HEALTH FINANCING IN THE UHC ERA

A tool for engaging private providers

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PATIENT PATHWAY ANALYSIS GAVE US INSIGHTS INTO KEY GAPS IN DELIVERY

1. Initial General Care Seeking Patterns
   - 41% Public Sector
   - 39% Private Sector
   - 21% Informal Private Sector

2. Coverage of Microscopy Among Health Facilities
   - 90% Level 0
   - 90% Level 1
   - 90% Level 2
   - 20% Level 1
   - 20% Level 2
   - 7% Level 3
   - 5% Level 3

3. Access to Microscopy at Initial Care Seeking
   - 0% Level 0
   - 9% Level 1
   - 7% Level 2
   - 7% Level 3
   - 8% Level 3

4. Coverage of Treatment Among Health Facilities
   - 29% Level 0
   - 19% Level 1
   - 4% Level 2
   - 88% Level 3
   - 69% Level 3
   - 68% Level 3
   - 8% Level 3

5. Access to Treatment at Initial Care Seeking
   - 0% Level 0
   - 19% Level 1
   - 4% Level 2
   - 88% Level 3
   - 69% Level 3
   - 68% Level 3
   - 8% Level 3

6. Location of Notification (Among Estimated Burden)
   - 43% Missing
   - 5% Private
   - 52% Public Sector
   - 5% Relapse

7. Tx Outcomes (Among Estimated Burden)
   - 43% Missing
   - 7% Tx Failure
   - 48% Success
   - 7% Tx Failure
   - 43% Relapse
   - 5% Relapse

8. Tx Cure Rate (Among Estimated Burden)
   - 43% Missing
   - 7% Tx Failure
   - 48% Success
   - 7% Tx Failure
   - 43% Relapse
   - 5% Relapse

Patients may iterate through the diagnosis pathway multiple times before being initiated on treatment.

Coverage of Treatment Among Facilities

Level 0
Level 1
Level 2
Level 3

Initial General Care Seeking Patterns

1. DIAGNOSTIC GAP
2. PRIVATE PROVIDER GAP
3. POOR / UNKNOWN QUALITY OF CARE
UNDERLYING CHALLENGE OF SUSTAINING PPE: FINANCING AND ACCOUNTABILITY

Who pays private providers?

How is quality care monitored and ensured?
THE PUBLIC SECTOR CAN “BUY” TB SERVICES FROM THE PRIVATE SECTOR

Strategic purchasing of TB services...
...from private providers...
...in alignment with national quality and regulatory standards...

...leads to improved TB outcomes.

Public
- Hospitals
- Clinics
- Pharmacies
- Labs
- Community health

Private
- Hospitals
- GPs
- Pharmacies
- Labs
- NGO
ENGAGING THE PRIVATE SECTOR GIVEN SHIFTS IN FINANCING FLOWS?

Supply Side Financing

- Treasury
- MOH
- Donors
- NTP

Demand Side Financing

- Social health Insurance
- Out-of-Pocket
Social health insurance creates a guaranteed payer

Administrative costs to participate in SHI is high for individual providers

“Aggregators” / large providers can benefit by networking with providers who otherwise wouldn’t participate
ORGANIZING (DE-FRAGMENTING) THE PUBLIC/PRIVATE SECTOR MARKETS MAY BE POSSIBLE USING FINANCING OPTIONS
CONSOLIDATION CAN ADDRESS SOME KEY CHALLENGES

Social health Insurance must be well designed and functional

- Inconsistent quality of drugs and diagnostics
- Limited alignment with NTP guidelines
- Fragmentation of private providers
- Inadequate provider incentives
- Limited capacity and lack of training

✓ QUALITY
✓ FRAGMENTATION
✓ CAPACITY
✓ MOTIVATION
<table>
<thead>
<tr>
<th>Necessary</th>
<th>Sufficient / Optimal</th>
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<tbody>
<tr>
<td>TB as a notifiable disease</td>
<td>➢ Enforcement of policy</td>
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<td>➢ Incentivize notification and quality monitoring</td>
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<td>➢ Unique patient ID for monitoring</td>
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<td>➢ IT and HMIS system linked to private providers</td>
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<td>Social health insurance or domestic funding for PHC, including private</td>
<td>➢ <strong>TB package</strong> within health insurance sufficient to incentive</td>
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<td>sector engagement</td>
<td>private providers</td>
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<td>➢ Reimbursement according to <strong>NTP quality standards</strong></td>
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<td></td>
<td>➢ PHC coverage includes <strong>all TB diagnostic tests</strong></td>
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<td>➢ TB included in <strong>essential health package</strong></td>
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<td>Policy enabling contracting of private providers</td>
<td>Intermediary or Aggregator to extend reach of NTP</td>
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<td>Budget through NTP (supply side) designated for PPE</td>
<td>NTPs to plan for a hybrid of demand and supply side financing</td>
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