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Summing up today & challenges for  
tomorrow

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# History, Context & Opportunities :

## Dominic

- Much of healthcare comes from the private sector. Poor as likely to go to private providers as wealthy.
  - The poor go to low-level providers, where it's difficult to ensure quality of care
  - 40,000 providers serving 30m people.
  - Expertise within this room.
  - Historically Tipping Point for SF has been reached – Remember the 3 rules
    - Law of the few
    - Stickiness
    - Context
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# Khama Rogo:

Health Systems Score Card

Where should we focus?

Eight Fundamental Changes

- Entrenchment of SHF in National Policies, strategies and laws.
  - Government adopting PPPs and contracting.
  - Increase collaboration by the Franchisers with Government.
  - Social Health Insurance
  - Donor Flexibility
  - Scaling Up
  - Local Ownership
  - SHF – inclusion in medical and health curriculum
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# Dana Hovig:

- Journey of SF
  - SF 3.0
  - Look beyond supply side interventions.
  - Engage, engage and engage the Government.
  - Move beyond Public vs Private boundaries.
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# Karl Hoffman:

## SF- Where to Next?

- Six key focus areas:
    - Audience Insight
    - Integration
    - Innovative business model
    - Standard Metrics
    - Performance based financing
    - Telling & Selling the Story
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# Panel Session – Managing to Scale

- **Rehana** - Successful social franchising requires: Scale; Scope and Productivity.
    - Lessons :
      - When you grow, match the infrastructure and technology
      - Broaden to range of services
      - Leadership with vision is essential
  - **Prachi** - Social franchising needs to be flexible enough to respond to low resource settings & importance of IT.
  - **Joe** - Can use a model (Avon) that sells discretionary goods public health commodities.
  - **Michael** - Goal is to serve the public with dignity – how you get there doesn't matter.
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# Small Group Sessions:

## Quality Metrics

- Identify quality metrics
  - How to capture
  - How to use them
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# Tiered delivery and Referrals

- Tiered service delivery and charging of a fees for referral
  - Colour coding
  - Sustainability of referral network
    - Working with the government
    - Voucher, M health
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# Focus Vs Integration

## ■ Benefits

- ❑ Additional services
- ❑ Additional revenue generation
- ❑ Provider CME
- ❑ Marketing and Management department engaged

## ■ Challenges

- ❑ How many
  - ❑ Brand Promise
  - ❑ Quality
  - ❑ Donor focused, disease burden driven intervention
  - ❑ Business skills of providers
  - ❑ Sustainability
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# Demand side financing

- Voucher – Pre Paid or Post Paid, single health condition targeted, Time bound, Mechanism for marketing
  - Insurance- Pre paid , long term, basket of services
  - Options of integration- Voucher could be the beginning of a insurance scheme
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- **Lightening Sessions**

- **New Service Ideas- remember to vote**

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# Challenges to ponder about

- Are we still experimenting?
    - Integration with the health systems
    - How to reach sustainable scale
    - Lots of buzz about quality
  - Learning from the private sector –
    - managing the ‘brand’ and ‘brand promise’.
    - Professionalism.
  - Knowing the legal framework.
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