

Maternal, Newborn, and Child Health

Exploring and Evaluating Private Sector Innovations in LMICs

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Unequal access leads to a high number of maternal deaths

Major causes of MMR

- Haemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labour

Facts

- MMR higher in rural areas and poorer communities
- Between 1990 and 2010, MMR worldwide dropped by almost 50%

Regional statistics

- Sub-Saharan Africa: several countries halved their levels of maternal mortality since 1990
- Asia and North Africa even greater improvements

Improvements in quality, availability, and affordability are needed in MNCH

Priorities of the Global Strategy for Women's and Children's Health¹

Quality

- Providing high-quality interventions during and after pregnancy and childbirth

Availability

- Ensuring skilled health workers are available where and when needed with the necessary medications, equipment, infrastructure, and regulations

Affordability

- Removing financial, cultural, and social barriers to access

¹Altman D, Fogstad H, Gronseth L, Kristensen F (2011) Innovating for every woman, every child: the global campaign for the health millennium development goals. Oslo: Ministry of Foreign Affairs, Norway.

The private sector plays a large role in MNCH

- Includes for profit and not-for-profit, physicians, midwives, CHWs, TBAs, and informal providers
- In sub-Saharan Africa: 77% of poorest women deliver at home; 41% of home births attended by TBAs
- In developing countries: when treatment sought, 28% fever and 28% of diarrhea cases treated in private facilities



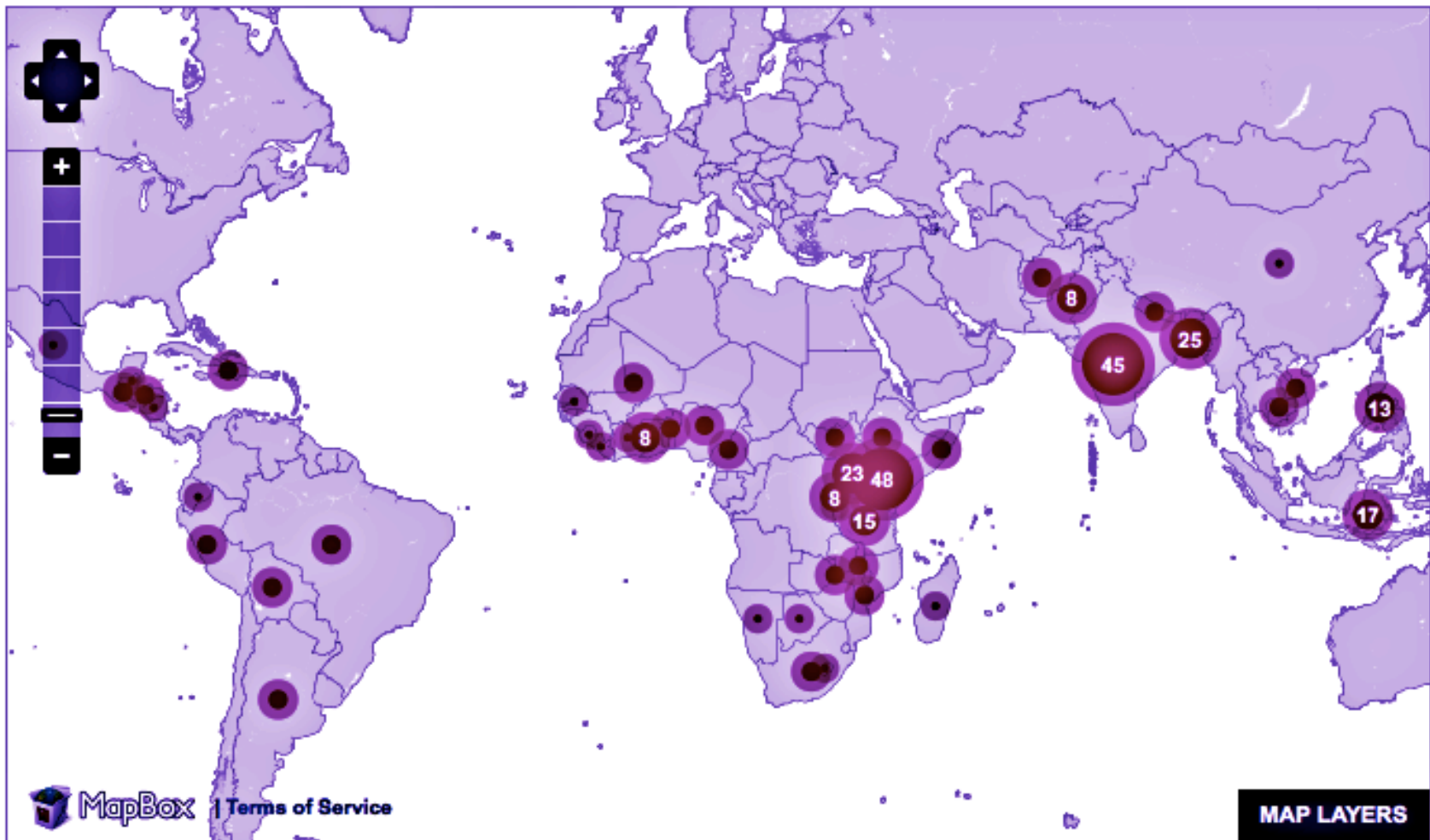
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- Promoting innovative programs that provide accessible quality care in LMICs
- Database includes >1200 programs; 230 MNCH programs

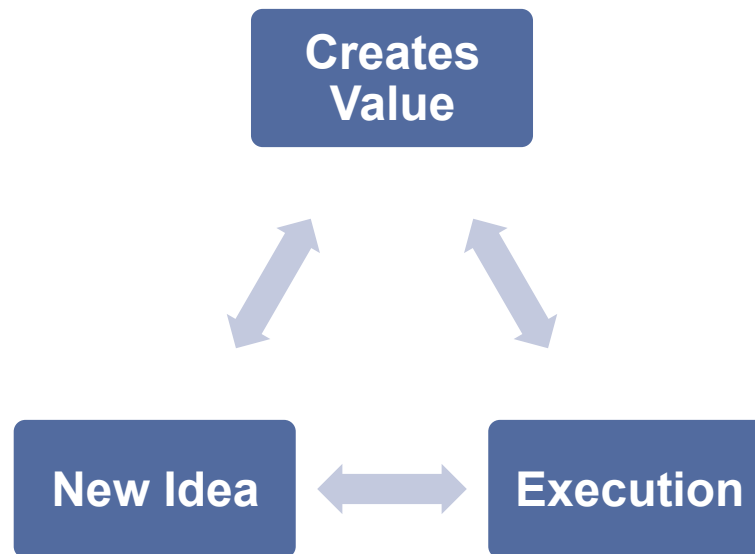
CHMI's MNCH programs are concentrated in East Africa and South Asia



Innovative financing and delivery models can improve MNCH

Innovation Defined

- Executing new ideas to create value (Kastelle, 2012)



The methodology involved literature review and data analysis

Literature Review

- Reviewed academic and grey literature on innovation and MNCH
- Reports by IWG, PMNCH, ISCF, SF4Health, Future Health Systems

Secondary Data Analysis: CHMI Database

- Reviewed 230 MNCH programs
- Selected models based on:
 - Novelty
 - Observed or potential value to address priority areas

MNCH programs report some improvements in quality, affordability, and availability

- 58% (134/230) of the MNCH programs provided performance data
- 96% (129/134) of programs with data provided Output data
- Reporting on Quality: 16% (22/134)
- Reporting on Affordability: 9% (12/134)
- Reporting on Availability: 3% (4/134)



Several innovative models in MNCH show impact, while others have potential to improve care

Innovative approaches with evidence of impact:

- Social franchising
- Microinsurance
- Vouchers

Promising approaches with less evidence:

- Connecting providers with ICT
- Mobile saving schemes
- Clinical decisions support software
- SMS health messaging

Evidence of impact: social franchising

About

- 24/230 of CHMI's MNCH programs
- Network of private providers under a common brand
- Number providing MNCH services doubled

Value Proposition

- Increases coverage
- Promotes quality standards and economies of scale

Findings

- Increases in health facility delivery, childhood vaccinations, client satisfaction; however, quality is variable
- Program with results: Tinh Chi Em (Vietnam)

Evidence of impact: microinsurance

About

- 26/230 of CHMI's MNCH programs
- Fixed premiums for routine and emergency MNCH services

Value Proposition

- Provides a financial safety net in case of catastrophic expenses for MNCH care

Findings

- Reduced OOP and increased financial access
- May not include the poorest
- Program with results: HCHP (Nigeria)

Evidence of impact: vouchers

About

- 13/230 of CHMI's MNCH programs
- Distributed to target populations
- Free or subsidized health services

Value Proposition

- Increases financial access through targeted financial incentives to women and children

Findings

- Improvements in financial access and equity
- Increases utilization of MNCH services
- Program with results: Bangladesh DSF Pilot Program

Promising approaches in ICT: connecting providers



About

- 12/230 of CHMI's MNCH programs
 - Connecting CHWs to formally trained medical providers with internet and mobile phones
-



Value Proposition

- Connects providers to decrease response and referral times and support lesser trained providers
-



Potential Impact

- Potential to reduce delay by improving coordination
- Potential to increase the capacity of CHWs
- Program with results: World Health Partners (India)

Promising approaches in ICT: mobile savings and payment schemes



About

- 4/230 of CHMI's MNCH programs
 - Clients use mobile phone applications to budget and pay for health expenditures
-



Value Proposition

- Helps clients plan and pay for MNCH care such as ANC, PNC, and delivery
-



Potential Impact

- Potential to increase financial access and speed up transactions
- Program with results: Changamka Microhealth Ltd. (Kenya)

Promising approaches in ICT: clinical decision support software



About

- 3/230 of CHMI's MNCH programs
 - Mobile phone software to guide CHWs through screening, examination, and treatment
-



Value Proposition

- Assists CHWs in appropriate MNCH clinical decisions
-



Potential Impact

- Potential to increase availability of services by supporting CHWs in remote locations
- Potential to ensure quality of care by guiding decisions

Promising approaches in ICT: SMS health messaging



About

- 8/230 of CHMI's MNCH programs
 - Sending clients personalized SMS information and reminders to attend antenatal visits and take medications
-



Value Proposition

- Encourages women and children to engage in healthy behaviours and follow treatment regimens
-



Potential Impact

- Potential to increase access to health information
- Potential to increase quality and health outcomes by improving adherence to health regimes

Conclusion

- Social franchising, microinsurance and vouchers can improve affordability and utilization by the poor
- Impact on availability and quality variable
- ICT approaches have potential, currently little evidence

Next Steps

- Further study to evaluate impact
- Potential for scale up



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