

Primary Health Care in Mixed Health Systems: Building Facilitator & Intermediary Functions to Bridge the Public-Private Gap

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RESULTS FOR
DEVELOPMENT

Motivated sellers: Private social franchise networks are important for PHC/SRH, but face financial sustainability and equity issues.

Declining donor support

Identify new and diverse financing sources

Limited service offerings

Increase range of primary health care services

Dependent on out-of-pocket payments

Access more equitable third-party financing

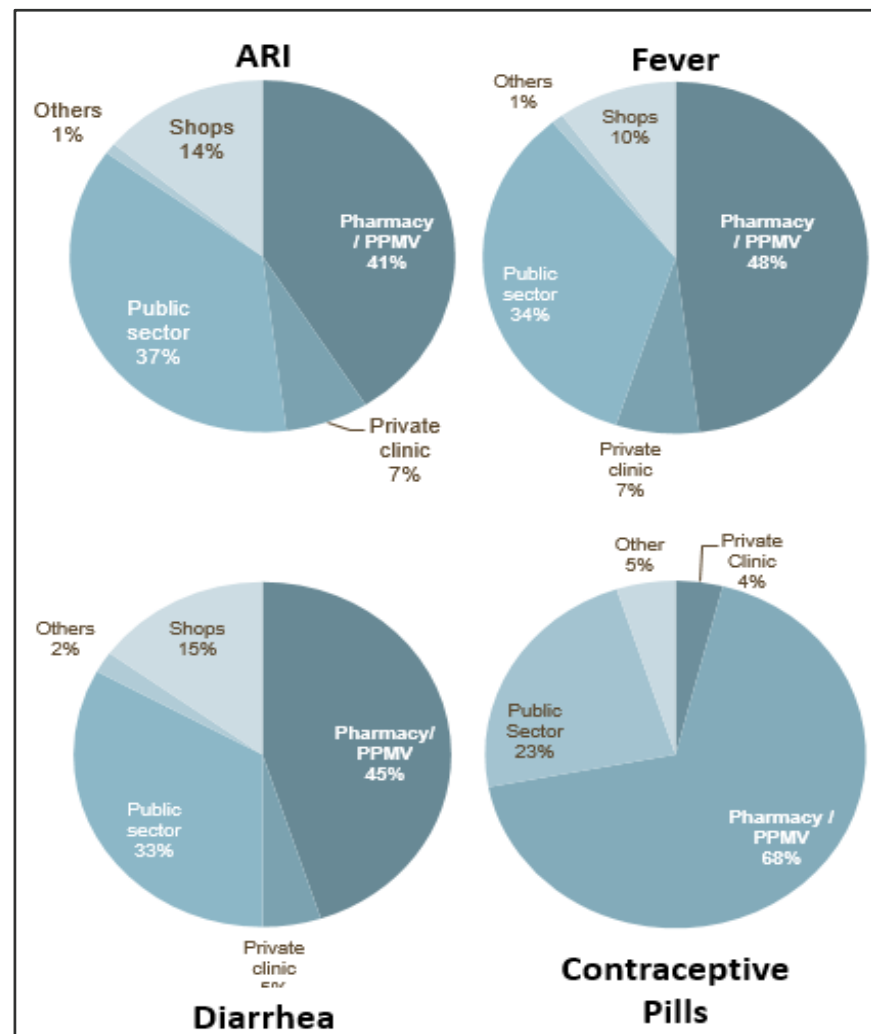
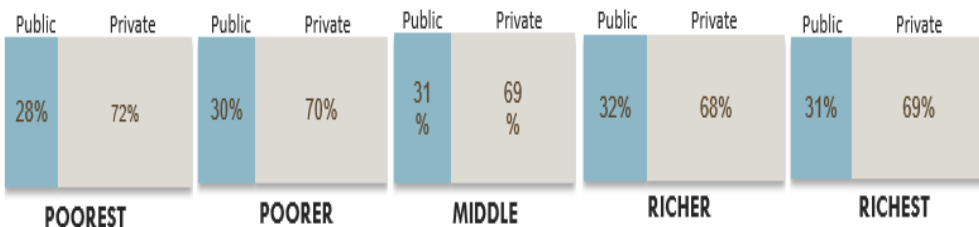
The USAID-PSI-R4D partnership:

Help SFs advance Universal Health Coverage by improving sustainability and equity of health care for women and their families

Motivated buyers: LMIC governments must engage private, PHC services to achieve UHC

Example: Private sector serves as primary point of care in Nigeria

Sources of treatment and family planning products by income groups



But exchange is limited: Governments face several challenges in engaging private sector PHC providers

- **Missing information:** Public and private sector actors isolated from each other in planning processes
- **Operational inefficiencies in contracting:** Wide-spread fragmentation among private providers
- **Trust/enforcement gap:** Mutual distrust between the public and private sectors
- **Weak stewardship role:** Public sector lacks awareness and clear role to effectively leverage the private sector

Potential organizational solutions:

Position a local institution as a **market facilitator**

- *Enhance coordination*
- *Identify constraints*
- *Convene stakeholders as neutral facilitator*
- *Help develop capacity, tools, policies, and regulations*



Develop **purchaser-provider intermediaries**

- Reduce fragmentation of small-scale providers
- Address supply-side failures
- Examples: HMOs, **social franchises**, provider networks

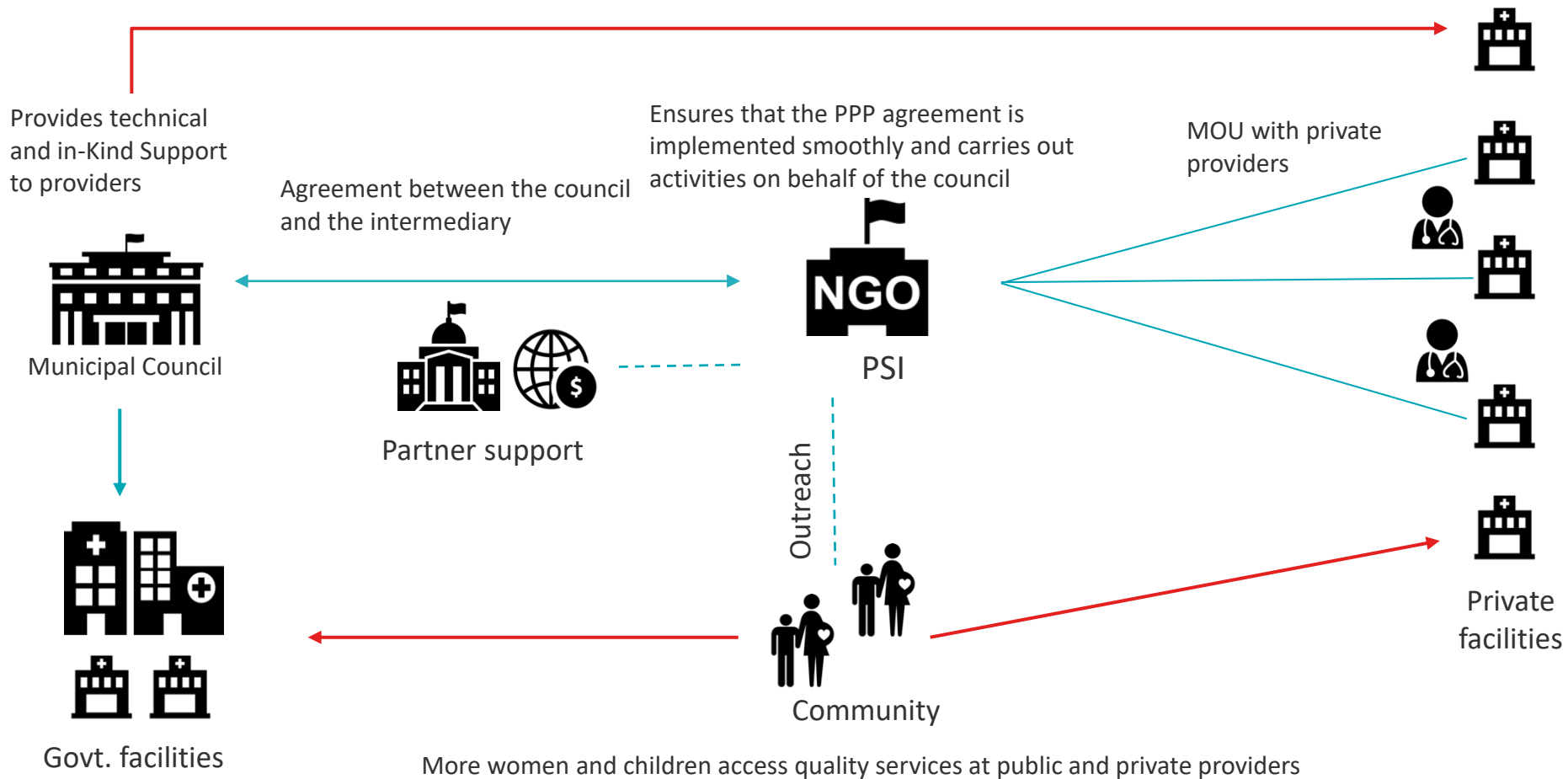
R4D and PSI have tested and developed this approach in Tanzania, Uganda, and Nigeria

Methods: landscaping and analysis, plus technical assistance in facilitation and developing a stronger intermediary role

1. *Health Financing Options Analysis* to determine opportunities for SFs to sustainably enhance quality and access
2. *Facilitate* public & private stakeholders to promote PPPs
3. *Develop a value proposition* for private providers and intermediary
4. *Design and promote a modality* to operationalize it

Work currently ongoing in Cambodia

A potential intermediary role for PSI Tanzania



Facilitator and intermediary roles have promise, but several challenges found:

1. Market facilitation: effective in engaging stakeholders, identifying constraints, developing a value proposition, but difficult when:
 - Low understanding of and capacity to implement PPPs
 - Absence of PPP policies
 - No fully-ready intermediary
2. Reform in PFM systems and evidence to demonstrate cost effectiveness are crucial
3. Competing and unaligned donor programs and national/subnational government priorities complicate planning and implementation

Well-placed facilitator and intermediary organizations in LMICs have a window of opportunity

- Strong interest of many governments to enhance purchasing from and oversight of the private sector as part of improving PHC for UHC.
- As they build the technical capacity and policies to support this, intermediaries can:
 - Map and enroll the right providers in their networks
 - Develop evidence-backed value propositions and engagement strategies to take part in reforms
 - Inform policies to incorporate private sector role



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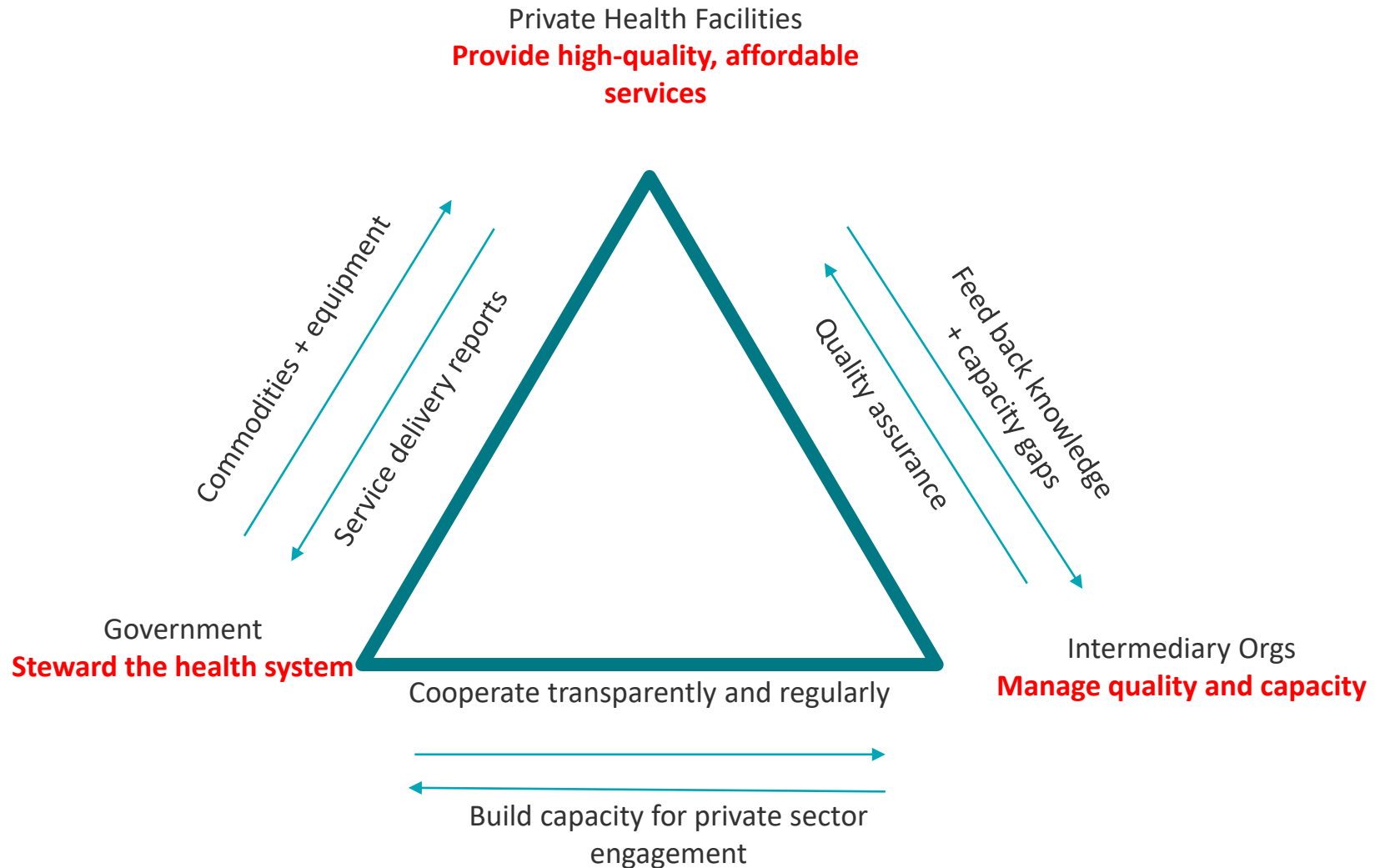
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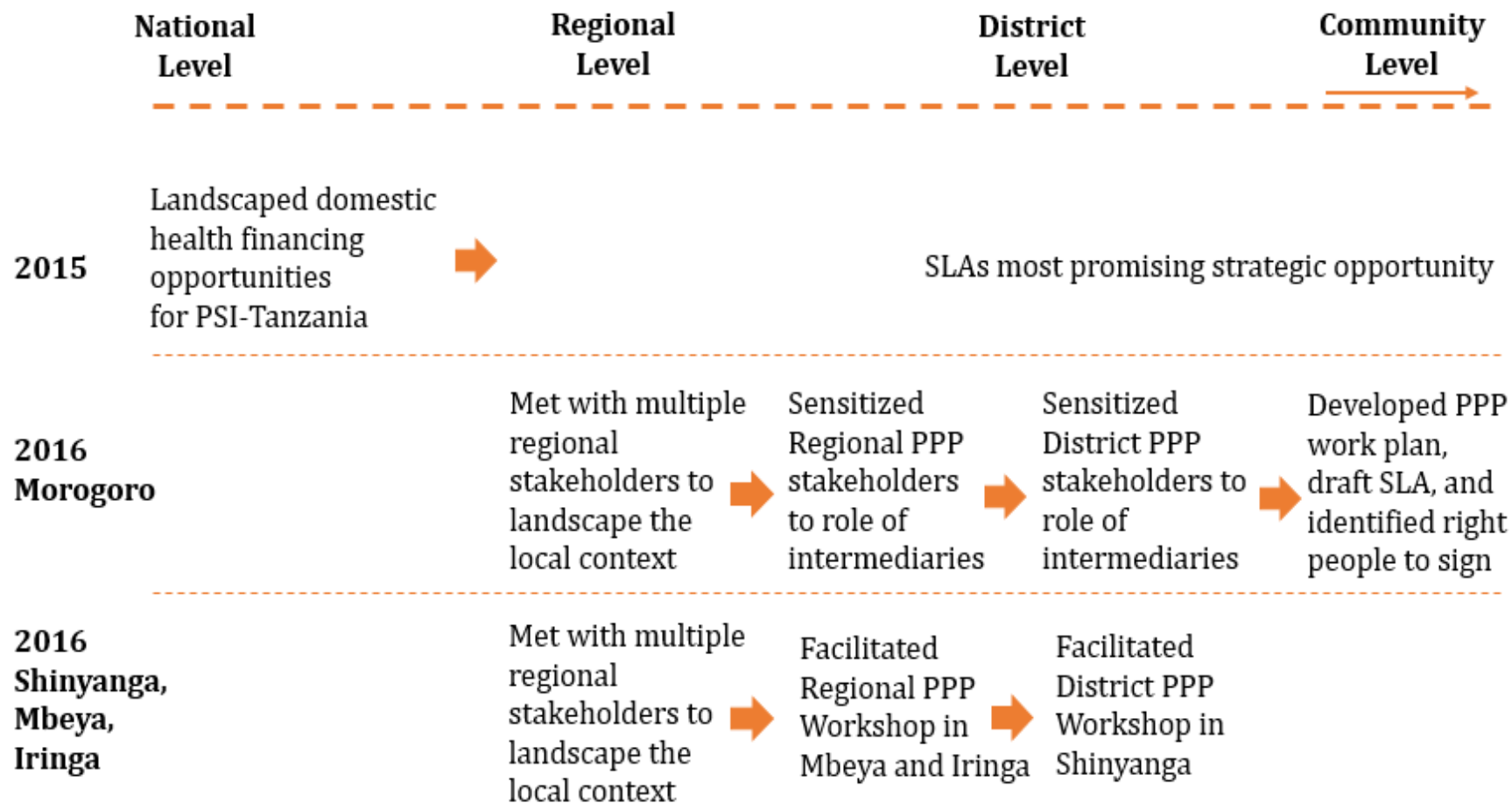
Extra slides



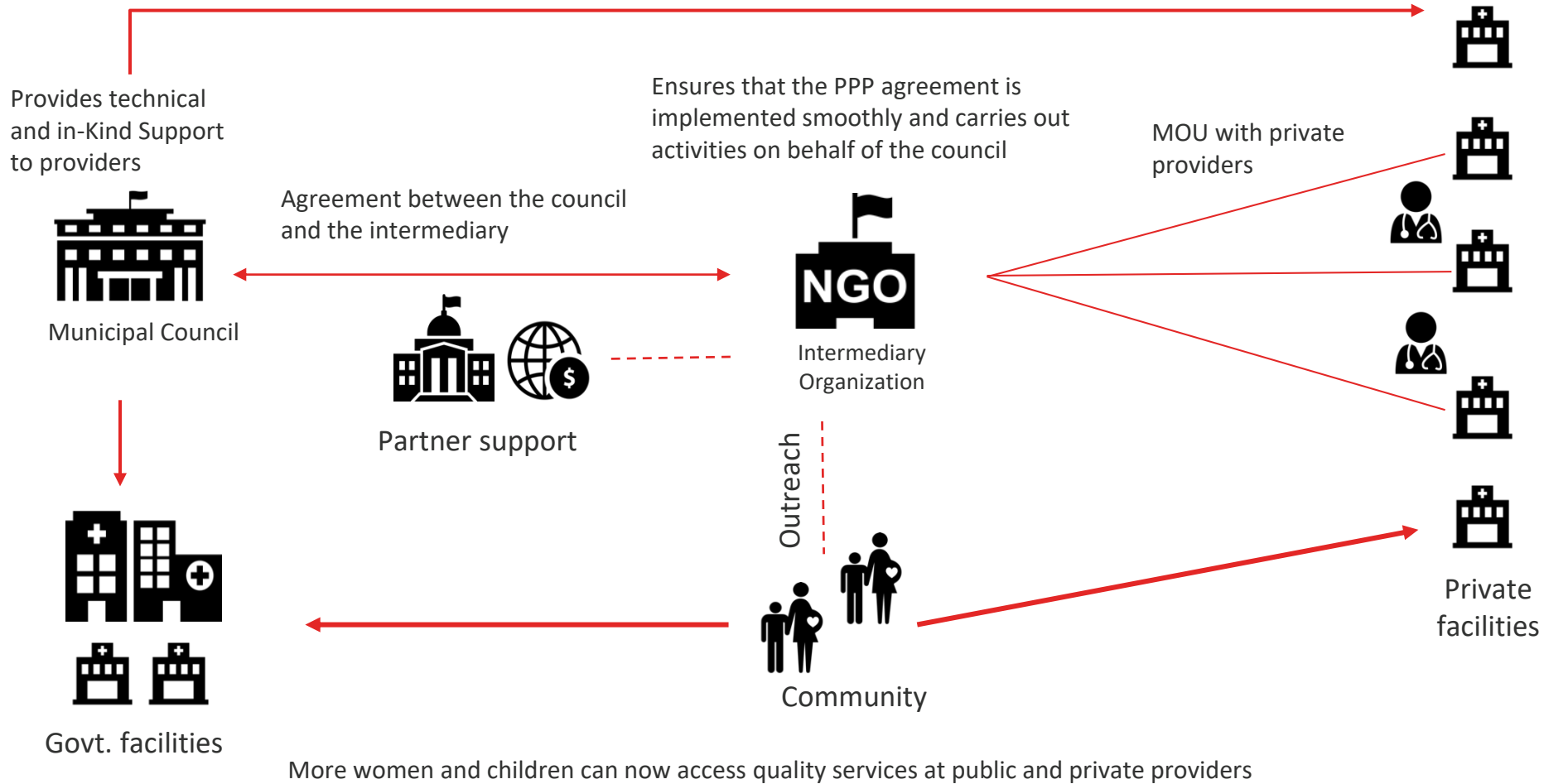
Facilitation and intermediation for effective mixed health systems



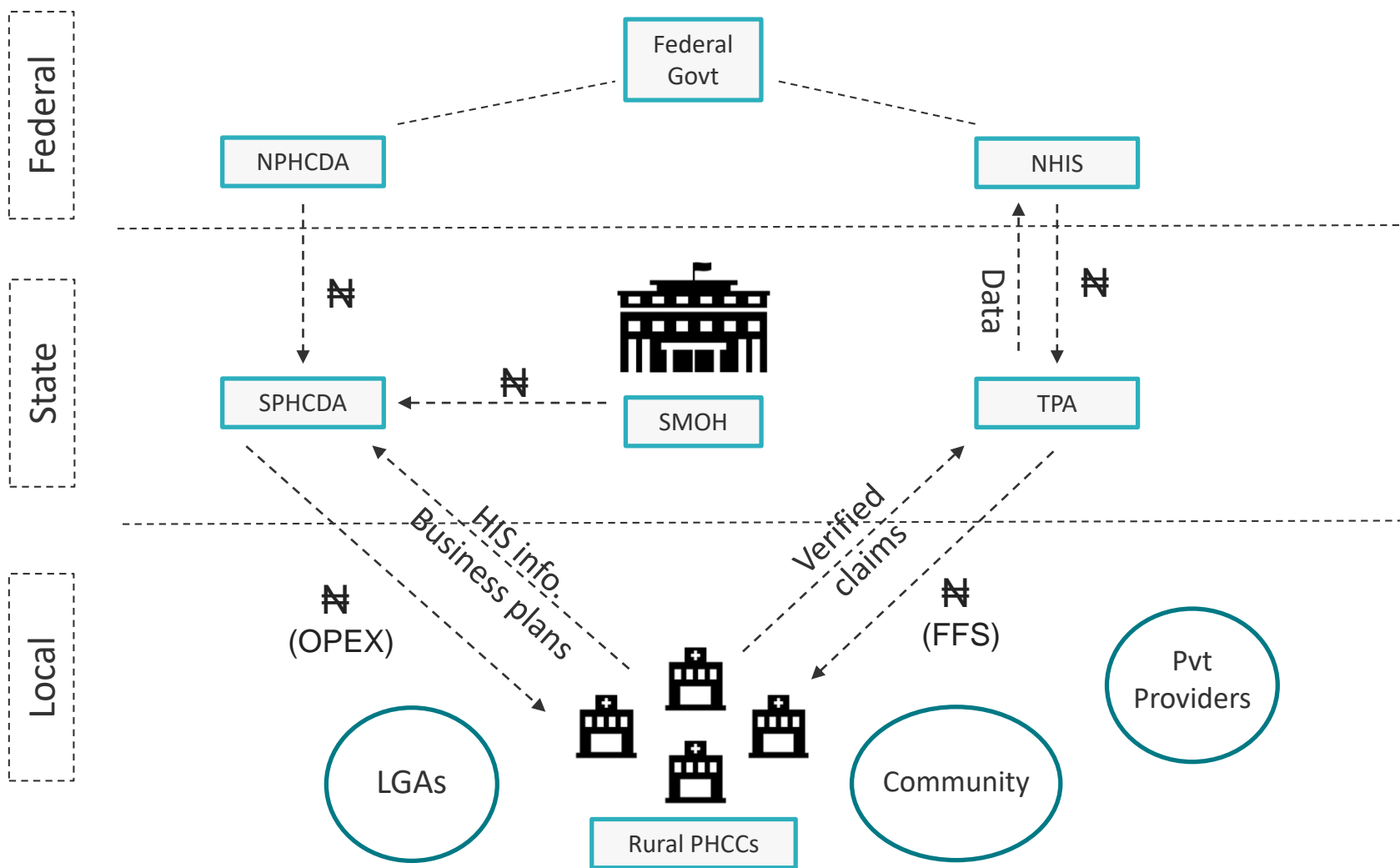
R4D-PSI carried out market facilitation in Tanzania in different regions and at different levels of government



The intermediary role for PSI: PACE Uganda



The intermediary role for PSI: Society for Family Health Nigeria



Other work at R4D on MHS

- R4D supports local change agents to create strong and sustainable MHS that can deliver high quality, affordable and accessible health care to people living in LIMCs by...
 - Supporting engagement mechanisms between the public and private sector, and;
 - JLN PSEC
 - Strengthening public sector and private sector capacity
 - Public: JLN; Nigeria Health Care financing Technical Assistance Project, HFG
 - Private: CHMI



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