UCSF Global Health Sciences

Social Franchising for Health

a community of practice for sharing innovations

UPDATES

What is a disability-adjusted life year? Learn about this health impact metric at PSI.org.

View job vacancies at sf4health.org/news.

NEW PUBLICATIONS

Meeting the goals of social franchising: evidence from the Myanmar 'Sun' Social Franchise. (PSI, BMGF, UCSF GHG, JHU 2013)

Findings of an 18-month assessment of the effectiveness of a rural-based social franchising programme using vouchers of long-term family planning services in Pakistan. (MSI, 2013)

The Impact of Clinical Social Franchising on Health Services in Low- and Middle-Income Countries: A Systematic Review. (Global Health Group, 2013)
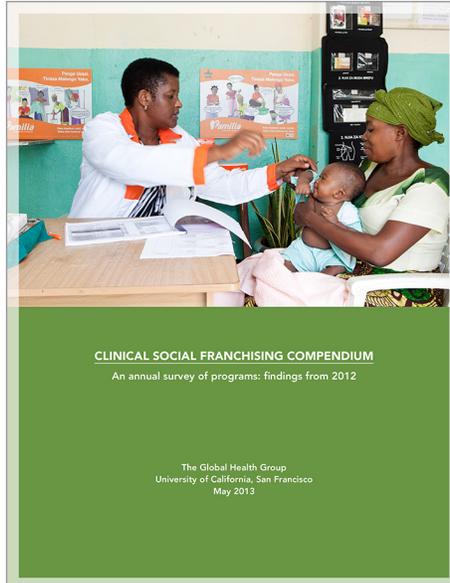
Visit sf4health.org to download the publications.

EVENTS

Webinar recording on the global status of Clinical Social Franchising now available at pshealth.org.

Save the Date! 2nd Global Conference on Clinical Social Franchising. Philippines. Oct 22–24, 2014 (details to follow)

TO SHARE NEWS, EVENTS, OR UPDATES ON NEW PUBLICATIONS, PLEASE WRITE TO US AT: SOCIALFRANCHISING@ GLOBALHEALTH.UCSF.EDU

CLINICAL SOCIAL FRANCHISING COMPENDIUM
An annual survey of programs: findings from 2012

The Global Health Group
University of California, San Francisco
May 2013

Newly released compendium on social franchising finds there are now programs in 40 countries

The Global Health Group's Private Sector Healthcare Initiative released the findings of its annual global survey of clinical social franchising programs in June 2013. The report finds that over 62,000 healthcare outlets and 75,000 healthcare providers participate in social franchising programs in 40 countries.

For the past five years, the UCSF Global Health group has compiled data from clinical social franchising programs around the world. This year's compendium includes 2012 data from 60 programs regarding service utilization, service delivery and funding models, and quality assurance mechanisms. This is the first issue to also include data on estimated Disability Adjusted Life Years (DALYs) averted per program.

Population Services International and Marie Stopes International are the largest parent organizations, with programs in dozens of countries. DKT International and the International Planned Parenthood Federation are also affiliated with programs in multiple countries. 12 programs without a formal international affiliation (though some reported receiving substantial international funds) also provided data for this year's compendium.

While family planning is still the most common service provided under this model, services for maternal, newborn and child health, and sexual health were also reported in around half of all programs that participated in the global survey.

Learn about the health impact of these programs, and the service delivery models that enabled them to leverage the private healthcare system for a public health response. Download the Compendium at SF4health.org.

The UCSF Global Health Group thanks all programs that took the time to provide data for the 2013 compendium!

Performance measurement

How can quality be measured across social franchising programs?

The Social Franchising Metrics Working Group (MWG), an inter-agency group, met in April 2013 to assess progress in developing common metrics for quality, equity, health impact, cost-effectiveness and health market expansion. The MWG meeting included representation

UCSF Global Health Sciences

Social Franchising for Health

a community of practice for sharing innovations

from Marie Stopes International, Population Council, World Health Partners, Population Services International, Johns Hopkins Medicine International, University of Toronto, and University of California, San Francisco.

Advancing a standard metric for quality for social franchising has been a longstanding challenge for the MWG as there has historically been a high degree of variation across programs in what is assessed for quality and how.

Group members considered a range of program areas that are commonly being assessed for quality by franchisors. The group then arrived at a four-component metric that incorporates dimensions of both clinical and supply chain quality. Infection prevention protocols, service-specific commodity presence, referral protocols, and service-specific

clinical practice protocols are the basis for the components of the metric. The MWG continues to work on finalizing the metric and intends to pilot it later this year.

The MWG also agreed to advocate for the use of a specific metric for cost-effectiveness: cost (to the franchise program) per DALY. This metric is based on one that was developed by the African Health Markets for Equity project, and will be piloted in Kenya, Ghana, Nigeria and India later this year.

How can equity be measured?

Social franchise programs around the world have devised approaches to measuring the wealth status of the clients they serve. Many programs have taken on either the Progress Against Poverty Index (PPI), originally developed by the Grameen Foundation, or deployed the

component of the Demographic and Health Survey (DHS) that measures asset ownership, the wealth index.

The Metrics Working Group has piloted both tools in social franchise programs in six countries, and found both to be similarly predictive of actual wealth status. The wealth index was found to meet certain criteria that may be important for rapid adoption by programs, including ease of collection and interpretation, low cost, and comparability with national and sub-national data. The MWG has developed a briefing note on how to use the DHS-based equity measurement survey instrument. Download the document at sf4health.org.

Contact Eric Schatzkin at SchatzkinE@ globalhealth.ucsf.edu to learn more about the equity measurement tool and how to use it.

The Metrics Working Group met in April, 2013 to discuss quality measurement.