

FACILITATING PUBLIC-PRIVATE PARTNERSHIPS TO IMPROVE QUALITY OF CARE IN INDONESIA

Dr. Kalsum Komaryani, MPPM Director of Quality of Health Services, Ministry of Health, Indonesia

The Ministry of Health is committed to undertake health system transformation

6 transformation pillars to support Indonesia Health

Vision

In accordance to the President's vision to actualize a healthy, productive, fair and self-reliance society

Improving maternal, child, family planning and reproductive health.

Accelerate the improvement of community nutrition

Improve disease control

Healthy Living Community Movement (GERMAS)

Strengthening health system & drug and food control

1 Primary Health Service transformation

Health Education ^a

Primary Prevention ^b

Secondary Prevention ^c

Increase primary health service capacity and capability ^d

2 Referral Service transformation

Improved access and quality of secondary & tertiary services

3 Health resilience system transformation

Increasing the resilience of the pharmaceutical & medical device sector ^a

Strengthening lab-based surveillance and emergency response resilience ^b

4 Health financing system transformation



5 Human Resource of Health transformation



6 Health Technology Transformation

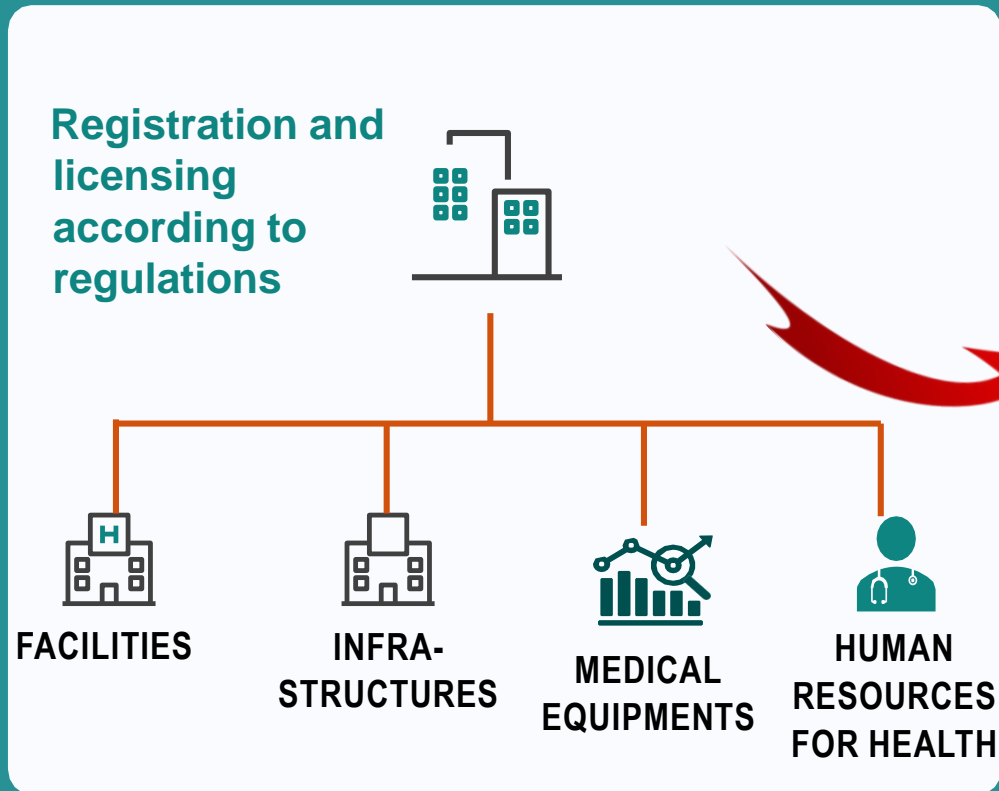


^a Information Technology ^b Bio-technology

Outcome
National Medium Term
Development Plan
On Health

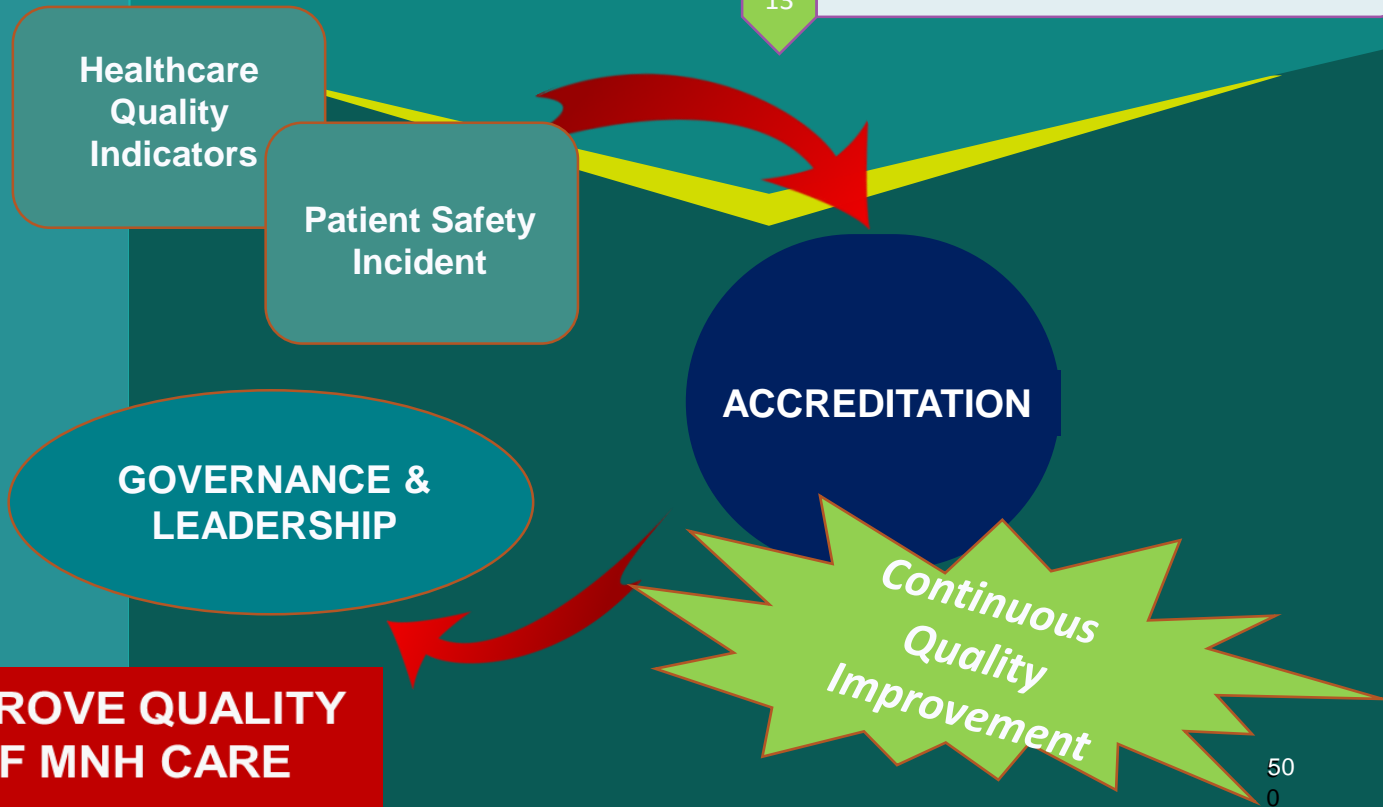
6 Main Categories

Quality Improvement Efforts



- 1 • Hand hygiene compliance
- 2 • Compliance with the use of PPE
- 3 • Patient identification compliance
- 4 • Emergency caesarean section response time
- 5 • Outpatient waiting time
- 6 • Postponement of elective surgery

- 7 • Compliance with Doctor's visit
- 8 • Laboratory critical results reporting
- 9 • Compliance with the use of the national formulary
- 10 • Adherence to the clinical pathway
- 11 • Compliance with efforts to prevent the patient's risk of falling
- 12 • Complaint response time
- 13 • Patient Satisfaction



ADVOCACY MECHANISM TO IMPROVE PUBLIC-PRIVATE PARTNERSHIP

GENDER AND SOCIAL INCLUSION

Improved Access to MNH Services

- Availability of Quality Services (FKTP and FKRTL)
- Strong MNH Referral System - SISRUITE
- Addition of PONED-PONEK from private health facilities

Improving Service Quality at Health Facilities

- Quality improvement mentorship
- Blended learning (internship-visit)
- Self-financing model
- Business model for "DELIMA Midwife"
- PPP partnership model available

Private Sector Engagement- Public Private Partnership and Policy

- Cluster-TPCB Strengthening
- PSE-and public private partnership program
- Supporting Policy Initiation (incentives and disincentives)

PUBLIC-PRIVATE PARTNERSHIP

Periodic Meeting

Data-Progress Recommendation

Adhoc meeting

Action Plan

Head of District, Parliament, Professional Organization, private sector

1. Resources
2. Policy
3. Cross sector engagement

RPJP-RPJMD-STRATEGIC PLANNING – DHO BUDGET – OTHER FINANCING SCHEME NON-APBD (PHILANTROPI-DLL)

Musrenbang

Forum OPD

KUA-PPAS

June – July

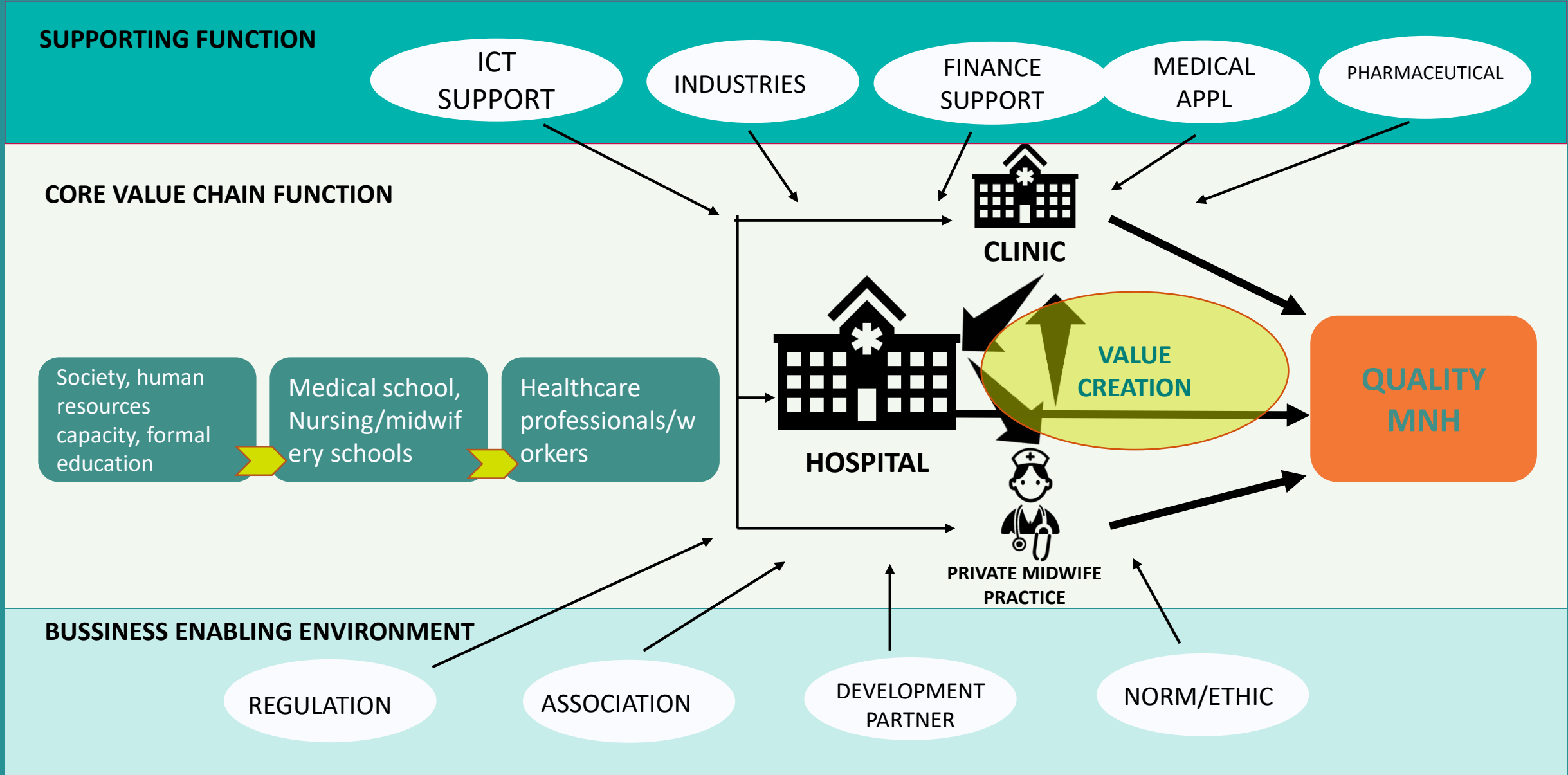
APBD-P

Sept – Oct

RANWAL RK-OPD

APBD

Total Market Involvement



Challenges for private-public partnerships towards quality healthcare facility services

- ❑ Less regulation on private-public partnerships in term of health services
- ❑ Role of local government is still weak
- ❑ Awareness from the private sector side
- ❑ Implementation of regulation is not optimal in private sector
- ❑ Strengthening in monitoring and evaluation from government

Takeaway Messages

1. Coordination (inter-ministerial and cross-stakeholder)
2. Dissemination of public-private partnership regulation across stakeholders
3. Monitoring and evaluation using Information Technology inline with Digital Transformation and Health (Big data development)