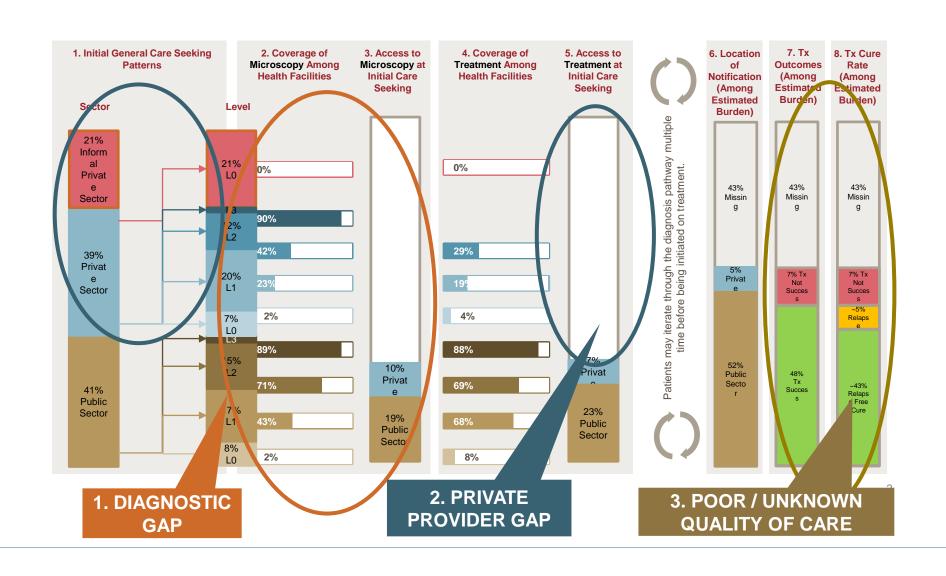


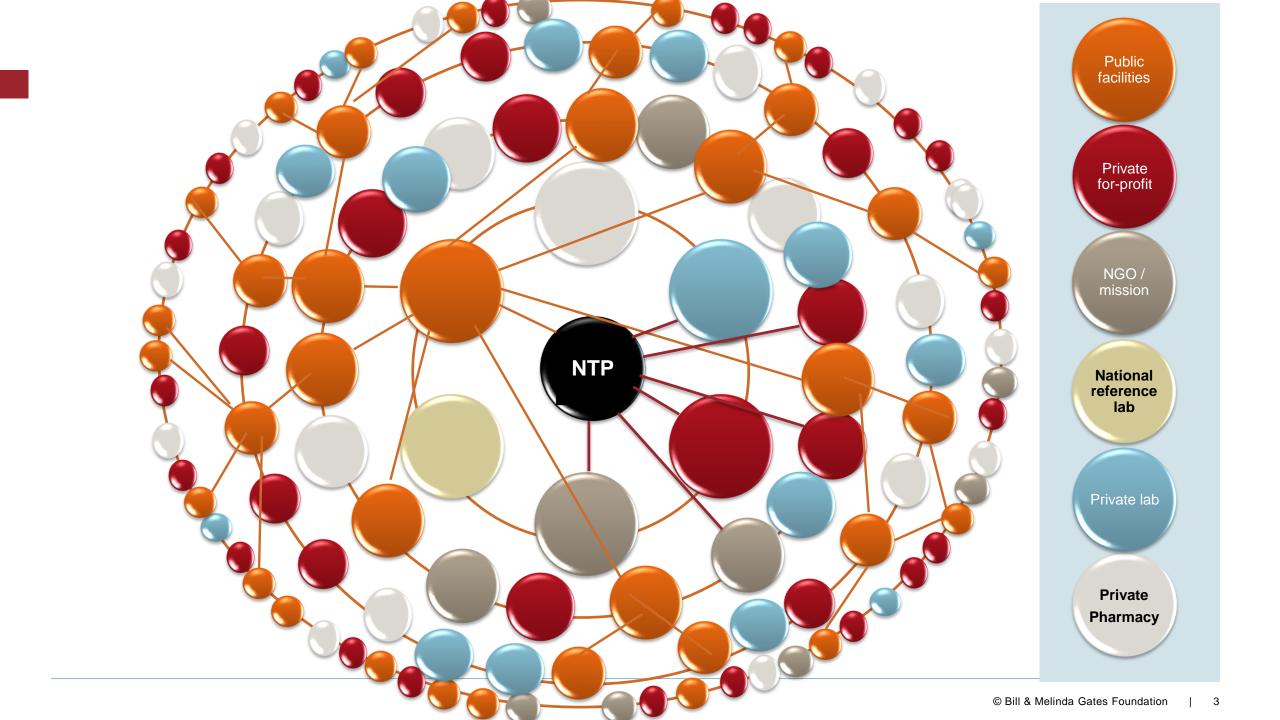
HEALTH FINANCING IN THE UHC ERA

A tool for engaging private providers

Christy Hanson

PATIENT PATHWAY ANALYSIS GAVE US INSIGHTS INTO KEY GAPS IN DELIVERY

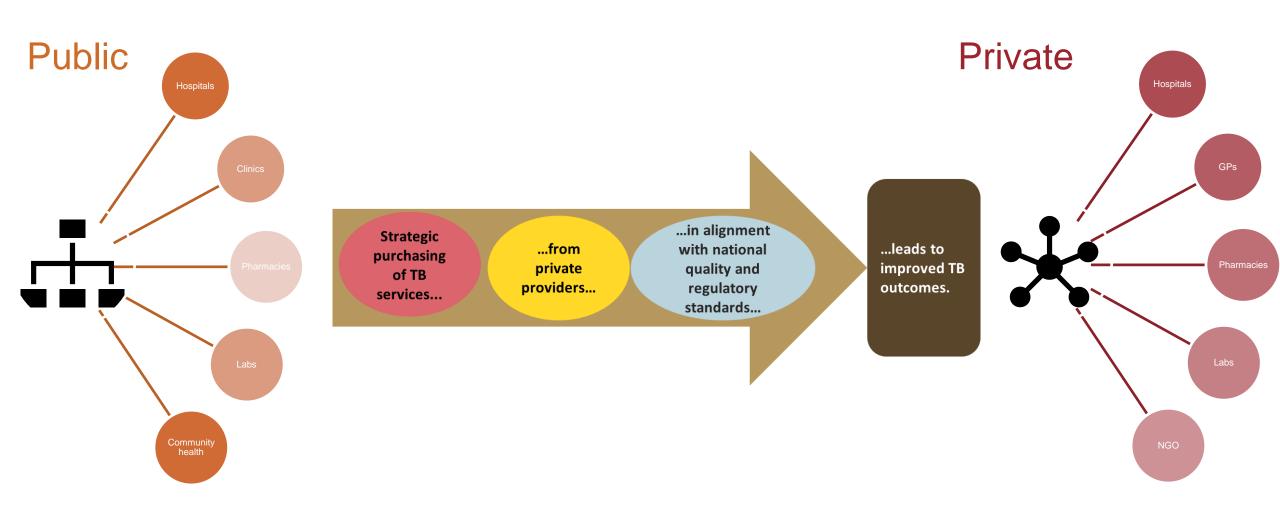




UNDERLYING CHALLENGE OF SUSTAINING PPE: FINANCING AND ACCOUNTABILITY



THE PUBLIC SECTOR CAN "BUY" TB SERVICES FROM THE PRIVATE SECTOR



ENGAGING THE PRIVATE SECTOR GIVEN SHIFTS IN FINANCING FLOWS?

Supply Side Financing Demand Side Financing Treasury Donors Social health MOH Insurance NTP NTP Out-of -Pocket

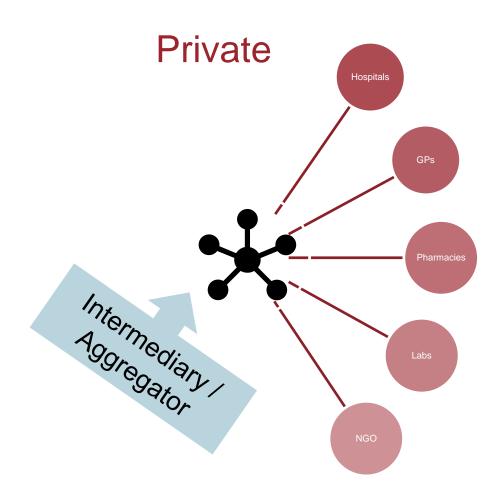


USING MARKET FORCES OF CONSOLIDATION

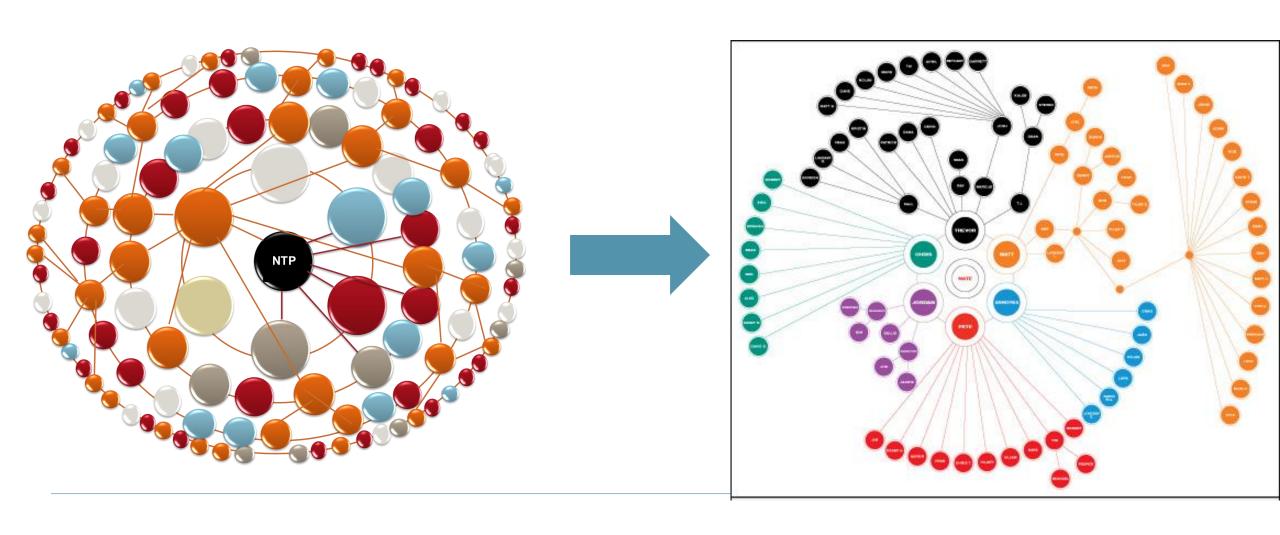
Social health insurance creates a guaranteed payer

Administrative costs to participate in SHI is high for individual providers

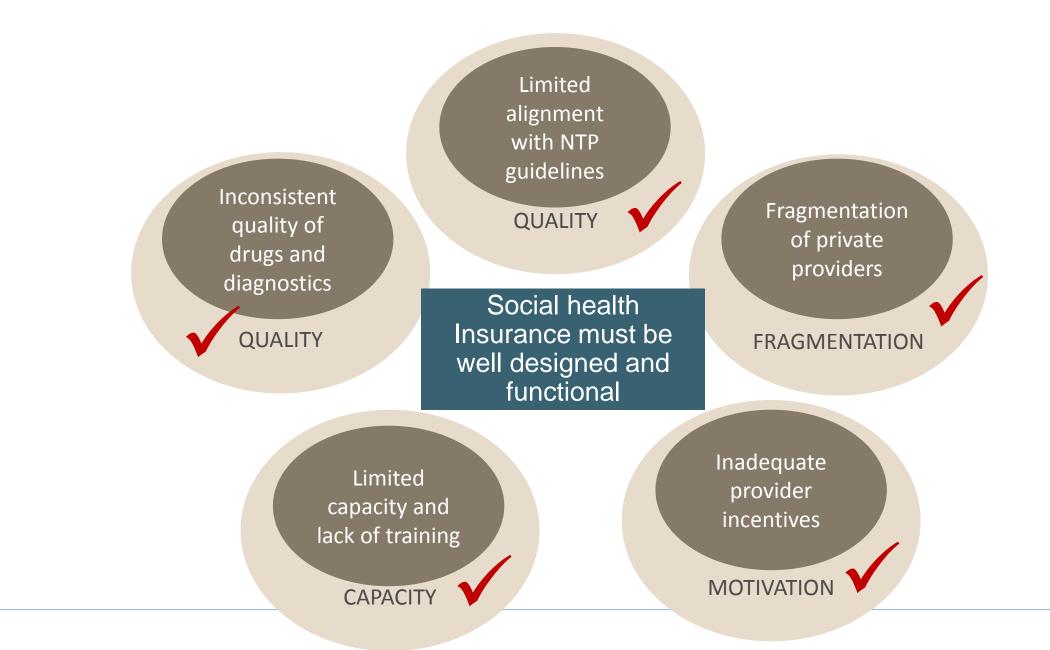
"Aggregators" / large providers can benefit by networking with providers who otherwise wouldn't participate



ORGANIZING (DE-FRAGMENTING) THE PUBLIC/PRIVATE SECTOR MARKETS MAY BE POSSIBLE USING FINANCING OPTIONS



CONSOLIDATION CAN ADDRESS SOME KEY CHALLENGES



■ WHAT CAN TB PROGRAMMES AND PARTNERS DO

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