Enhancing Financial Sustainability for Social Franchise Networks

Nathan J. Blanchet, Results for Development #WD2016 @njblanchet @results4dev
Social Franchise Networks face sustainability and equity challenges

- Declining donor support
  - Identify new and diverse financing sources

- Limited service offerings
  - Increase range of primary health care services

- Dependent on out-of-pocket payments
  - Access more equitable third-party financing
Our partnership aims to:

Help Social Franchise Networks adopt Universal Health Coverage approaches to make health care for women and their families more equitable and sustainable.
Our approach applies UHC approaches to the goals of social franchise networks

Note: This framework is a synthesis of prominent health systems and health financing frameworks, including those offered in Kutzin 2001, WHO 2000 and 2010, and Roberts et al. 2008, as well as R4D’s own thinking and analysis.
Our approach combines external analysis and internal participation by network staff...

Platform Needs Assessment
Health Markets Analysis
Health Financing Analysis

Collaborative Ideation and Assessment
Options for financial sustainability
...to develop a strategy that aligns with a particular network's needs
The emerging options are diverse...

<table>
<thead>
<tr>
<th>Uganda</th>
<th>Tanzania</th>
<th>Nigeria</th>
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<tbody>
<tr>
<td>1. Develop a <strong>public private partnership</strong> with Kampala Capital City Authority</td>
<td>1. Facilitate provider participation in <strong>results-based financing</strong> with MOH under the Global Financing Facility for RMNCAH</td>
<td>1. Help maternities register with <strong>National Health Insurance Scheme</strong>, empanel clients, and manage capitation</td>
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<td>2. PACE providers participate in <strong>MOH voucher program</strong></td>
<td>2. Aid in the registration of franchisees in <strong>National Health Insurance Fund</strong></td>
<td>2. New tier of full and/or partial public sector franchisees via <strong>public private partnerships</strong></td>
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...and hold a strong value proposition for the franchisor, franchisee, clients, and the government

**Women and Girls**
- High health impact services
- Low out-of-pocket payments

**Social Franchise Networks**
- Position as intermediary
- Improved outcomes against goals

**Social Franchise Providers**
- Third-party payment for services
- Increased client / service volumes

**Government and other partners**
- Integration in health system
- Better value for public funding
PSI franchisors now poised to access health financing options to improve PHC for women & girls

How do we ensure continued impact?

• Leverage internal knowledge and expertise within social franchising platforms

• Make dedicated deep dives to turn strategies into actions

• Cultivate advocacy and action among platform leaders, government, and private sector

Mission Mbagala Dispensary. Photo Credit: Sala Lewis.
An equation to remember

UHC = **Good**, but need better service delivery

Social Franchises = **Good**, but need fair and sustainable funding

UHC + SFs = **Better**, fairer, more sustainable care for women and girls
Thank you from our whole team
What is (more or less) financial sustainability?

A more financially sustainable franchise will:

• **Use more diverse funds**—donor, public, and private—in pursuit of quality, equity, additionality, cost-effectiveness, and health impact

• **Look different** depending on the country and context

• **Constantly grow, adapt, and innovate** in response to health needs, financing opportunities, and system constraints in a country
## Options from the landscaping analyses

### Uganda

1. Develop a **public private partnership** with Kampala Capital City Authority
2. PACE providers participate in **MOH voucher program**
3. Facilitate PACE providers’ participation in **results-based financing** with MOH under the Global Financing Facility for RMNCAH
4. Expand Partnership with Save for Health to pilot comprehensive **CBHI scheme** to demonstrate value for integration under NHIS
5. Formalize facility-based mechanisms to help Sara save for health
6. Explore developing a **microinsurance** product for PACE providers with a private commercial health insurance agency

### Tanzania

1. Working with **Government Backed Health Insurance Schemes**
   - Aid in the registration of franchisees in NHIF and SHIB
   - Aid in and increase the volume and efficiency of incoming revenues from insurance
2. Working with **Private Insurance Schemes**
   - Aid in the registration of franchisees with Jubilee, Strategis, etc.
   - Aid in the enrolment of more clients, especially those targeting lower income quintiles
3. Working with **Government Contracts**
   - Contract with CHMT/RHMT through Service Level Agreements

### Nigeria

1. Caring business partner: Support to high quality/volume clinics at cost
2. Baby steps: Channel public FP/MCH commodities through private HFN maternities
3. Insured Maternities: Help maternities register with insurance, empanel clients, and manage capitation
4. Better first encounter: Link PPMVs with PHCs (North) and integrate into NHIS/CBHI (South)
5. Franchising-In PHC: New tier of full and/or partial public sector franchisees via **PPPs**
Option for PACE Uganda: Developing a public private partnership with Kampala Capital City Authority

PACE would develop a public private partnership with Kampala Capital City Authority for the delivery of PHC and MCH services through PACE facilities, with referral mechanisms to public hospitals.

**Client Sara:**
- Decrease OOP costs for high health impact services.

**PACE Franchisor:**
- Strong value proposition to providers and government. If management fees are included, PACE can recoup costs.

**PACE Franchisee:**
- Increase income from sustainable source.
- Experience working with KCCA will build trust and create more opportunities in the future.

**Government:**
- For KCCA: Effectively addresses health demand with quality services.
- For MOH: Sets an example of an effective PPPH with PFP in service delivery. Complementary to future NHIS schemes.