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

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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

% users

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

<table>
<thead>
<tr>
<th>Key factors</th>
<th>Impact</th>
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| **Service delivery** | • Demand-driven practice  
• Emphasis on profitability  
• High use of specialists | • Confinement of FP services in gynecology  
• No guarantee of full mix |
| **Health workforce** | • Reliance on part-time providers  
• Limited access to training | • Weak integration of FP in private practice  
• Inconsistent availability |
| **Access to Products** | • Medicines can only be sold through pharmacies | • Delayed access to FP  
• Limited availability of implants |
| **Financing** | • Poorly financed facilities  
• Weak insurance coverage | • Unmet demand for FP  
• Low demand for LARC |
| **Governance** | • Highly regulated sector  
• Weak oversight | • 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
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Patients paying for services covered by Mali’s public Health Insurance program
# Addressing systemic constraints

<table>
<thead>
<tr>
<th>Key barriers</th>
<th>System solution</th>
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<tbody>
<tr>
<td><strong>Service delivery</strong></td>
<td>• No change to model, focus on financing and</td>
</tr>
<tr>
<td>• Confinement of FP services in gynecology</td>
<td>human resources</td>
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<tr>
<td>• No guarantee of full mix</td>
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<tr>
<td><strong>Health workforce</strong></td>
<td>• FP training at pre-service level and included</td>
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<td>• Weak integration of FP in private practice</td>
<td>in mandatory CME</td>
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<tr>
<td>• Inconsistent availability</td>
<td></td>
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<tr>
<td><strong>Access to Products</strong></td>
<td>• Develop private sector supply system for</td>
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<tr>
<td>• Delayed access to FP</td>
<td>implants</td>
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<tr>
<td>• Limited availability of implants</td>
<td></td>
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<tr>
<td><strong>Financing</strong></td>
<td>• Lobby for coverage of FP methods under private</td>
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<tr>
<td>• Unmet demand for FP</td>
<td>and public insurance</td>
</tr>
<tr>
<td>• Low demand for high-cost FP services</td>
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<tr>
<td><strong>Governance</strong></td>
<td>• Short-term: various models of franchising</td>
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<tr>
<td>• Underutilized service delivery potential</td>
<td>• Long-term: policy reforms</td>
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<tr>
<td>• Inconsistent quality</td>
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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


Thank you!