

Social Health Franchising and Health Systems in Africa: Friends or Foes?

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-- Friends or Foes



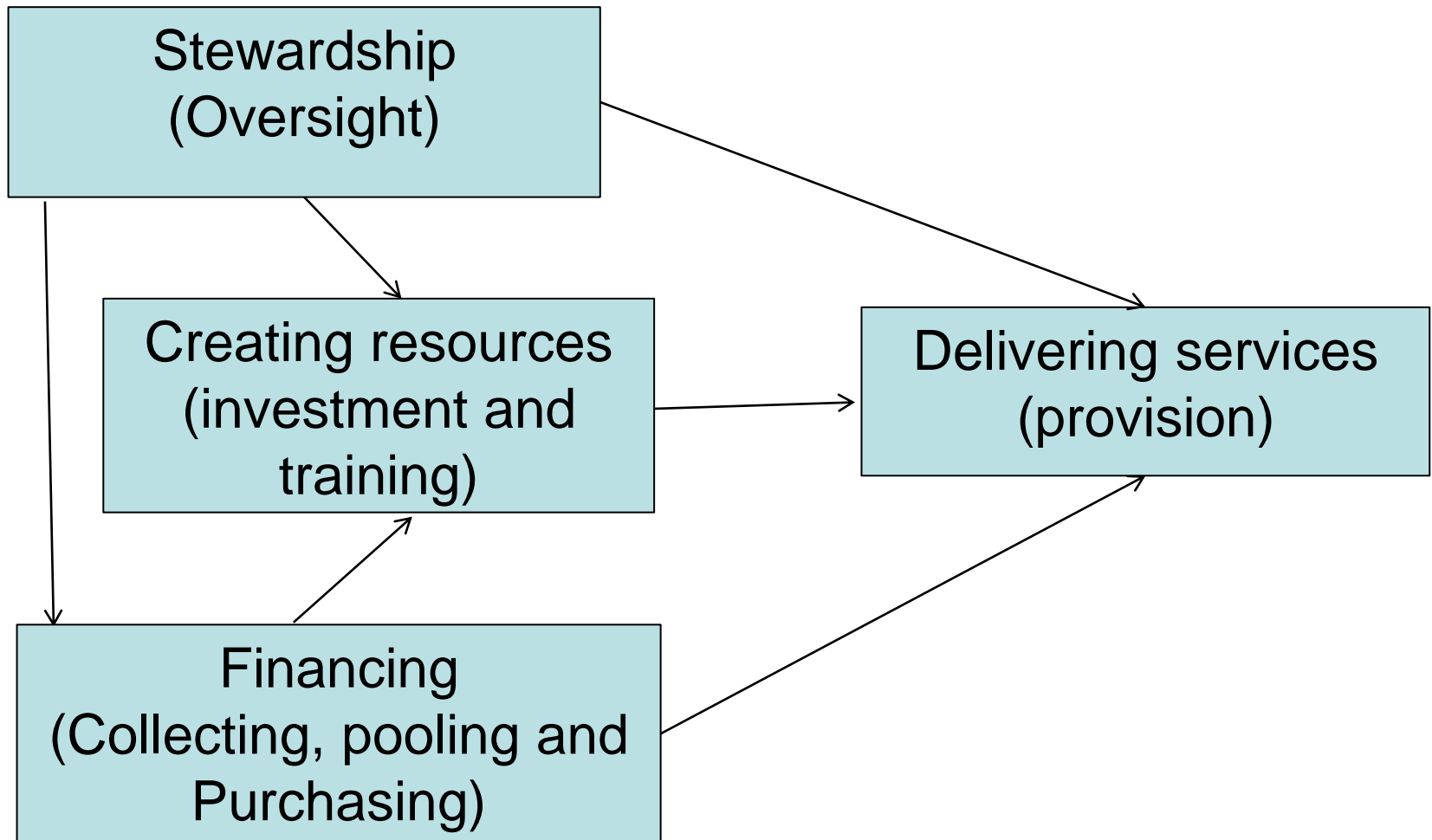
-- Friends or Foes

- With 2015 looming, Africa is in a desperate rush to meet the MDGs
- African countries are pursuing new ways of delivering health services but few have clear plans of taking successful projects to national scale
- Community engagement strategies are being adopted but are inconsistent and unlikely to extend sustainable coverage
- Creation of strong health systems is not an end in itself, but a means to achieve better health outcomes
- Effective and equitable Health Systems are not only required to achieve the MDGs, but strengthening Health Systems is essential for the current increase in aid for health to be well spent and sustained in the long run

-----Friends or Foes?

- WHO framework for Action consists of six building blocks that outline essential function of health systems, and can be used as a platform for planning and priority setting
- How these building blocks apply to Social Franchising in Health in Africa has not been seriously interrogated
- But with increasing interest and funding of such Social Health Franchises, such interrogation is overdue
- This should interest all - governments, donors, franchisees and franchisors
- It is good for Africa and the future of Social Health Franchising in Africa and the world

Functions the System Performs



SSA: Location of SHFs

There are 27 SHFs in 19 countries; 3500 service outlets; Majority by MSI and PSI

Kenya (5) has the highest number; most countries have one or two

90% are Fractional SHF, majority focus on FP/RH

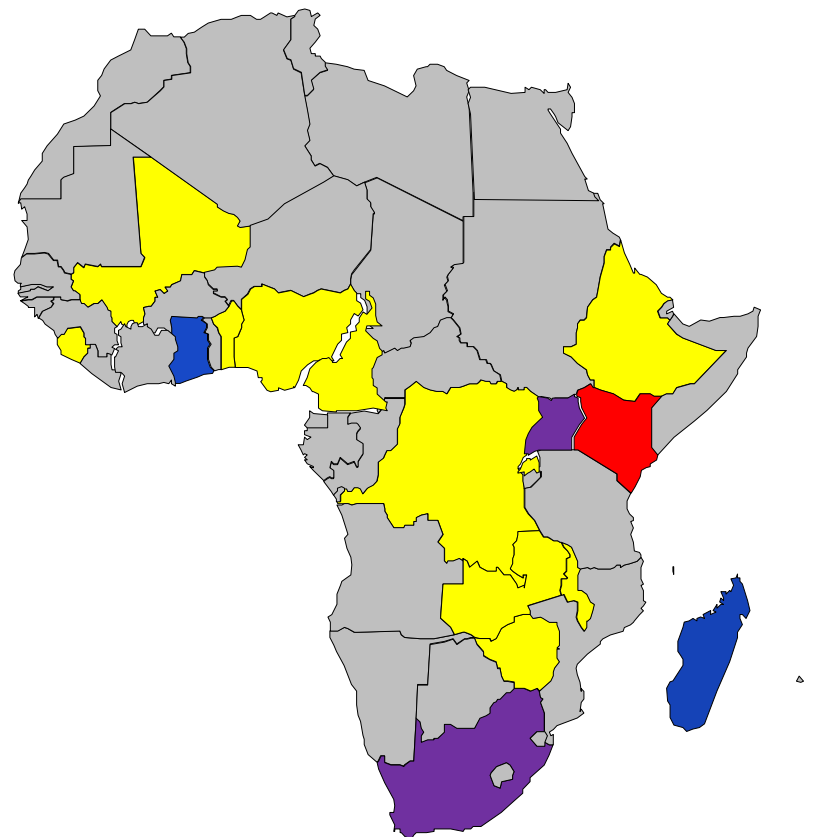
Predominantly donor funded

Over 90% owned by INGOs

>3.5m clients served in 2010

USD20>40m estimate budget in 2010

Scanty SHF activity in Francophone Africa



Health Systems Score Card

Building Blocks	Scores (0-5)	Comments
Leadership and Governance	2	Good leadership/mgt; Lack of legal framework; MoUs?
Service delivery packages and models	3	Fractional franchises, largely FP/RH/HiV; Weak linkages with national QA/accreditation processes
Human Resources for Health	3	Good employer; OJT; Good task-shifting; No pre-service training; Individual curriculum; Job security?
Health Information	3	Good ICT/Data collection; Variable linkage with DHMIS/NHMIS;
Financing	2	Well funded by <u>donors</u>; Overheads?; Pricing?; Cost recovery?; Few PP contracts; Little risk pooling activities; Micro-financing?;Sustainability?
Medical Products, vaccines and technologies	2	Commodity security?; Lower pricing from bulk purchasing?; Variable linkages with National or FBO distribution networks; Innovative technologies

So, where should we focus?



----Friends or Foes?

■ 8 FUNDAMENTAL CHANGES IN

- **Entrenchment SHF in national policies, strategies and laws**
- **Public sector adoption of PPPs and contracting**
- **Attitude of Franchisors towards collaboration with public sector**
- **Social Health Insurance, starting with microinsurance**
- **Donor flexibility on use of funds**
- **Commitment to scaling up**
- **Local ownership**
- **Teaching SHF in schools of medicine and health**

Health in Africa Initiative... we can help!

Mission

Catalyze sustained improvements in:
(a) access to quality health-related goods and services in Africa; and
(b) financial protection against the impoverishing effects of illness, with an emphasis on the underserved.

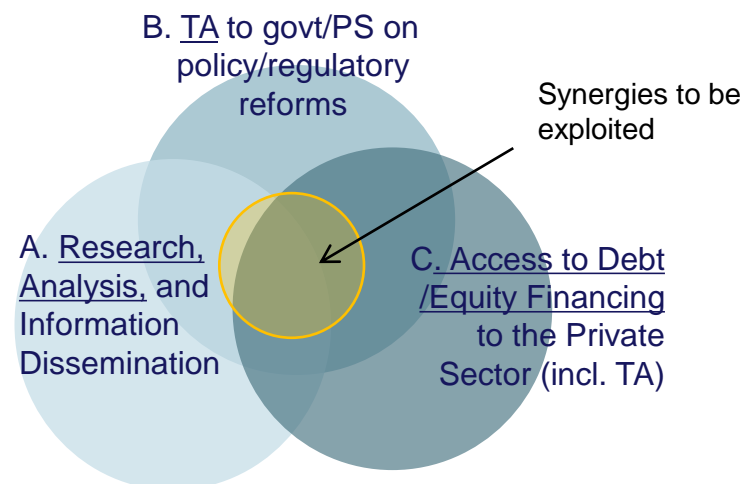
Goals

- Inform decision making among policy makers, regulators, the private sector, NGOs and donors
- Improve policy and regulation towards private health sector
- Improve access to capital for the private health sector
- Increase risk pooling and human resources for health

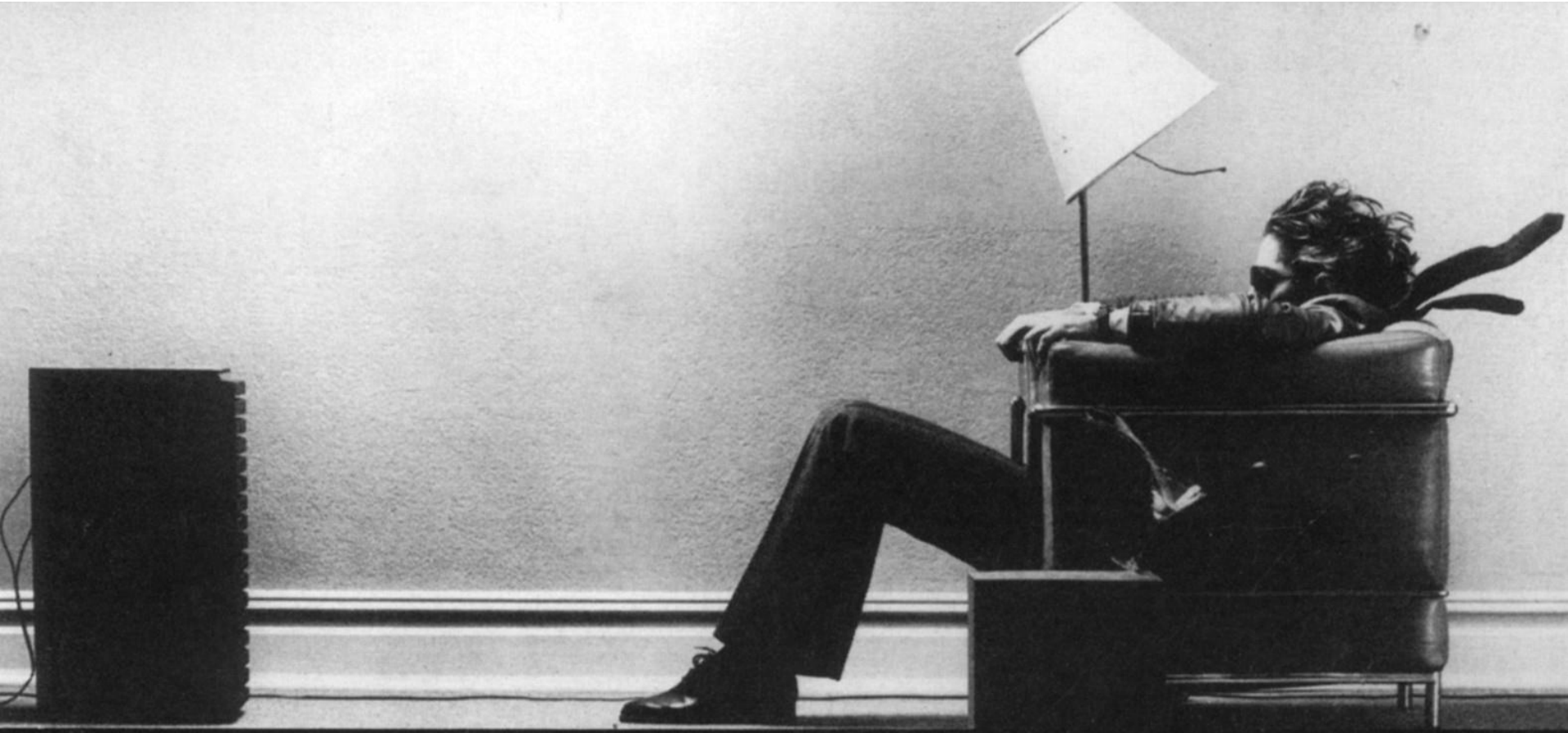
Targets

- Improved access to quality care for 30 million Africans
- US\$1b mobilized
- 8 countries deeply engaged – 20 reforms
- Advocate for the positive role of the private sector

Approach



Overwhelmed?



We're actually in good shape ...



ASANTE SANA