Africa Regional Consultation on Achieving MDG 5

Access to Maternal Health through Private Delivery of Care, Partnerships and Social Business Solutions

The Potential of Social Franchising as an Innovative SRH Service Delivery Model

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Contextualising the Issue

Three interrelated basic facts:

1. **Maternal health in Africa**:
   - The overall condition is devastating
   - Progress in MDG 5 -“the heart of the MDGs”- disheartening
   - Most SSA countries are off track although some are making progress
   - A critical factor remains lack of ACCESS

2. **Public sector**
   - Provides disproportionate no. of preventive services→strain/inefficiency

3. **Private sector**
   - A major player in health system
   - Remains underutilised for SRH services - due to both demand side and supply side constraints in the health market

Solution: partner creatively and innovatively with the private sec -PPP
MSI and its Innovative Approaches

- Social business: business principles for social goal
- Mission: *Children by choice not chance*
- Innovative practices:
  - Service delivery/provider: Paramedicalisation/Task sharing
  - New financing mechanism: voucher/demand side financing
  - Technological innovations: eHealth-Mobile/SMS
  - Service delivery channel: **Social Franchising (SF)**

  • Adapting commercial F model to achieve social goals
  • Adding a min SRH package to ongoing clinical services- Partial F
  • Components: Selection, Training, Recruitment, Contracting, Accreditation, Branding, Promotion, Demand generation, Supplies/Equipment, Standardisation, Supervision/ Monitoring, [De-franchising-withdrawal of accreditation]
SSA: Location of Social Health Franchises
(Courtesy: Khama Rogo, MD, PhD)

There are 27 SHFs in 19 countries; 3500 service outlets; Majority by MSI and PSI

Kenya (5) has the highest number; most countries have one or two

90% are Fractional SHF, majority focus on FP/RH

Predominantly donor funded

Over 90% owned by INGOs

>3.5m clients served in 2010

USD20>40m estimate budget in 2010

Scanty SHF activity in Francophone Africa
Current MSI BlueStar programmes = 10 countries

Start Up programmes in 2012 = 10 countries
The “Four Pillars” of SF-AQEC

- Access
- Quality
- Equity
- Cost-effectiveness
MSI’s BlueStar franchisees: Profile and Health Outcomes (end of 2011)

Total no. of franchisees: 1,775 in 10 countries
Franchisees’ type: Clinics, Pharmacies, Chemical shops, Drug stores

Service mix:
- Core services/ RH: FP, Safe abortion (where legal)
- Other services/MH: PAC, EC, Safe delivery, PPH, STI, PMTCT, Pap smear, ANC, PNC, Male circumcision

Annual contribution: 2.1 million CYPs
Challenges

- Ensuring the model delivers what is promised
- Achieving the *double bottom line* (DBL): financial returns (profitability) & social return/dividend
- Monitoring compliance: geographically dispersed networks and remote settings
- Standardisation vs country-/area-specific peculiarities
- Rethinking sustainability/ownership: largely donor-funded and INGOs-owned
- Redefining donor relationship: Donor-funded vs donor-driven
The Way Forward

- Enhanced PPP: engagement of the private sector (SF,…) to increase NH impact
- Creating synergy with other innovative approaches/ interventions: Voucher scheme, National Insurance scheme, Task sharing, mHealth
- Integration of SF into the Health system
- Research undertaking on SF: for evidence-based advocacy and up-scaling
- Documenting and sharing good practices and lessons learned — to leapfrog/avoid common pitfalls
- A paradigm shift in thinking: a sense of urgency/ business-not-as-usual/innovativeness
Thank you