In Sickness and in Health:
Evolution, Current Practice and Gaps in Facilitated Health Service Provision

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19-20 MAY, 2016 | LUSAKA, ZAMBIA

Key Messages

- M4P in Health is possible, difficult but necessary
- M4P frameworks and principles remain relevant

The fundamental M4P market systems framework of a pro-poor, facilitative, systemic, sustainable, scalable approach does not need to be radically altered to operate in healthcare

- Pluralism is key to improving access and quality of healthcare for poor people

M4P in Health Supports the SDGs and Development Policy Objectives

SDGs 3 (healthy lives) and 8 (inclusive growth)

M4P in health:

- Is a methodology, not an ideology
- Is inherently pro-poor
- Supports systems strengthening
- Measures impact in terms of improved access to and value of healthcare for the poor
- Reduces out-of-pocket (OOP) expenditures

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Ron Ashkin
The Private Sector Innovation Programme for Health (PSP4H), Kenya
Cardno Emerging Markets (East Africa) Ltd

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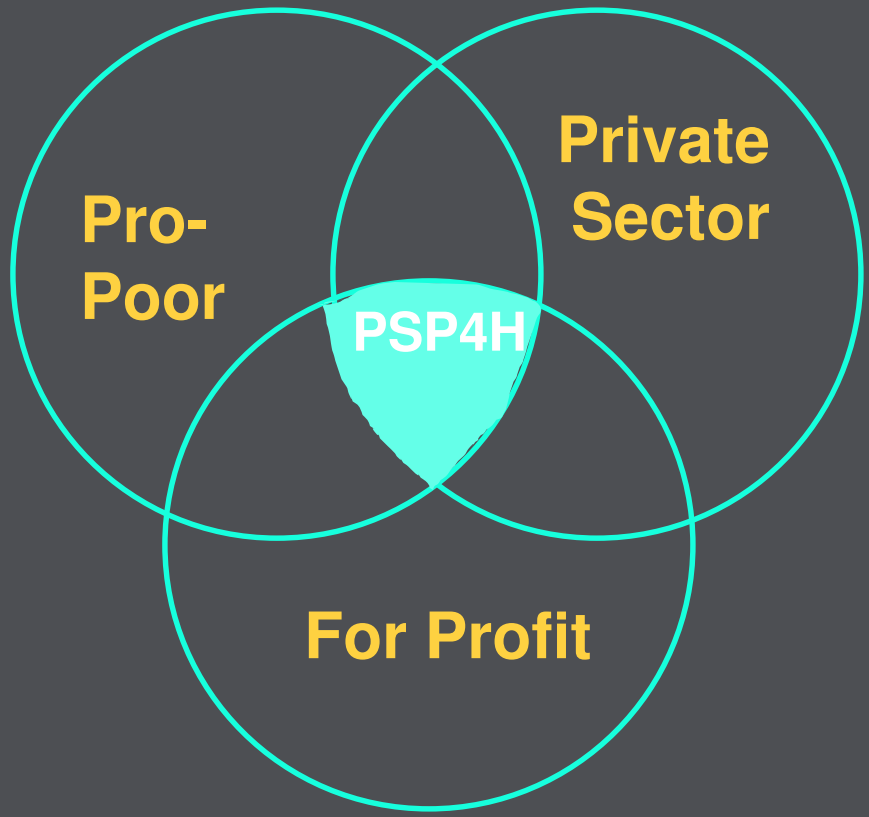
The Private Sector Innovation Programme for Health (PSP4H)

The world's first (and only) dedicated M4P programme in the healthcare sector

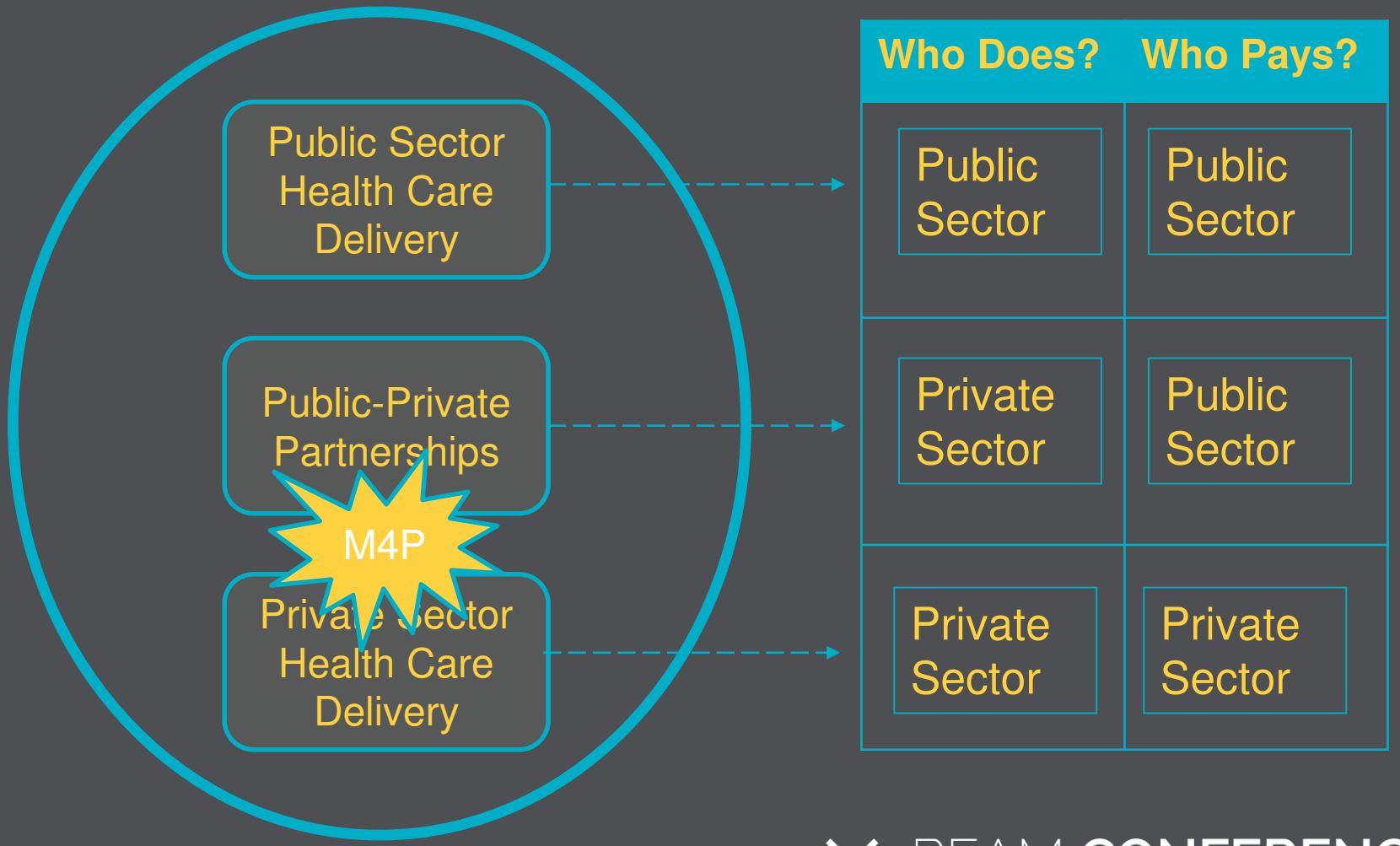
- A three-year DFID-funded action research project to explore the markets in which poor people pay for-profit providers for healthcare
- Objective of the PSP4H programme is to learn lessons of how a market systems approach might benefit pro-poor health interventions, to inform future programming

PSP4H Domain

- Unique position in a field crowded with direct provision



The Healthcare Ecosystem

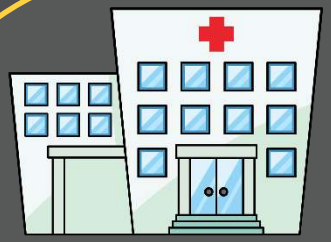


“Private Sector” Can Mean Different Things…

No sustainability

- G
  fundi

Government contractors



Private Sector Providers

…depending on objectives

Sustainability

(
M ket

Commercial players

PSP4H Approach

Beyond anecdote to evidence

- TA only – no grants
- Interventions follow a defined process
- R-I-E-D screening model
- Clear, simple intervention logic
- Monitoring and results measurement integrated into the intervention process (DCED-compliant)
- Street focus – understanding of behavioural economics and appropriate incentives

Lessons Learned by PSP4H

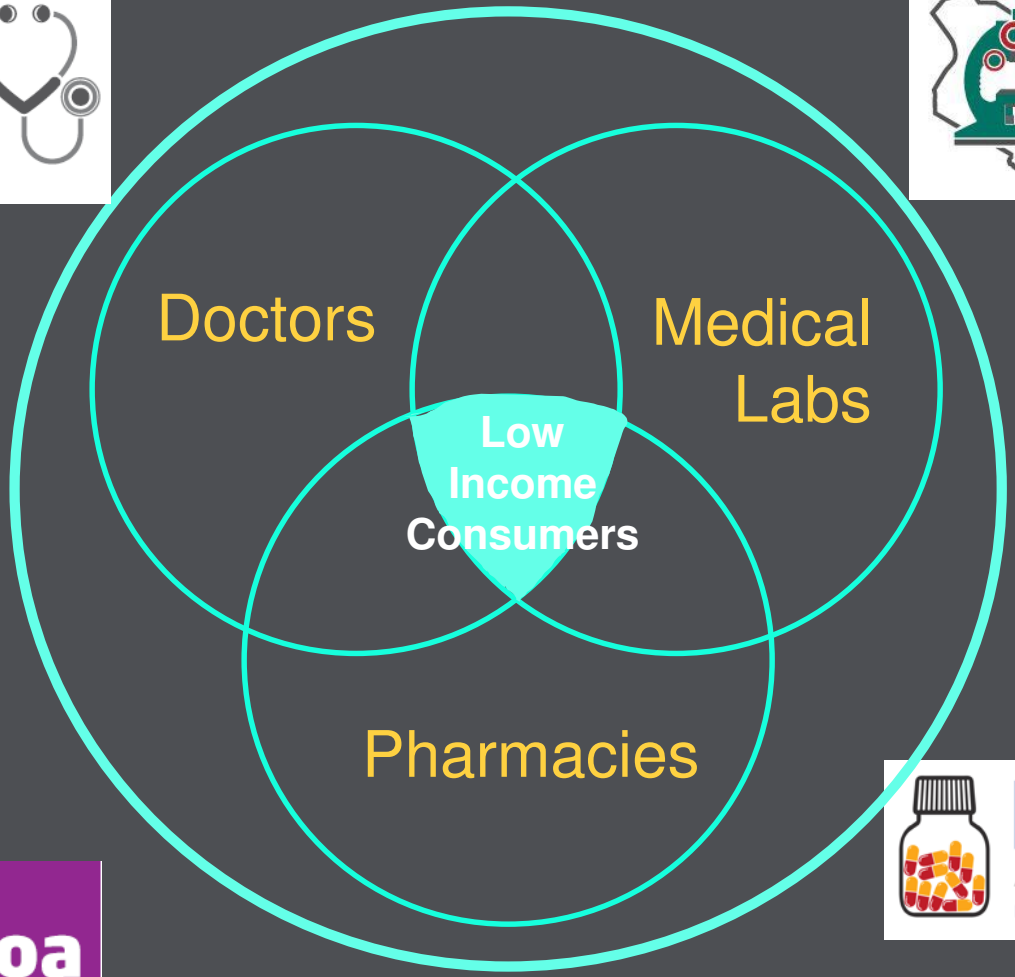
Bottom-up approach fosters market insight

- Underserved areas with little or no donor involvement are attractive for the commercial private sector:
  - Diagnostics
  - Healthcare finance
  - Low cost delivery systems
  - NCDs
  - Pharmaceutical supply chain
- Working poor? Actually the mass market!
- Partner engagement is key
- Go with existing initiatives and support early adopters
- Leverage networks
- Avoid using money to create incentives

Closing the Loop on Affordable Primary Care

Docnet
A Network of Qualified Doctors

Labnet
Quality Medical Labaratories
AKMLSO



Health insurance and health savings

afyaPoa

Pharmnet
A network of trusted Pharmacies
KENYA PHARMACEUTICAL ASSOCIATION

Fruitful Approaches Explored by PSP4H

Network synergies are key to scaling up

- Starting at scale by engaging with networks - aggregations create scale advantages
- Portfolio approach - organic scale-up occurs as independent interventions addressing different systemic constraints progress and mature; others die off
- Quick intervention model - direct market testing based on hypothesis: as effective as conventional intervention

This is Disruptive Innovation

- Disruptive to the conventional business wisdom:

- Those who think only a lot of money can affect positive change in the healthcare system
- Those who believe that innovation only concerns technology - something with a microchip or on the internet

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Further information

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Thank you – Asante sana

In sickness and in health: evolution, current practice and gaps in facilitated health service provision

Jesse Kirowo, CEO of Pharmnet
Nairobi Techpharm Limited

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Network of community pharmacies by Kenya Pharmaceutical Association (KPA)

Background

- KPA is a professional association with a membership of 8,500 licenced members in Kenya
- About 4,000 of these own and operate community pharmacies (Aprox 85% of all regulated market)
- Most of these pharmacies are in areas where low income citizens live (Mass market)
- Current number branded is 250 out of the target of 3,500

Reasons for Pharmnet® formation

Self regulation of community pharmaceutical market

- To improve access to medicines
- Alleviate cost burden of medicines
- Reduce stock outs of medicines
- Support KPA members with training on business skills
- Fight illegal pharmacy practices and illegal practitioners

Why have a branded network pharmacies

The reasons that supported a branded network

- Pharmacies are the first place of call for medicines
- Consumers can not differentiate between regulated and illegal/ unregulated pharmacies in Kenya
- Most pharmacies in low income communities are illegal
- Cost of medicine is uncontrolled in the retail market
- Networking improves confidence to patients and practitioners leading to better outcomes

Network of Community pharmacies

Branding

Quality Training

Quality Network

Pooled Procurememt

Quality Audit

The concept of Pharmnet® brand

Shared brand logo (Owned by KPA)

- Client signaling
- Consistent standards
- Quality Assurance
- Group purchases
- Quality Audit

Pharmnet
A network of trusted Pharmacies
KENYA PHARMACEUTICAL ASSOCIATION

A community pharmacy before branding

A sample branded network pharmacy

Multiplication of capabilities

Pharmnet network formation

- Marketing
- Training
- Quality Audit
- Purchasing
- Advocacy

Conclusion: Intentional partnerships

Building Effective and Accessible Markets .

Intentional patnerships (devoid of hand outs) in the marketplace and not spoon feeding

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Further information

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The Political Economy in Health Market Systems

Expediency vs Sustainability

Kabir Lawal
SuNMaP and Solina Group

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Support to National Malaria Programme (SuNMaP)

Mandate

- An 8 year DfID funded project supporting malaria elimination in Nigeria
- Divided into 2 departments – public sector and commercial sector
- Public sector dealt with government at federal and state levels
- Commercial sector was to develop sustainable markets for 3 malaria commodities using the M4P approach

Defining the political economy

Setting the context

- Over 60% of Nigerians seek care through private channels
- Malaria kills about 300,000 Nigerians annually
- NMEP has an ambitious plan to eliminate the disease by 2020
- Many development partners were on board with their own mandates

Expediency vs Sustainability

Two commodities – two tales (LLIN)

- Private market players were weak
- Consumers not willing to purchase product
- Subsidies and theft squeezed out commercial products
- Private players not engaged in high level decisions
- Lack of harmonization and ineffective communication at government level

Expediency vs Sustainability

Two commodities – two tales (ACT)

- Market not developed in rural areas before interventions
- Urban demand was available despite high price
- Private players carved an urban niche for themselves
- Expediency brought about increased supply of children's doses
- Consequence is over treatment of disease

Effects of expediency

- Squeezing out private sector
- Consumers not primed to purchase products
- Reduced incentive for market players to invest
- Logistics management became a green light

A possible solution

The private sector is the future

- Communication
- High level engagement
- Clear demarcation of roles
- Harmonization of interventions
- Political will

Further information

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Benefits of M4P in Health

- Sustainability by design
- Leverage of donor investment
- Value for Money for the funding agency

Open Issues for Discussion

- Why are more programmes not using the approach?
- How do we break distrust of the private sector within the development health community?
- How do we communicate the positive lessons learned by innovative programmes in a way that changes programme design?
- When would systemic approach to intervention in health not work?