public funds to buy services from private (majority) and public providers.
- NHA uses case-based payments to pay providers for most services covered under the UHCP.

Rehabilitation Services in Georgia – New to UHCP in 2022

- Pilot program added limited rehab services to UHCP in November 2022, with plan to expand in future

Rehab Program Specifics ("pilot phase")

Outpatient rehabilitation services for:

- Stroke
- Traumatic brain injury
- Spinal cord injury

Coverage for eligible population, including:

- Socially vulnerable families/ individuals
- Persons with disabilities
- Veterans
- Students
- Pensioners

For injuries/events in past 24 months

Implementation Research Purpose

- To document initial results and challenges from pilot phase and inform program adaptations before a broader rollout planned for 2024.

Research Questions

- What are the main factors impeding the implementation of the pilot program?
- How can the program's implementation be adapted to achieve the best outcomes?

Research Methods

Sampling Approach

- Purposive sampling adopted due to the restricted number of available providers and patients for the study.

Data Collection Methods

- Semi-structured interviews and focus group discussions

Respondents

- Patients enrolled into the program
- Service providers
- MoH representatives

Key Findings

Problems with eligibility criterion requiring patients to have a legal status of a "person with disability"

- Takes 3 months to obtain
- Undermines equity and inclusion by delaying timely access to crucial rehabilitation services
- Negatively impacts patients' health outcomes and well-being

Low awareness about program specifics among patients and providers

- Most patients relied on unreliable word-of-mouth, hindering timely access to services
- Providers lacked clear communication channels and adequate knowledge about program details, impacting their ability to render services effectively

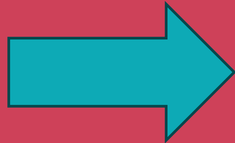
Lack of patient-centeredness

- The interventions of the state-funded program are standardized and not customized to individual patient needs.
- Eligibility for these services is decided by the Independent Assessment Committee (IAC), which doesn't have the medical knowledge to make well-informed decisions

Absence of outpatient standards

- Absence of outpatient facility standards prevented numerous providers from rendering services under the new program
- Only three providers have been contracted, while others wait for regulatory changes

From research



to action

Coverage expanded

The MoH has removed disability status as a precondition for entitlement and has expanded the services for the whole population (disregarding beneficiary group) with 70% copayment

Patients' needs met

The IAC's role has been streamlined to focus on administrative tasks, enhancing the efficiency of the medical eligibility review process and ensuring that medical decision-making remains with qualified providers.

Provider footprint expanded

Outpatient standards have been developed and are submitted to the Minister of health for approval

Helpful Resources: Georgia

- Georgian state rehabilitation program: Implementation research study report

Pilot Testing Inclusive Strategic Purchasing Approaches to Strengthen PHC Providers’ Performance

Astara Amantia Lubis

Program Director

Results for Development

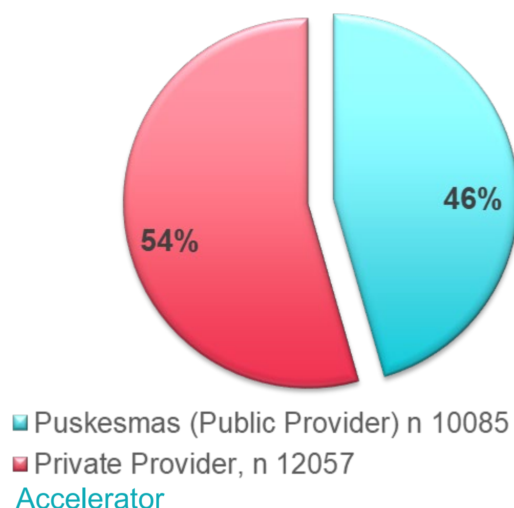
Jakarta, Indonesia

CONTEXT: INDONESIA (Upper MIC)

- Pop. 279.770.358 (National Health Insurance Agency/BPJSK, 2024)
- Health care access varies widely by wealth & geography (urban/rural; region)
- National Health Insurance (JKN) established in 2014 to achieve universal health care (UHC)
- National Health Insurance coverage 272.352.343 (97%) (BPJSK, 2024)
- 4.8 Million pregnancies per year (BKKBN = National Family Planning Agency; 2023)
- Maternal Mortality Ratio 189 / 100.000 live births (National Development and Planning Agency / BAPPENAS, 2022)

WHY STRATEGIC HEALTH PURCHASING

- **National Health Insurance** (Jaminan Kesehatan Nasional - JKN) payments do **not have an impact on improving quality**
- **Insurance payments** are **not designed** to provide incentives to **providers to increase access and quality of services** (do not ensure the continuum of care is implemented well)



WHY MATERNAL NEONATAL HEALTH (MNH)

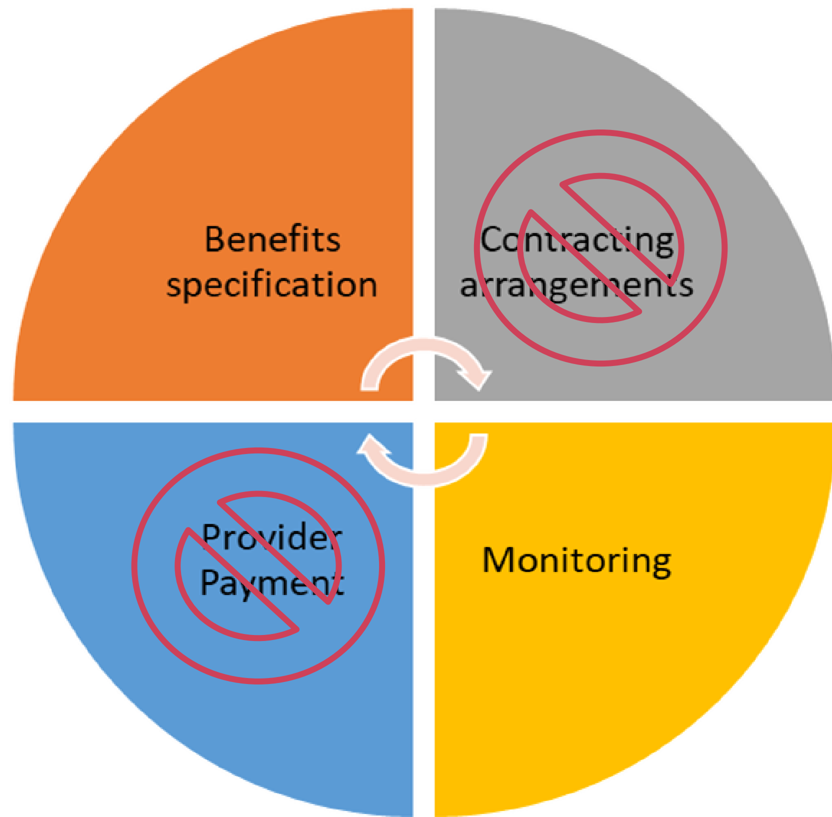
- **Health expenditures for MNH** were still large **at the hospital level** due to the high number of emergency referrals
- **Utilization of JKN Midwifery at PHC level** non-capitation claims **is still low**
- The **payments made** are **not relevant to the quality** of health services
- **MNH service standards and continuum of care** have **not been implemented optimally**
- Since 2014, there has been no review or change in rates for maternal health services at primary health care
- **Participation of private provider on national program is low** (including low number of private midwives contracted under National Health Insurance (JKN)

Strategic Health Purchasing

- Strategic health purchasing (SHP) "transforms budgets into benefits, with the aim of *distributing resources equitably*, realizing gains in efficiency and managing expenditure growth and improving quality." - WHO (Source: [WHO/UCH/HGF/PolicyBrief/19.6] p. 6, emphasis added)
- Govt of Indonesia commissioned the USAID Health Financing Activity (USAID HFA) to implement the Strategic Health Purchasing Pilot for Maternal and Newborn Health (MNH) to improve service quality in two districts of Kabupaten Serang and Kota Serang at Banten province

Maternal Neonatal Health Strategic Health Purchasing Pilo t

Design Phase
2020 - 2022



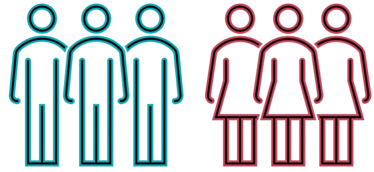
Implementation Phase
Oct 2022 – Oct 2023

External factors

- Strengthen the monitoring and mentoring of providers
- Strengthen Coordination of key district policy makers
- 12 public providers, 28 private providers

Outcomes

- **Increased Access**
- **Improved Quality**
- **Financial sustainability & efficiency**



MULTI-STAKEHOLDERS: INCLUSIVE & COLLABORATIVE PROCESS

National Key Stakeholders

Ministry of Health: Policy Centre for Health Financing and Decentralisation, Directorate of Nutrition and MNH, Directorate of Primary Health Services, Directorate of Communicable Diseases

National Health Insurance Agency: Department of Innovation and Research, Department of Primary Care, Department of Information and Technology

Associations: IDI, Obgyn, Midwives

Development Partners: USAID, World Bank, USAID related projects

Sub-national Key Stakeholders

District Health Office: Unit of MNH, Unit of Communicable Disease, Health Resource, Unit of QoC

Branch of Health Insurance Agency: Department of Primary Care

Pilot Providers: 12 public and 28 private (at two districts, Kabupaten and Kota Serang)

Development Partners: USAID, World Bank, USAID related projects

Since design phase, the platform and stakeholder roles in advocacy at every stage of implementation have been mapped out and agreed upon.

Operational, Outcome and Implementation Research

	January 2020 – September 2022	October 2022 – October 2023			
Operational Research	**DESIGN PHASE:** Ecosystem Analysis and Mapping	**IMPLEMENTATION PHASE:** Monthly Troubleshooting, On the Job Training and Quarterly Coordination			
Outcome Research (Quantitative)		**Baseline Survey:** • Health facility survey (40 pilot, 27 control) • Mother Survey (312 intervention, 143 control)		**Endline Survey:** • Health Facility survey (40 pilot, 27 control) • Mother Survey (236 intervention, 202 control)	
Implementation Research (Qualitative)		FGD Acceptance (Q1)	FGD Adoption (Q2)	FGD Fidelity (Q3)	FGD Sustainability (Q4)

FGD: 40 intervention providers, 27 control providers, DHOs & BPJSK

USAID – Health Financing Activity (consortium of ThinkWell, University of Gajah Mada and R4D)
R4D led the Design and Operational research

Real-Time Monitoring: Troubleshooting and Risk Mitigation

Day-to-day troubleshooting (subnational)

Network Coordinator enters issues via Google form

Every 3 days, DHO and BPJSK monitor the dashboard of issues

Weekly meetings to harmonize responses

Monthly troubleshooting/ monitoring and mentoring meetings (subnational)

DHO
BPJS-K Branch Office
Network coordinators
Selected facilities
HFA

Quarterly coordination meetings (subnational)

DHO
BPJS-K Branch Office
HFA
MoH
BPJSK Central level

TWG Meetings (national)

TWG members
HFA

End-of-pilot learning

All stakeholders

Training, on-the-job support, advocacy, private midwife engagement (to October 2023)

FEEDING EVIDENCE TO THE POLICY MAKING PROCESS

National

Design phase:

- Ministerial Decree No 3 Year 2023
- Quality Indicator of MNH on provider electronic claim of BPJS Kesehatan

Implementation phase:

- Ministerial Manual no 1511 on Maternal Service standard
- Revision to Ministerial Decree No 52 Year 2017 on Triple Elimination for pregnant mother at Private provider (on going)
- Revision to Ministerial Decree no 14 year 2021 on Service standard for private provider (on going)

Sub-national

Design phase:

- Circular letter of BPJS Kesehatan on Complete ANC
- Modification of BPJS Kesehatan – Provider Contract on quality assurance
- Head of District Health Office Decree on incentive for Midwives as Network Coordinator
- Head of District Health Office Decree on incentive for Midwives as Network Coordinator

Implementation phase:

- MoU between Public provider with private provider on Triple Elimination
- Mayor Decree on Quality Assurance Governance

Outcomes

MNH Care Access & Quality

Increase in **access** to ANC and PNC services in PHC but decreased access to 6-hand delivery in PHC

Increase in PHC **capacity** to provide standardized ANC, 3E, USG, and 6-hand delivery

Coverage: Increase in the completed ANC 6, the completed PNC 4, and the examination of 3E, USG, and ANC laboratory

.

Financial Efficiency

More efficient ANC and PNC service financing: **shifting services from hospital to PHC → lower average cost of services**

Adoption and Sustainability

The Strategic Health Purchasing MNH pilot implementation is well accepted and adopted.

The tariff and payment mechanism of SHP MNH has been adopted into Ministerial Decree No:3/2023 on JKN Tariff

The quality assurance governance is regulated on Kabupaten and Kota Mayor Decree

ANC= Antenatal Care
PNC= Postnatal Care
USG = Ultrasonography

Helpful Resources: Indonesia

- USAID Health Financing Activity fact sheet: Toward Universal Health Coverage in Indonesia

Audience Q&A

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(Share comments and resources using the Jamboard link.)

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Thank You

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Wrap Up

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"Integrating Migrants in National Health Systems"

Hosted by USAID LHSS Project and Abt Global

July 24, 2024 at 8:00 AM EDT

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