

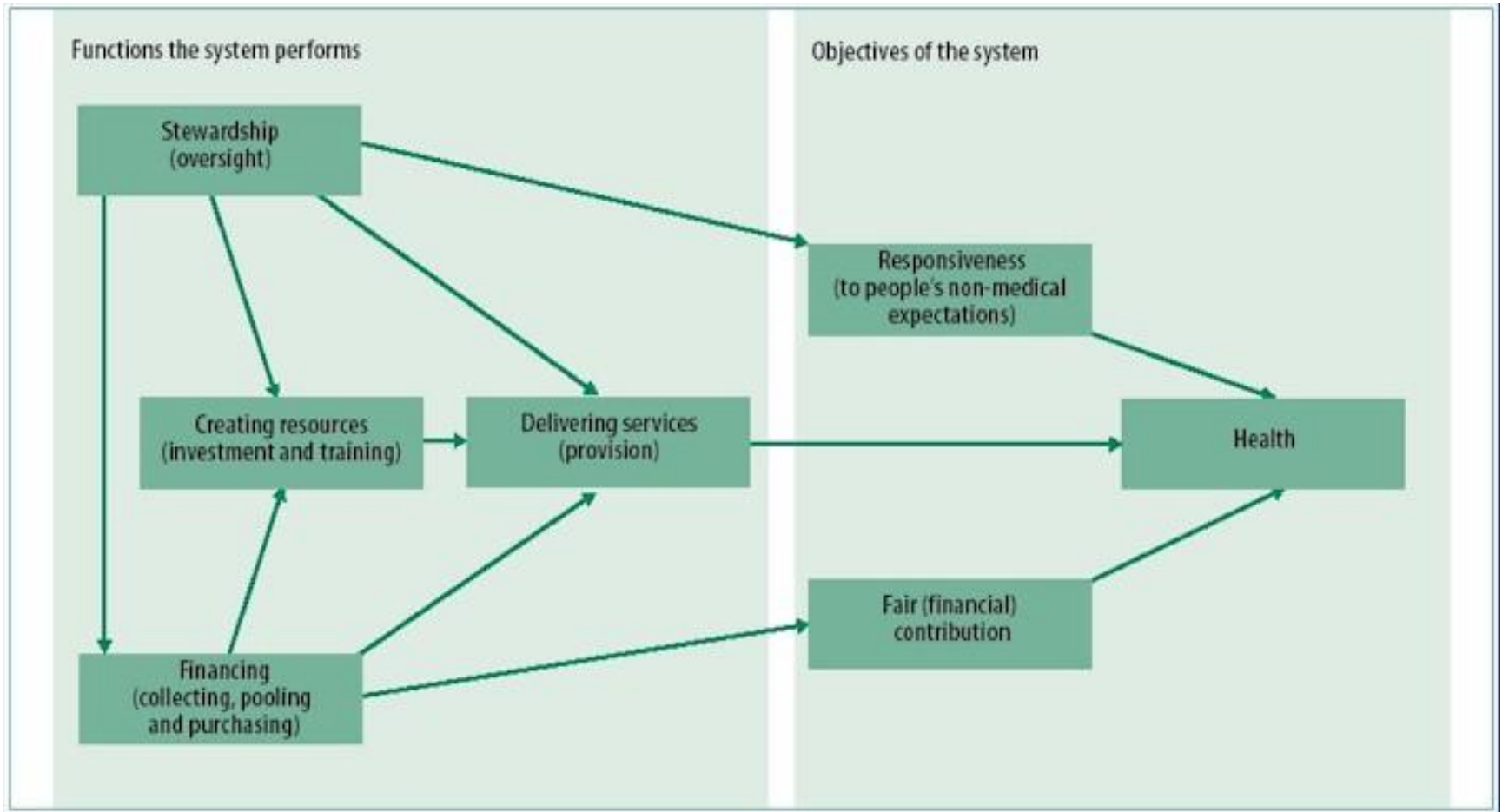
Health Care Financing: What is the role of a service delivery organisation?

Health Financing Team, MSI
December 2013



What we already know about HF

The WHO Health Systems Framework



Identifying us....

Functions the system performs

Objectives of the system

Stewardship
(oversight)

Delivering services (provision)

Responsiveness
(to non-medical
expectations)

Create resources
(investments & training)

**Public
provision of
services**



Health

Financing
(collection, pooling,
and purchasing)

**Fair (financial)
contribution**

Traditional Supply-side (input-based) financing: example of Nepal



Key assumption

Subsidy reaches the poor

Impact

↑ utilisation

↑ productivity

! but not enough.

Traditional Supply-side (input-based) financing

Why not enough?

- Centres are mainly in urban areas
- Quality provision but caters for the relatively well-off
- No incentive to reach the poorest
- No reward for productivity - high unmet need
- What about sustainability?

Traditional SSF models do not always address these questions for MSI

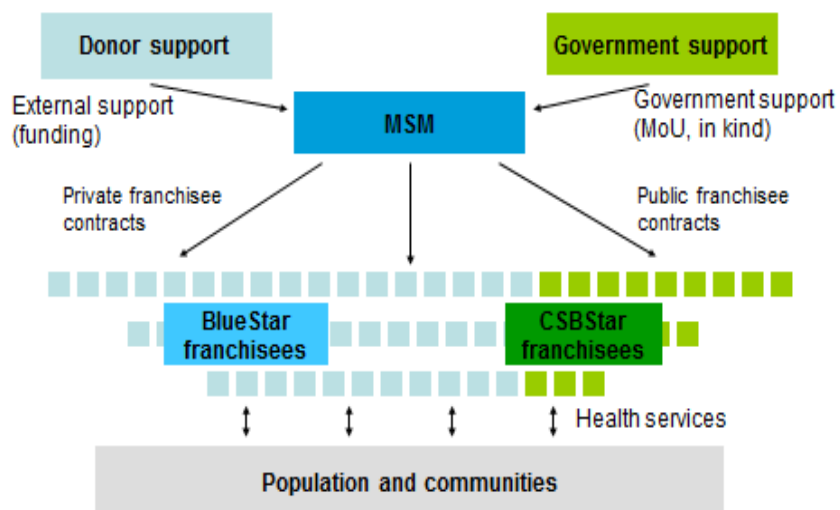
Solution? Results-based financing

- Supply-side
 - *Link payments with*
 - *Processes*
 - *Outputs*
 - *Outcome*
- Demand-side
 - *Target subsidy*
 - *Equity*
 - *Access*

Solutions in practice – Social Franchising in Madagascar



Mixed sector (public/private) franchising in Marie Stopes Madagascar



Phase 1

- ✓ USAID SHOPS funding
- ✓ Accreditation of 147 private providers
- ✓ Training & input-based financing (IBF)
- ✓ Regular monitoring & support
- ✓ **↑** Productivity, quality & coverage

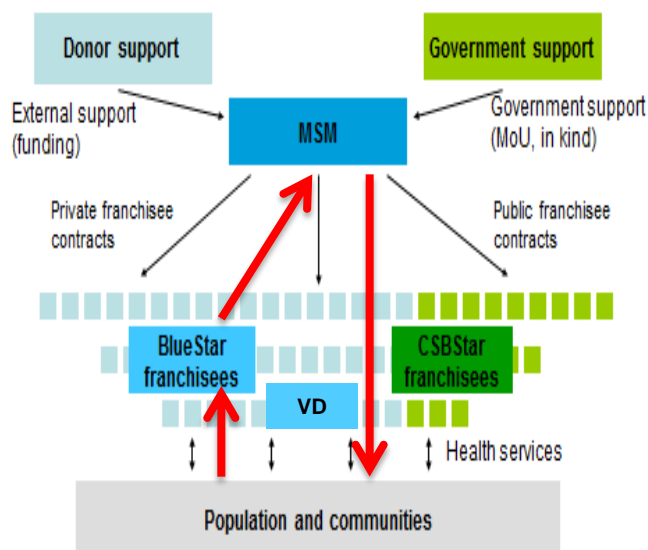
Phase 2

- ✓ Increased visibility → PPP
- ✓ EU support
- ✓ In-kind support & stewardship from govt
- ✓ **Public-sector franchising**
- ✓ IBF for facilities
- ✓ Supplementary RBF to outlet managers

Solutions in practice – Social Franchising & Demand-side financing in Madagascar



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Demand-side financing: Vouchers

- 2011: USAID SHOPS support

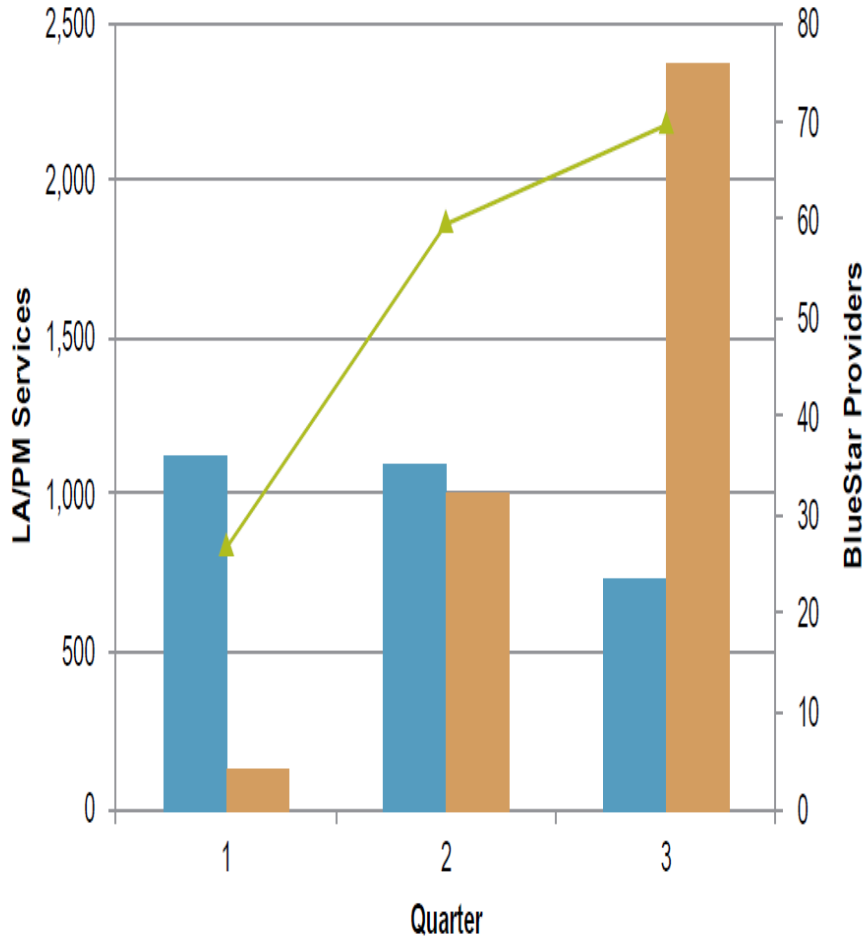
Aims:

- Financial barriers for the poor
- ▼ Work alongside private SF – ongoing quality assurance
- Payments on outputs (per voucher redeemed)
- Compliment SSF

Results:

- 75% below poverty line
- 12% borderline poor
- ▲ Client satisfaction
 - (Kempley et al. 2013)

Results: More access & equity ?



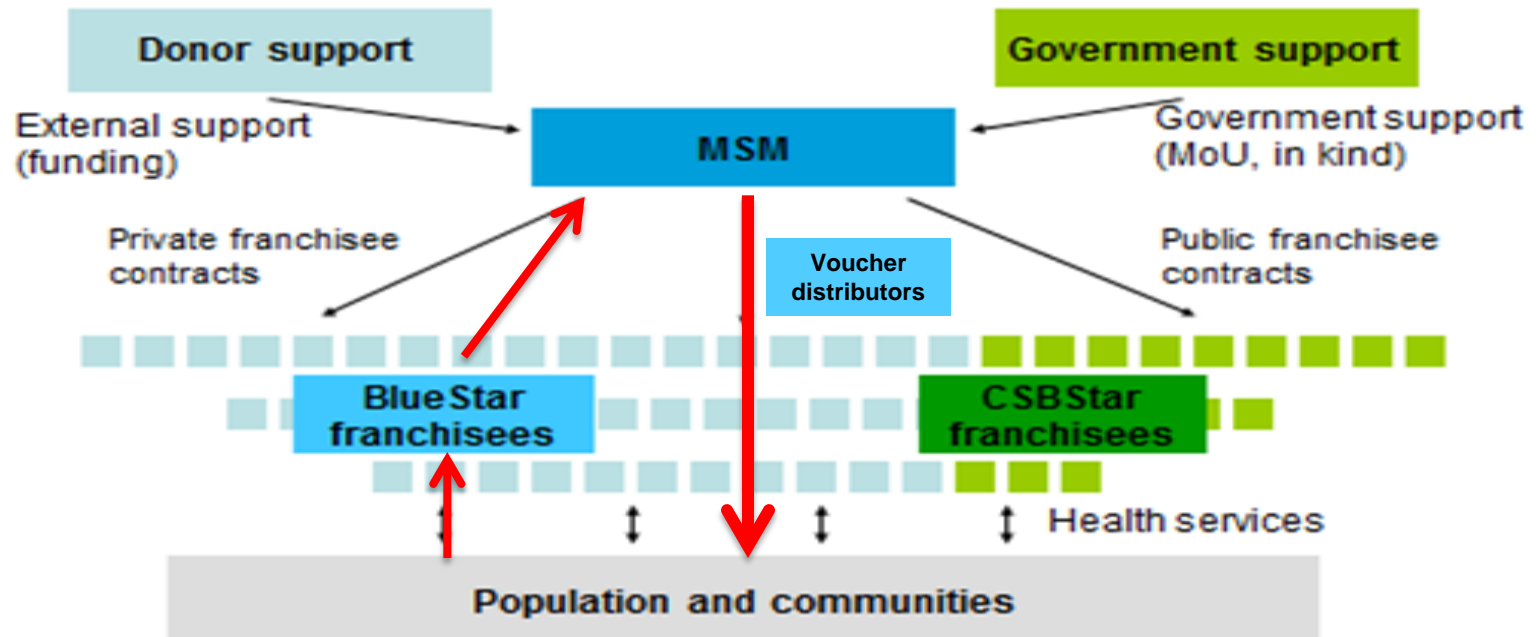
- LA/PM Services Provided without Vouchers
- LA/PM Services Provided with Vouchers
- ▲ BlueStar Providers who Accepted Vouchers



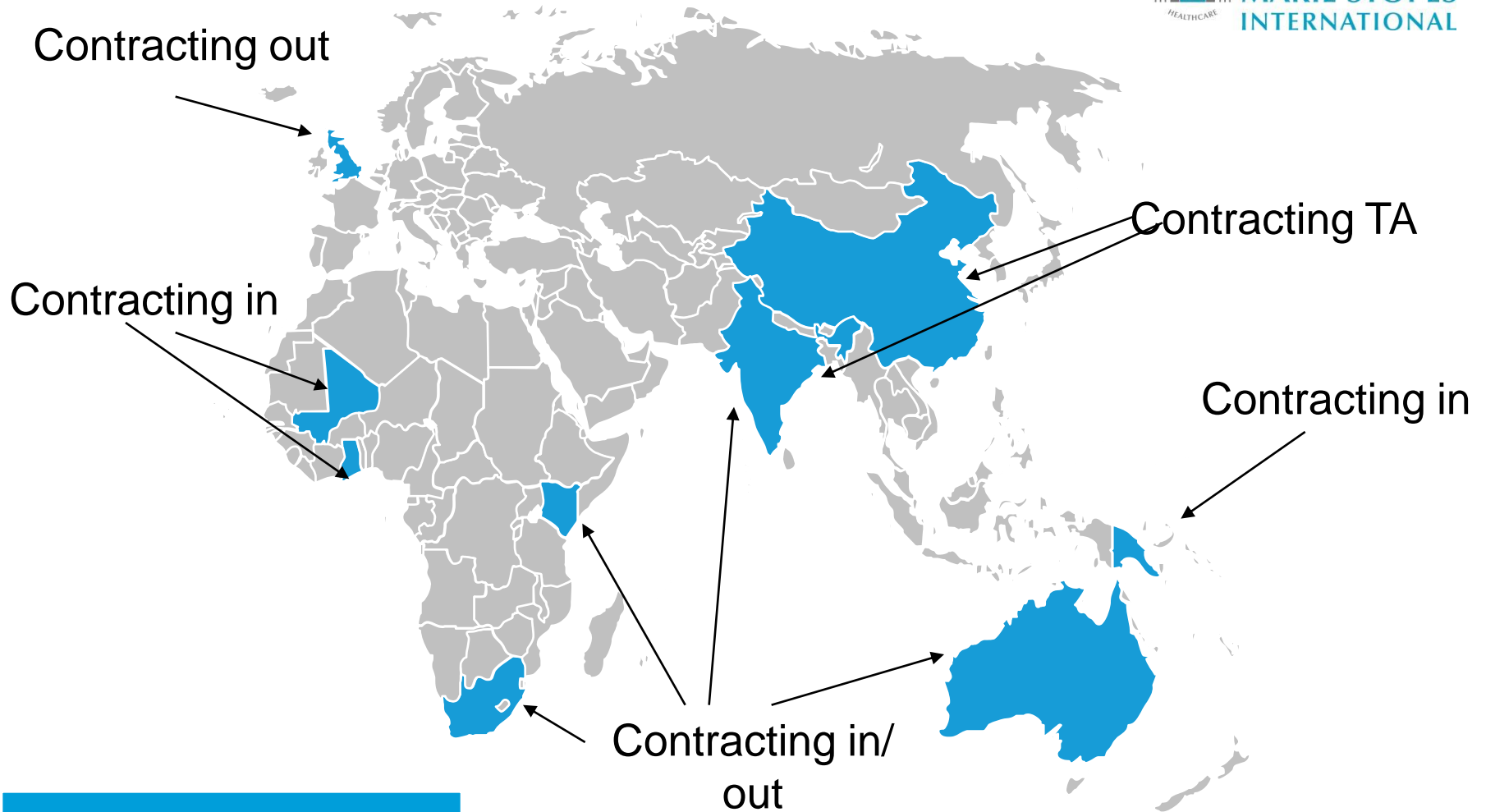
Kemplay et al, 2013

Evolving as an intermediary agent

Mixed sector (public/private) franchising in Marie Stopes Madagascar



Public sector contracting



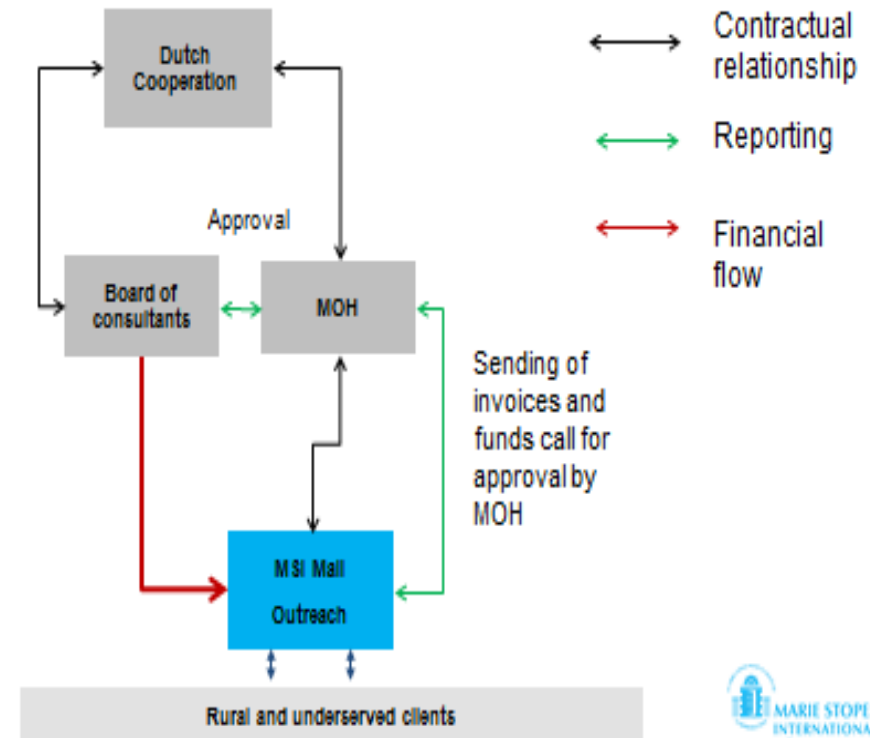
2013 MSI contracts with
public sector authorities
= 10 countries

Features: public sector contracts

- Model: Contracted in/ out by host-country govt.
- Provision: FP services, technical assistance, demand generation & training
- Objective: Fill gaps in supply (access) & improve quality
- Reimbursement: In at least 6 countries through retrospective case-based payments
- Payment conditional on: Verifiable outputs and in some cases quality and best practice

Mali – Outreach: Dutch Cooperation-MOH

Financial flows 2012-2014



When MSI approaches meet the health system: PhilHealth

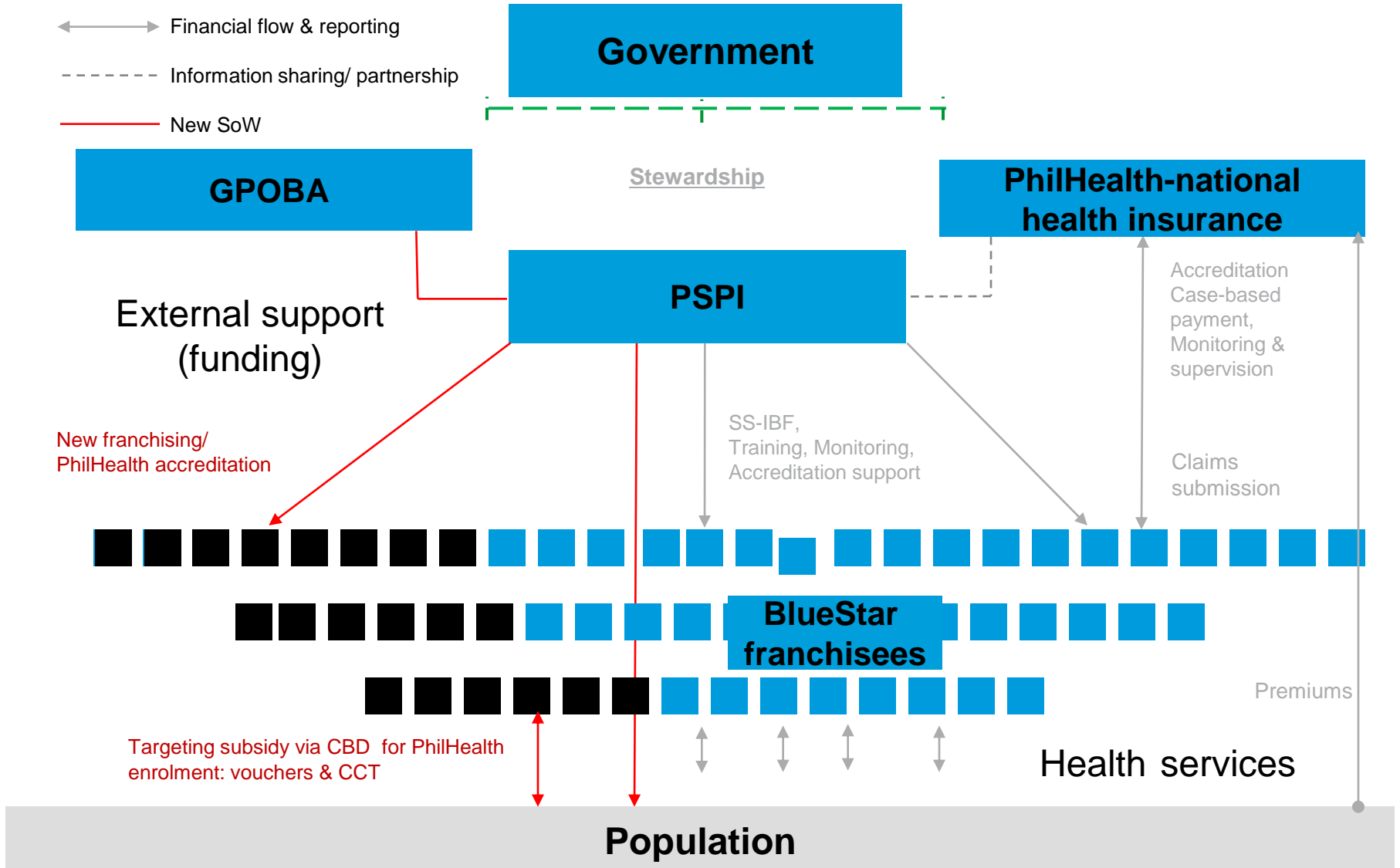


● → Financial flow

← → Financial flow & reporting

- - - Information sharing/ partnership

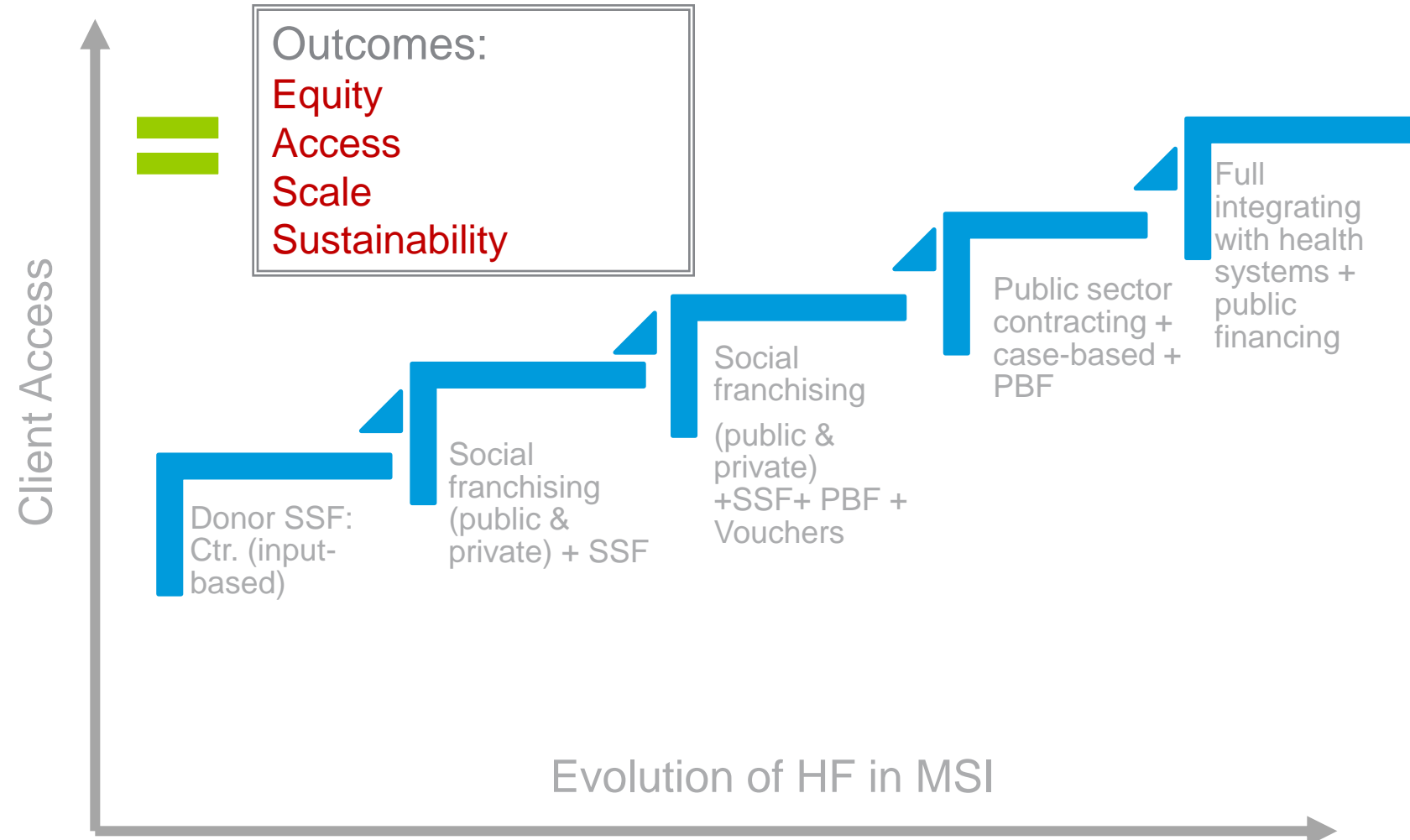
— New SoW



Asia: HF now and the future

- Integration of public sector in MSIC FP vouchers, Cambodia
- Integration of MSIC centres in national RHOBA, Cambodia
- MSI India technical and outreach service contract, Rajasthan
- MSI India centre contracting out, Madhya Pradesh
- Integration of public facilities and franchisee in MSS-managed national RHVP, Pakistan (2014)
- Pilot integration of MSIVN BlueStar Franchise in Vietnam's SHI (2014)

So what has MSI achieved through Health Care Financing?





Thank you!