



POUR ELLE

BRUSSELS | 20-22 MARCH 2018

**18TH GENERAL MEMBERSHIP MEETING OF THE
REPRODUCTIVE HEALTH SUPPLIES COALITION**

Using a Systems Approach to Improve Method Choice in West African Private Health Facilities

Françoise Armand, Abt Associates

March 21st, 2018

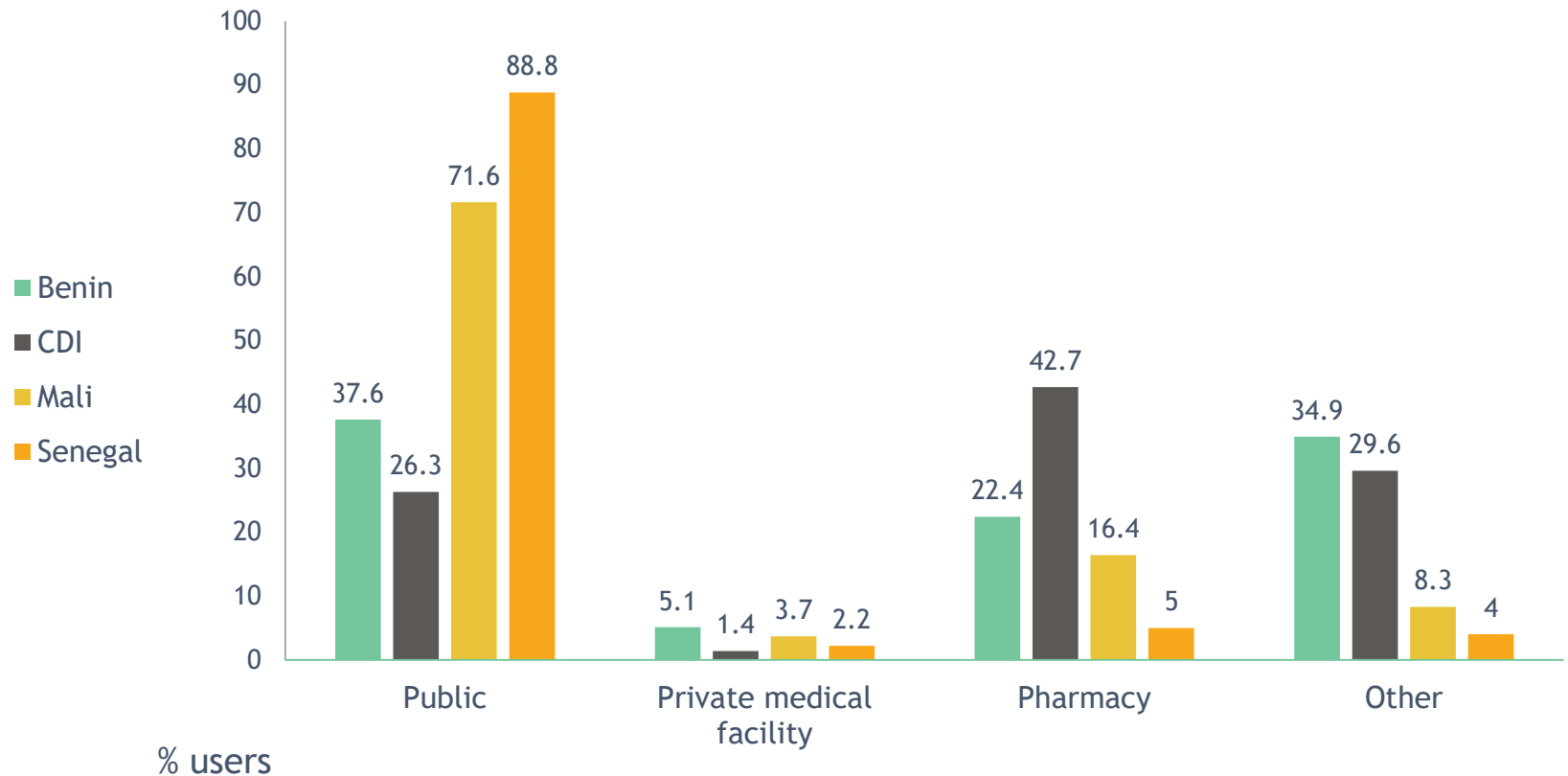


#RHSUPPLIES2018
#ITSABOUTSUPPLIES

Presentation topics

- Data from Demographic and Health Surveys in West Africa suggest very low use of private health services for family planning (FP)
- Findings from private health sector assessments point to systemic constraints that affect the provision of FP services by these facilities
- What systems-based approaches can be used to improve the availability of a full method mix through the private sector?

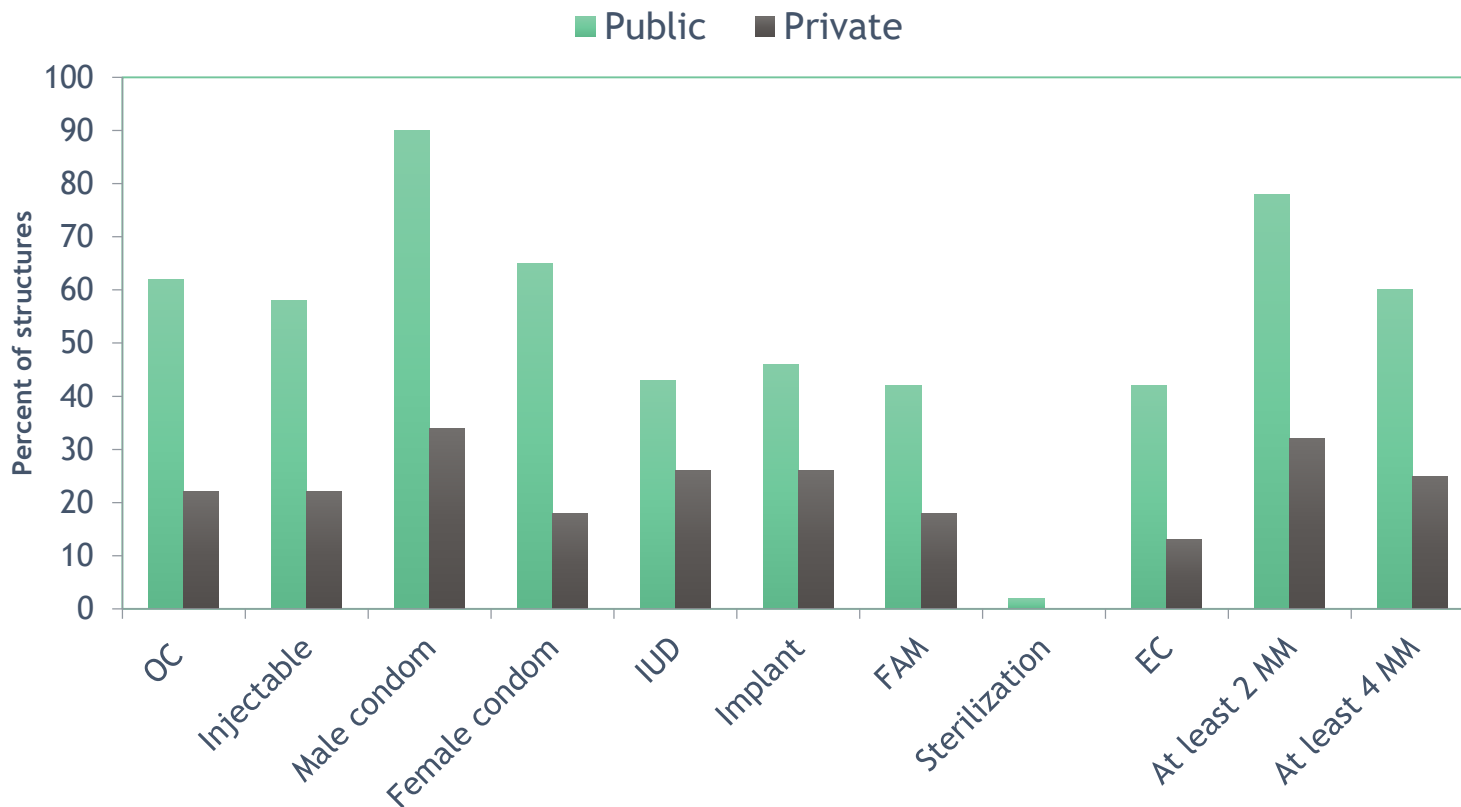
Sources of modern FP methods in four West African countries



Sources: Benin EDS 2011-2012; Côte d'Ivoire EDS 2011-2012; Mali EDSM 2012-2013; Sénégal EDS 2016

Private clinical facilities are less likely to offer FP services than public facilities

Availability of FP methods in public and private facilities in Senegal



Source: Senegal ECPSS 2014

Systemic factors and impact on FP services

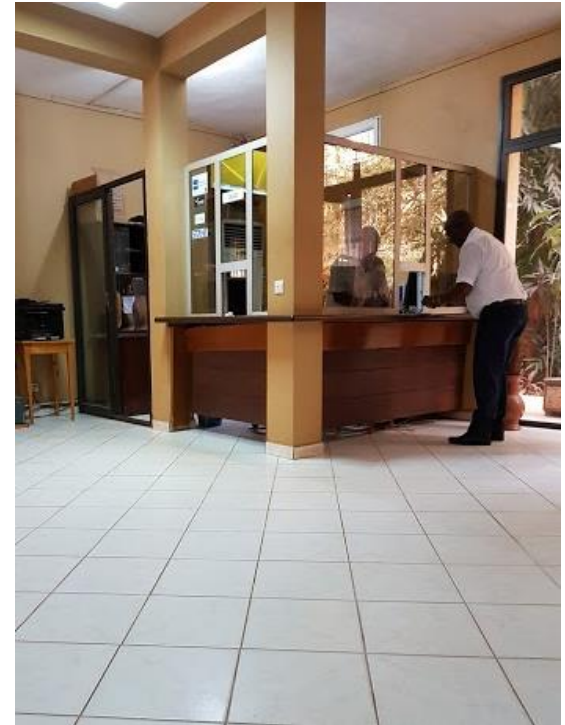
	Key factors	Impact
Service delivery	<ul style="list-style-type: none"> • Demand-driven practice • Emphasis on profitability • High use of specialists 	<ul style="list-style-type: none"> • Confinement of FP services in gynecology • No guarantee of full mix
Health workforce	<ul style="list-style-type: none"> • Reliance on part-time providers • Limited access to training 	<ul style="list-style-type: none"> • Weak integration of FP in private practice • Inconsistent availability
Access to Products	<ul style="list-style-type: none"> • Medicines can only be sold through pharmacies 	<ul style="list-style-type: none"> • Delayed access to FP • Limited availability of implants
Financing	<ul style="list-style-type: none"> • Poorly financed facilities • Weak insurance coverage 	<ul style="list-style-type: none"> • Unmet demand for FP • Low demand for LARC
Governance	<ul style="list-style-type: none"> • Highly regulated sector • Weak oversight 	<ul style="list-style-type: none"> • Inconsistent quality of FP services



Helping private providers offer comprehensive FP services

A systemic approach to FP services

- No change to basic service delivery model for most practices
- Emphasis on improving FP training for all GPs and specialists
- Creation of an implant access program for independent facilities with trained providers
- Advocacy for inclusion of (at least) post-partum FP in private insurance
- Contracting of private clinics under voucher scheme or public insurance



Polyclinic in Bamako, Mali

A systemic approach to FP services

- No change to basic service delivery model for most practices
- Emphasis on improving FP training for all GPs and specialists
- Creation of an implant access program for independent facilities with trained providers
- Advocacy for inclusion of (at least) post-partum FP in private insurance
- Contracting of private clinics under voucher scheme or public insurance



Patients paying for services covered by Mali's public Health Insurance program

Addressing systemic constraints

	Key barriers	System solution
Service delivery	<ul style="list-style-type: none"> • Confinement of FP services in gynecology • No guarantee of full mix 	<ul style="list-style-type: none"> • No change to model, focus on financing and human resources
Health workforce	<ul style="list-style-type: none"> • Weak integration of FP in private practice • Inconsistent availability 	<ul style="list-style-type: none"> • FP training at pre-service level and included in mandatory CME
Access to Products	<ul style="list-style-type: none"> • Delayed access to FP • Limited availability of implants 	<ul style="list-style-type: none"> • Develop private sector supply system for implants
Financing	<ul style="list-style-type: none"> • Unmet demand for FP • Low demand for high-cost FP services 	<ul style="list-style-type: none"> • Lobby for coverage of FP methods under private and public insurance
Governance	<ul style="list-style-type: none"> • Underutilized service delivery potential • Inconsistent quality 	<ul style="list-style-type: none"> • Short-term: various models of franchising • Long-term: policy reforms

Networking and franchising

- Organizes facilities around a service delivery model that overcomes systemic constraints
- Facilities provide same-day access to a full method mix at affordable prices
- Network/franchise operation trains providers, facilitates access to low-cost products, and helps promote services
- Donor-dependent but can be combined with a voucher program or a loan scheme



Medical center affiliated with DfID - supported network in Gonzague-Ville, Côte d'Ivoire.

Discussion

- Not all private providers face the same limitations in providing FP methods, but they share common systemic constraints
- Many would probably offer these services if access to commodities, training, and contracting under health insurance were expanded
- A system-strengthening approach has the potential to sustainably improve access to FP and other priority services through the private health sector

Sources

Agence Nationale de la Statistique et de la Démographie (ANSD) et ICF. 2017. *Sénégal : Enquête Démographique et de Santé Continue*

Institut National de la Statistique et ICF International, 2014. *Enquête Démographique et de Santé au Mali 2012-2013.*

Institut National de la Statistique (INS) et ICF International. 2012. *Enquête Démographique et de Santé et à Indicateurs Multiples de Côte d'Ivoire 2011-2012.*

Institut National de la Statistique et de l'Analyse Économique (INSAE) et ICF International, 2013. *Enquête Démographique et de Santé du Bénin 2011-2012.*

Strengthening Health Outcomes through the Private Sector Project. *Benin Private Health Sector Assessment (2013). Senegal Private Health Sector Assessment (2016). West Africa Private Health Sector: Six Macro-Level Assessments.* Abt Associates. Bethesda, MD

World Bank 2011. *Private health sector assessment in Mali : the post-Bamako initiative reality.* World Bank working paper ; no. 212. Washington, DC:

Thank you!

