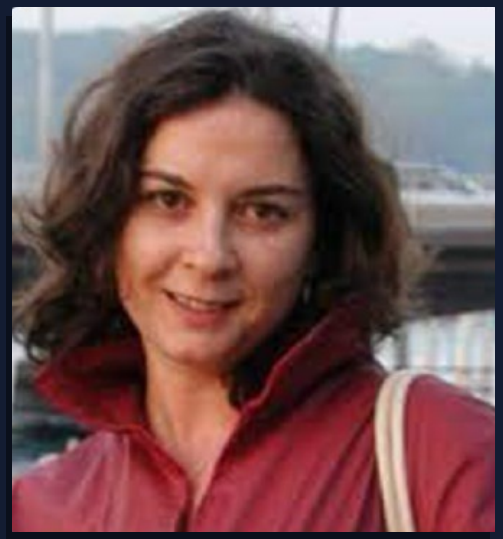
ENGAGING THE PRIVATE SECTOR IN HEALTH TO ACHIEVE UHC

Introduction and overview of the WHO work on the engagement with the private sector in health

David Clarke
a.i. Unit Head, WHO's Health System Governance and Financing Department



Dr. Blerta Maliqi
Team Lead, WHO Policy Strategy and Programmes, Department of Maternal, Newborn, Child and Adolescent Healt,h and Ageing

COUNTRY CONNECTOR
on Private Sector in Health

Opening Remarks

Marietou Satin
Deputy Director, USAID Maternal, Child Health and Nutrition Office

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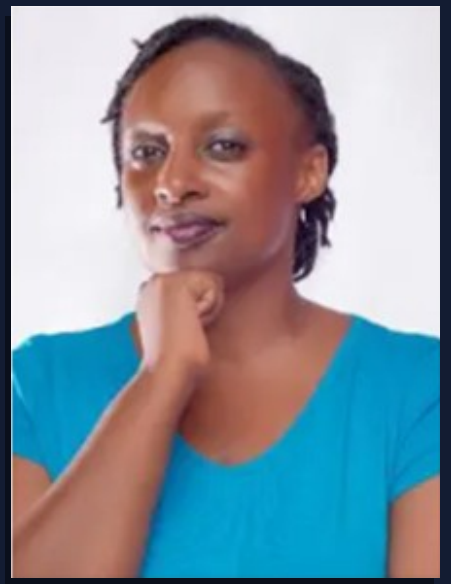
Introduction of USAID private sector engagement work in Uganda



Christine Mugasha
Senior Maternal and Child Health Advisor, USAID Uganda Mission

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on Private Sector in Health

Panel session:
The importance of public/private partnerships to improve access to care for the urban poor;
Highlights of implementation research with public and private sectors.

MODERATOR

Cudjoe Bennett
Senior Research and Knowledge Advisor, USAID Maternal, Child Health and Nutrition Office

PANELLISTS

Dr. Daniel Okello
Director, Public Health and Environment, Kampala Capital City Authority

Yvonne Mugerwa
Project Director, Kampala Slum Maternal and Newborn Health Project

COUNTRY CONNECTOR
on Private Sector in Health

Engaging the Private Sector in Improving Access to Quality Maternal and Newborn Healthcare for the Urban Poor:

Lessons from Kampala City

April 27th , 2022

Dr Okello Ayen Daniel-Co-PI MaNe Project & Director Public Health & Environment Kampala City
Dr. Yvonne Mugerwa – MaNe Project Director

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AGENDA

- Kampala Context
- Project Aims and Objectives
- Formative Research Results
- Objective 1: *Accreditation, Affordability and Demand*
- Objective 2: *Emergency Transport System*
- Systems Approach
- Lessons Learned

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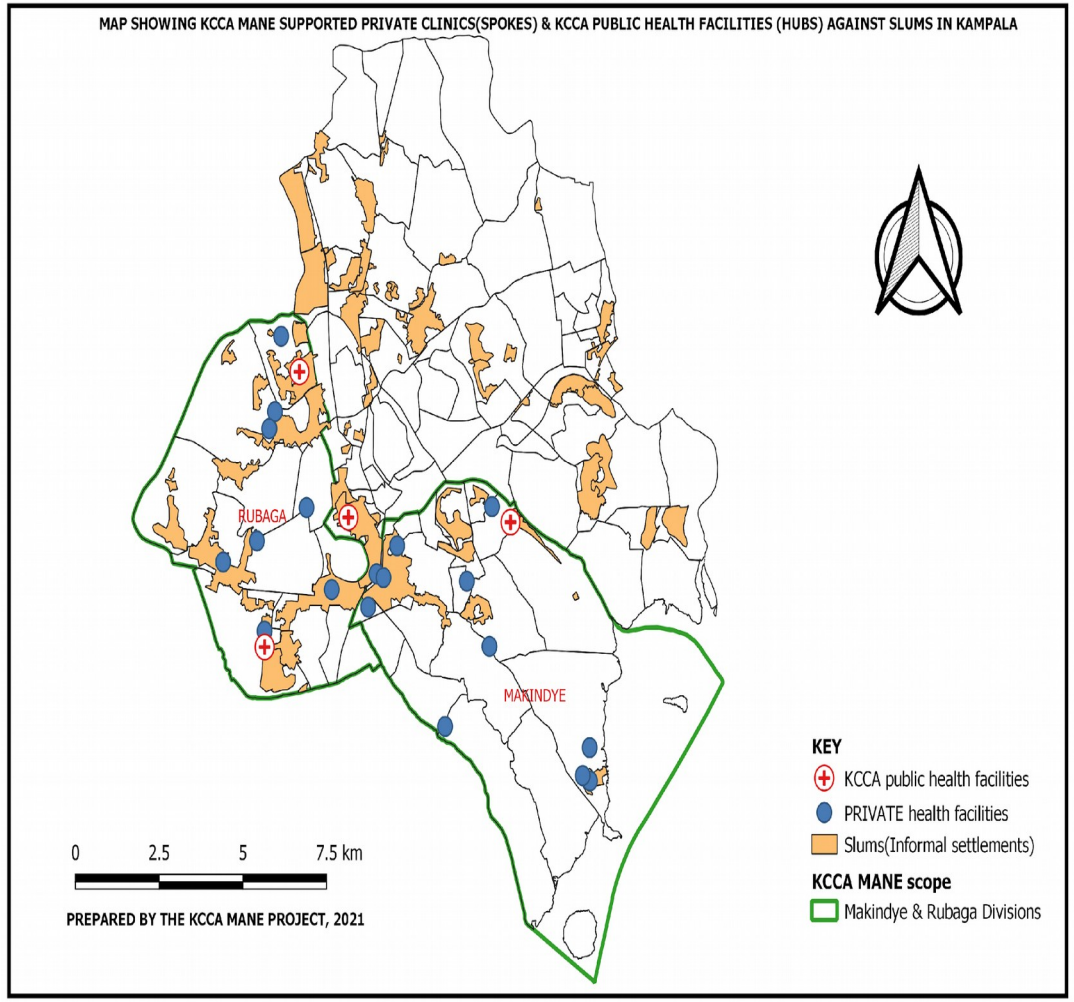
Overview of Kampala Capital City Authority (KCCA)



KCCA is the legal entity, established by the Ugandan Parliament, responsible for the operations of the capital city of Kampala

Population of Kampala: 3.6 million

Women of Reproductive Health: 325,321

Health Facility (1,479 facilities)

- 98% Private facilities
- Only 2% Public facilities
  - 0.1% National referrals
  - 1.7% General hospitals
  - 0.7% Health Centre IV
  - 3.5% Health Centre III
  - 93.9% Health Centre II

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MaNe Project Overview

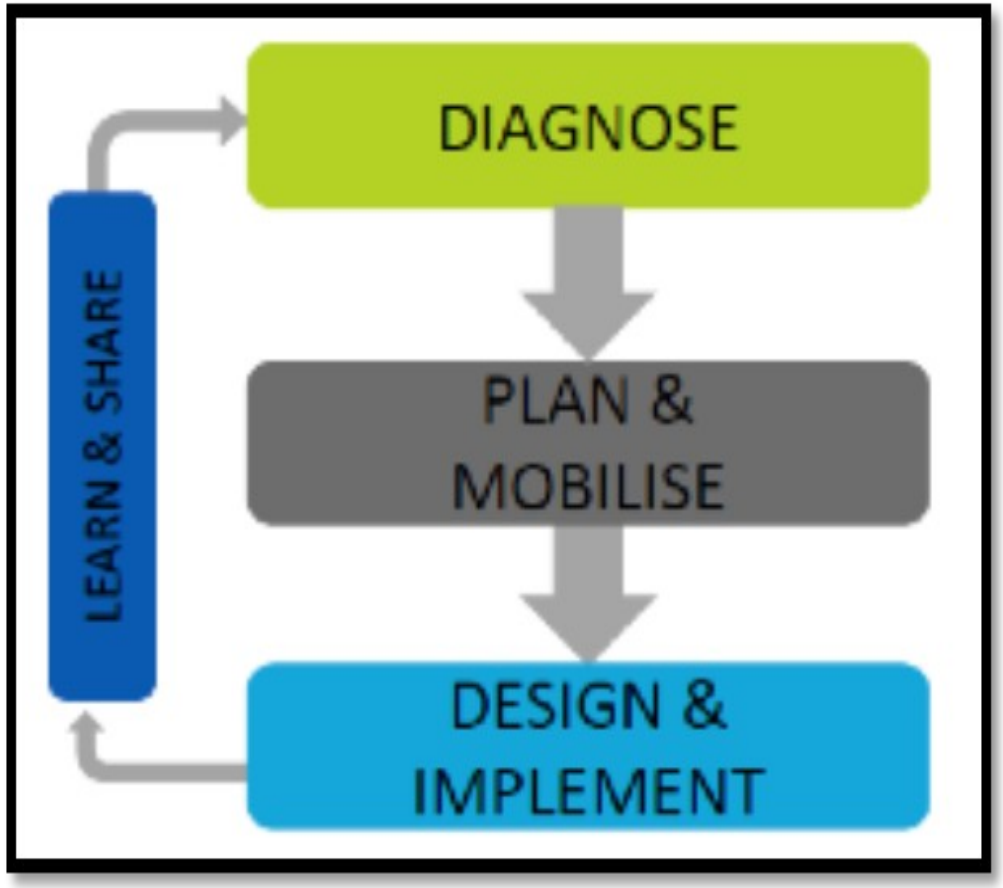
A 3-year USAID **co-created** an **implementation research** effort aimed to **test innovative approaches** to address the **demand and supply-side barriers** affecting **MNH care seeking**, effective **referral and transport** challenges and the provision of **quality MNH** services for **urban poor women**

Objectives:

- Harness the public and private facility mix to **provide quality and affordable** maternal and newborn health (MNH) services to the urban poor.
- Strengthen **referral linkages** between **public and private** health facilities to improve maternal and newborn health outcomes.
- **Educate** mothers, caretakers of newborns and spouses about appropriate actions on what MNH services to seek and from where

Co-Design/Co-Creation Process

- Two co-creation workshops with community representatives, public and private health workers
- Prototypes/ideas developed together
- Design sprints done
- Testing the ***acceptability***, ***feasibility*** and ***scalability*** as well as ***effectiveness*** of the proposed prototypes in addressing the MNH challenges identified.



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Formative Research: *Women's Perceptions*

Urban Poor Women

- Are **under 25 years** (63%) and in multiple unions
- Have strong social support systems
- Participate in **savings programs**

Health Care Use by Urban Poor Women

- Use herbs and traditional and unregistered providers for care
- **Perceived private clinics** being as **being unaffordable**
- **Unsure** if **private clinics** can **manage deliveries/ complications**
- **9 in 10 deliveries** occur in **public sites,** despite more private facilities
- **Lack of timely** and **affordable transport** delays care

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Formative Research: *Health System*

- Limited interaction between the public and private sectors
  - *Poor coordination and communication between public and private facilities for referral*
- Inadequate health budget
- Limited common regulation of quality of MNH standards for private sector
- Limited understanding on pricing regulations for private MNH services

Objective 1: Improving Private Sector Quality of Care Maternal and Newborn Health Services:

Accreditation, Affordability and Demand

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Intervention #1: *Accreditation of private facilities for MNH*

Learning Questions

- Is it **feasible/sustainable** to implement **accreditation** of private facilities?
- What **incentives** motivate private providers to provide quality affordable MNH services?
- Does accreditation affect the **acceptability** of private clinics to urban slum dwellers?

Interventions

- Co-Created Approach
- Private clinics conducted QI Self-Assessment (SQIS)
- Regular engagement with Assessment Teams, Private Clinics and KCCA
- Designed an Accreditation Logo
- Continued ongoing assessments (KCCA)

THE REPUBLIC OF UGANDA
Ministry of Health

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Intervention #1: *Accreditation Results*

- Accreditation was **acceptable** to the private sector providers
- Private facility owners reported that they found KCCA's **supervision useful**
- Private providers **invested their own resources** to **improve the quality** of MNH services
- Deliveries **increased** from **625 to 834** in one year in 10 facilities

Progress of 20 Private Health Facilities

Stage of Accreditation	Round 1	Round 2
Stage 3- Accreditation	**5**	**11**
Stage 2 – Probation	**5**	**6**
Stage 1- Not accredited	**6**	**1**
Stage 0- Not accredited	**4**	**1**
Closed	N/A	1

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Intervention #2: *Affordability- Prices*

Intervention: *To address affordability, MaNe worked with providers to reduce their prices, to be offset by increasing patient volume*

Results

- **8** of 11 accredited **facilities reduced prices**
- **29% reduction in ANC** packages from $20 to $14
- **39% reduction for normal delivery** package from $64 to $39
- Overall , **36% reduction** in ANC & delivery combined package from $77 to $49

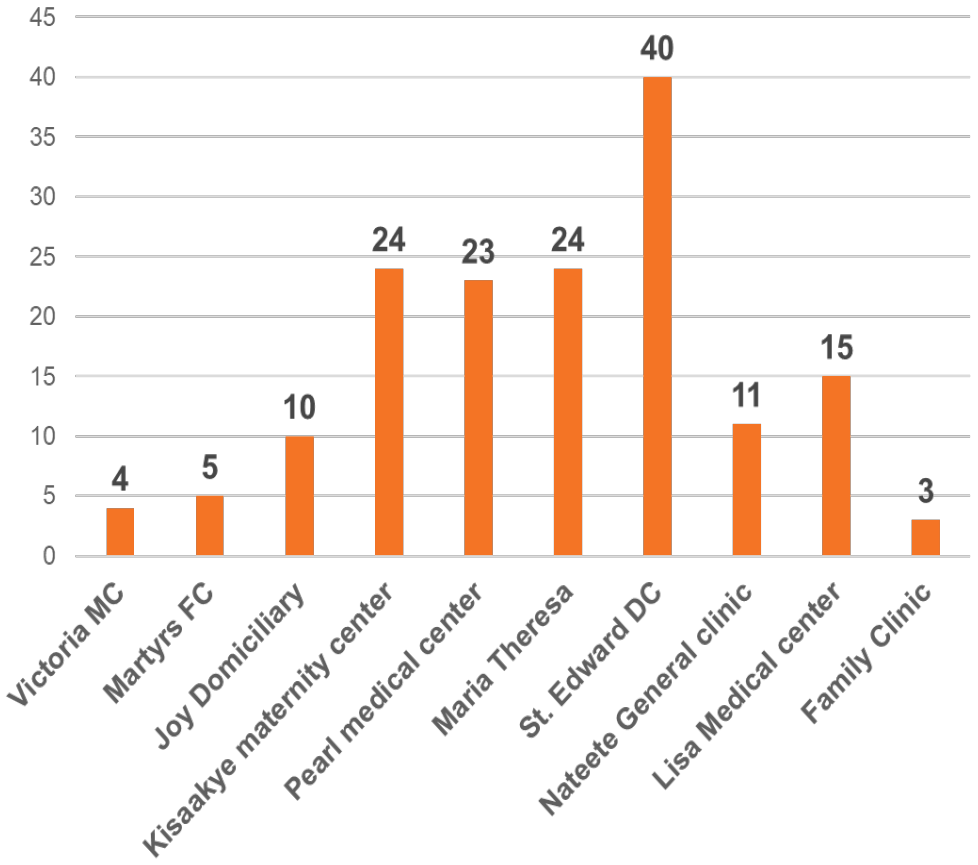
Interventions #2: *Savings Plans*

Intervention

- Clinics developed clients' saving card, and facility ledgers to establish the plan
- Clinics trained trusted health workers to manage the deposits and withdrawals
- Health workers/community workers educated the clients on saving scheme

Results

- **10 clinics** established savings/deposits plans
- **8 clinics** reported women saving money towards labor and delivery.



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Intervention #3: *Demand Generation*

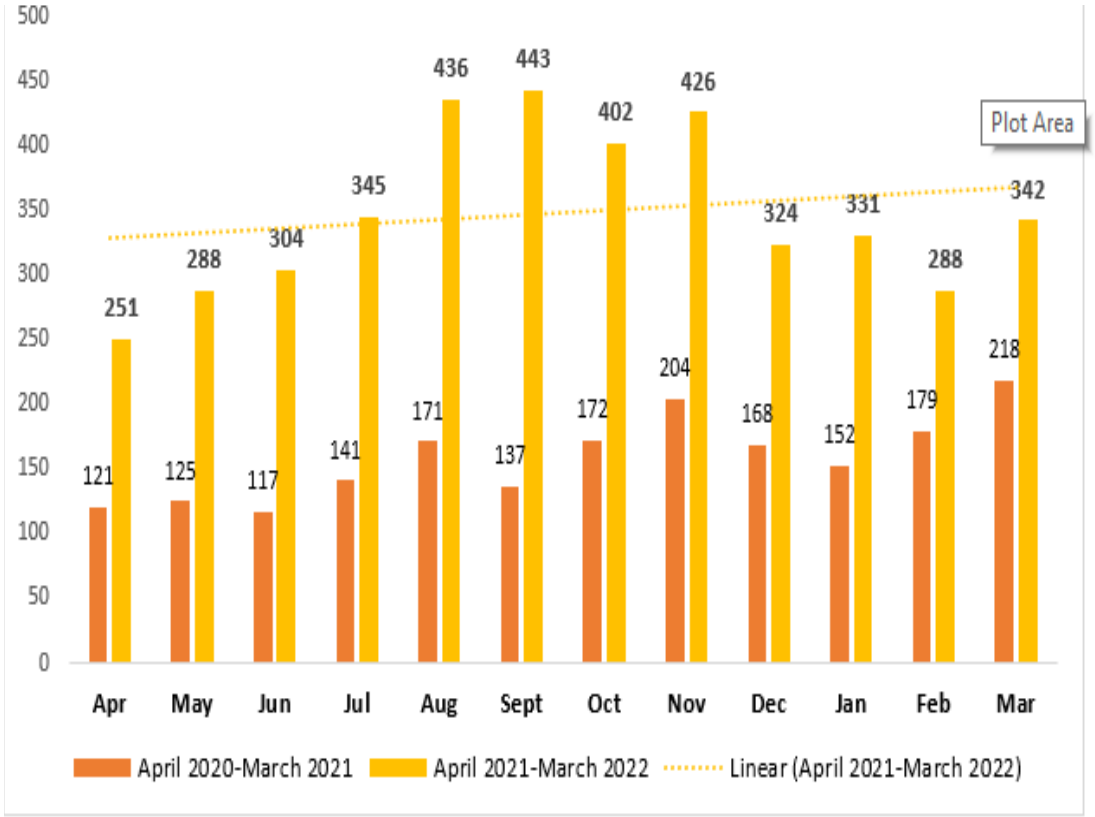
Interventions:

- Private clinics hired **community health workers (CHWs)** , payment based on **performance** measures, that linked the women to private facilities

- CHWs supported client **follow-up** (calls and SMS reminders)

- CHWs **educated** women on available **services** (prices, availability of emergency transport for referral)

ANC Visit Results (10 Facilities)



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Objective 2: Improving Referral and Emergency Transport for Maternal and Newborn Care:

Referral and Kampala Emergency Ambulance Transport System (KEDTs)

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Objective 2: Key Lessons

- Basing App/Call Center enhances **likelihood of sustainability**
- Technology uptake **takes time;** must plan for capacity building
- Internet infrastructure of existing firms are critical external factors
- Use of the App **improves coordination** of drivers/ambulances and provides real time **accountability**
- Timely transportation is not enough, **it must be respectful**
- Access to call center/App may be an i**mportant factor** to **increased use of private sector MNH services** by urban poor women
- Private ambulance **firms are keen** to be associated with KCCA efforts to improve care
- App ensures **pre-referral notification**

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Remaining Challenges

- Private sector facilities **need access to financing**; currently not included in financing programs (e.g., RBF, voucher program)
- The most **effective ways** for KCCA to **contract** with the private sector
- Urban residents **awareness** of private sector offerings
- Better understanding of **cost drivers** for both private sector facilities and ambulances

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MANE

Systems Interventions:

Hub & Spoke Model and Stewardship

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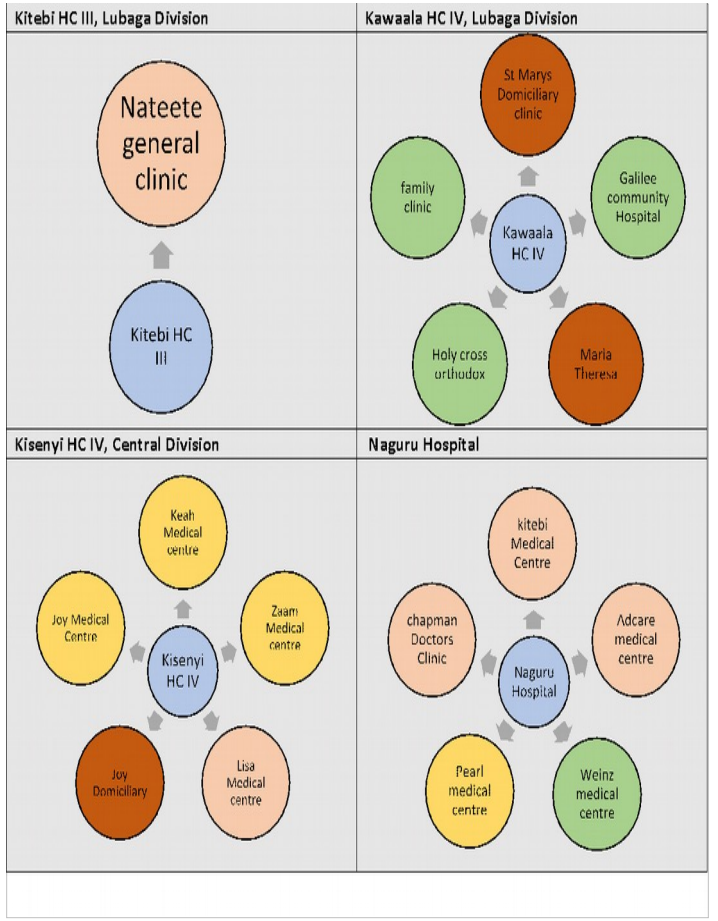
Intervention #5: *Systems Approach*

Formative Research Findings

- Referral facilities scolded women for going to private clinics
- Limited/strained relationships among facilities



Interventions

Using a systems approach, KCCA fostered a Hub and Spoke Model to:

- Build relationships among facilities
- Strengthen supportive supervision
- Strengthen referrals across facilities

KCCA leadership from co-creation, planning to implementation is critical to foster ownership hoped to sustain the intervention

Intervention: *Systems Approach: Stewardship*

WHO Governance Behavior	Examples
Nurturing Trust	**Co-Creation workshops** with MOH, KCCA, public and private sector helped build trust and clarify roles and responsibilities between public and private sector
Building Understanding	Articulating the steps for **accreditation** helped build a greater **understanding** between KCCA and the private sector providers in terms of possible challenges and solutions
Enabling Stakeholder to effectively engage	KCCA provided **leadership/coordination for an effective emergency transport/referral** system, clearly defining roles/harmonizing resources through the 24/7 call center and Uber-like App
Fostering Relationships	KCCA lead the review of data/lessons with stakeholder to improve transparency and communication
Aligning Structures	Creating a **Hub and Spoke model** helped improved relationship and referrals between public and private facilities
Deliver Strategy	Working with the private sector to test solutions to improve demand for and affordability of the private sector facilities so women were more aware of their offerings

Objective 1: Key Lessons

- Accreditation is **acceptable** and **feasible** to stakeholders

- Accreditation is encouraging **private facilities to invest** in improving MNH service and KCCA's supportive supervision can help sustain these efforts

- Price reductions resulted in a modest increase in urban poor women accessing services, however, there is a need to better understand how to **sustain the demand required for price reductions to make business sense.**

- Savings scheme is **acceptable** to proprietors and clients, improving acess.

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Unfinished Agenda

- Private sector facilities **need access to financing**; currently not included in financing programs (e.g., RBF, voucher program)
- Ways for KCCA to **contract** with the private sector
- Urban residents **awareness** of private sector offerings
- Better understanding of **cost drivers** for both private sector facilities and ambulances

THANK YOU

Q&A Session

Susan Ross,
Senior Private Sector Engagement Advisor, USAID Maternal, Child Health and Nutrition Office

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