



AFRICAN HEALTH MARKETS FOR EQUITY

# The AHME Partnership: Private Sector Health System Strengthening in Nigeria, Ghana and Kenya

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The World Health Report 2010 identifies **three key barriers** that are hindering country health systems from *extending access to care* and financial risk protection to greater numbers of people:

**insufficient resources**

**inefficient and inequitable use of available resources,**

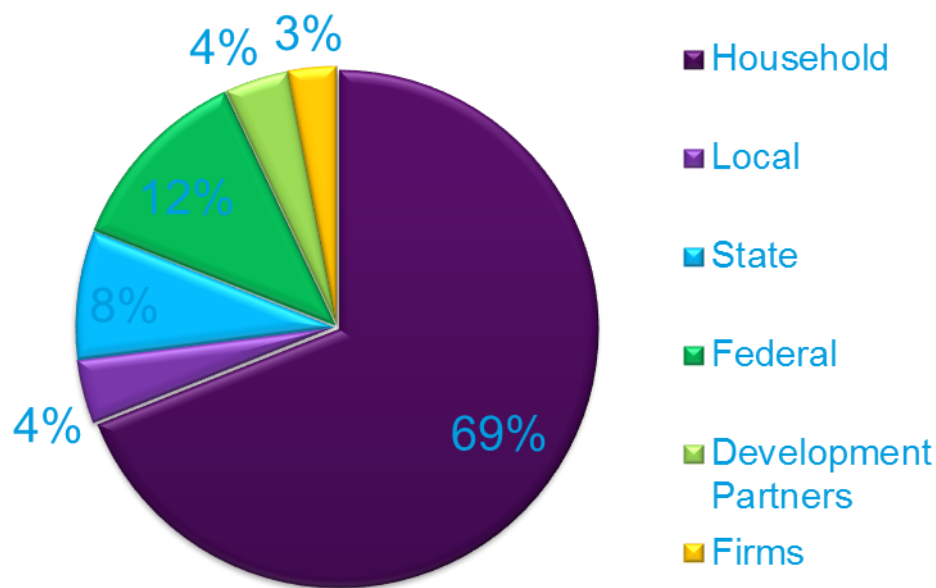
and an **overreliance on out-of-pocket payments**

(WHO 2010)

A range of strategies and solutions has been suggested to address these inter-related problems. Principal among them is **leveraging the private health sector in the financing and delivery of healthcare** (Lagomarsino *et al.* 2009, CGD 2009, Nishtar 2004).



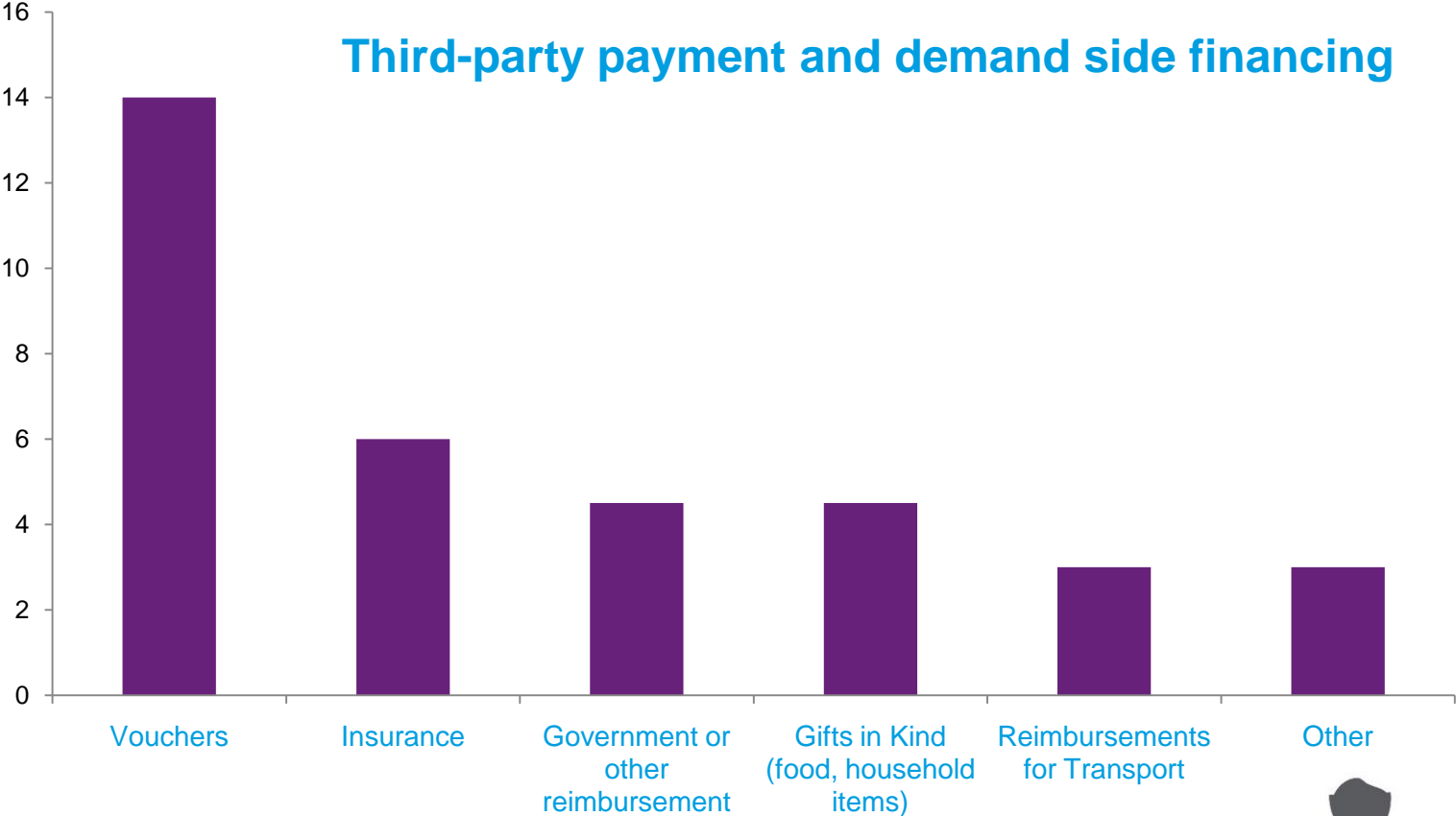
## Nigeria Health Financing



In **Kenya**: 16% of the sick do not seek care due to financial barriers, while 38% must dispose of their assets or borrow to pay for medical bills.

Government of Kenya, 2009, *Kenya Household Health Expenditure and Utilization Survey 2007*.

### Third-party payment and demand side financing





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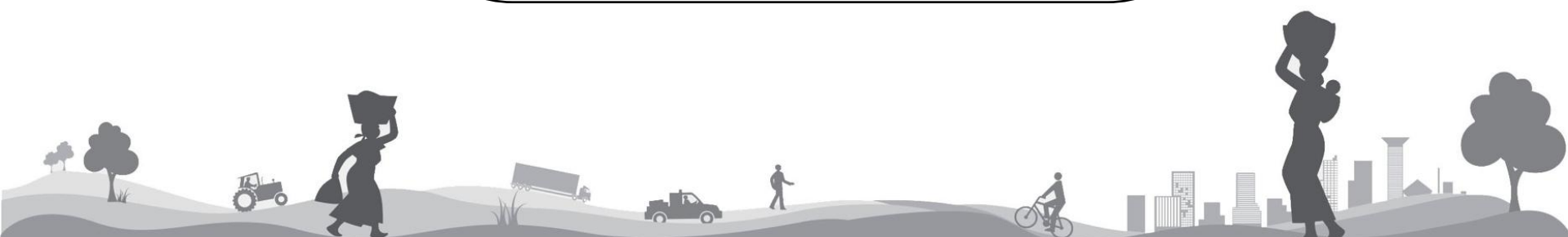
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**Increased use of relevant health technologies**

**Increase “value for money” in the health sector in Africa**

DALYs

Cost/ DALY

**Supply Side**

- **Scale and scope through franchising +ICT**
- **External Quality / accreditation**
- **Access to capital**

**Functioning Health Markets**

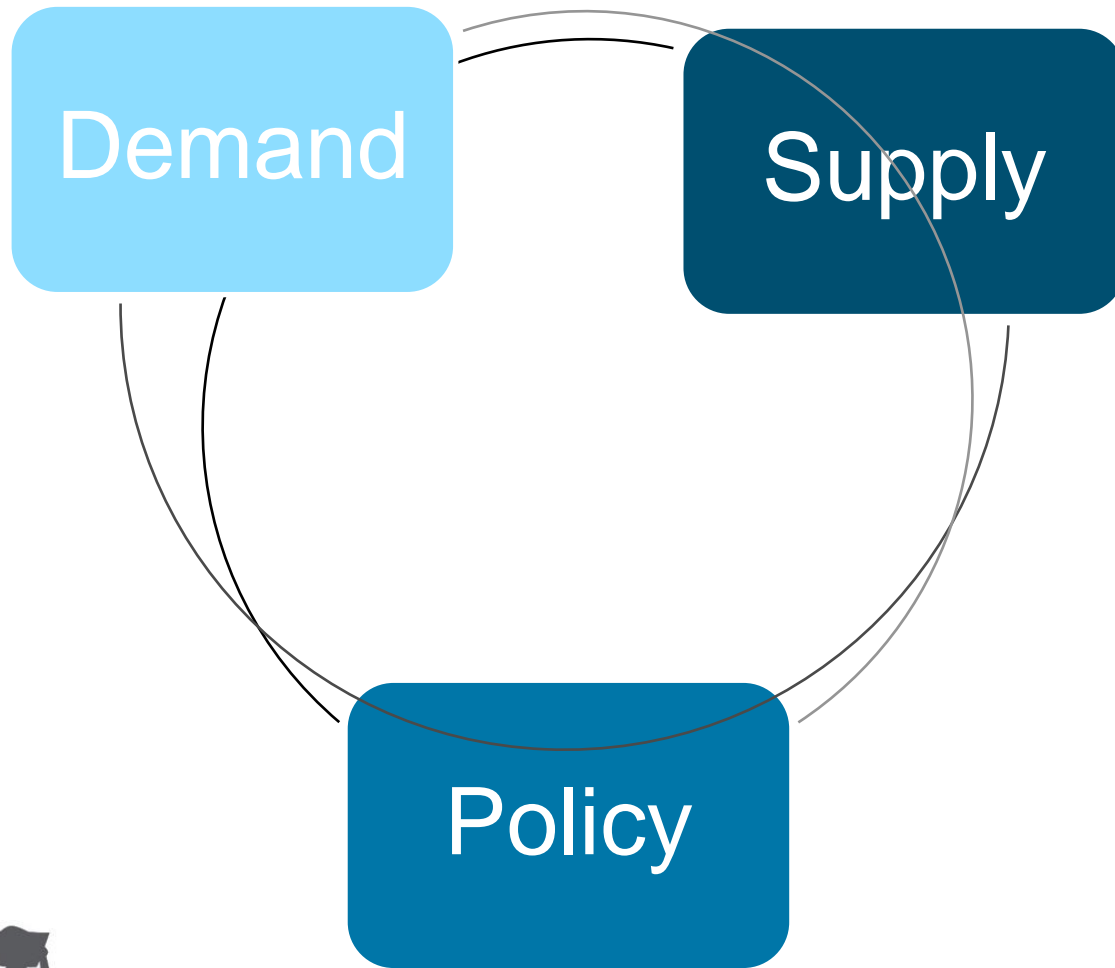
**Demand Side**

- **Increase demand for health services**
- **Remove financial barriers through demand side financing + ICT**

**Policy Context**

- **Engage policymakers**
- **Improve regulatory capacity**

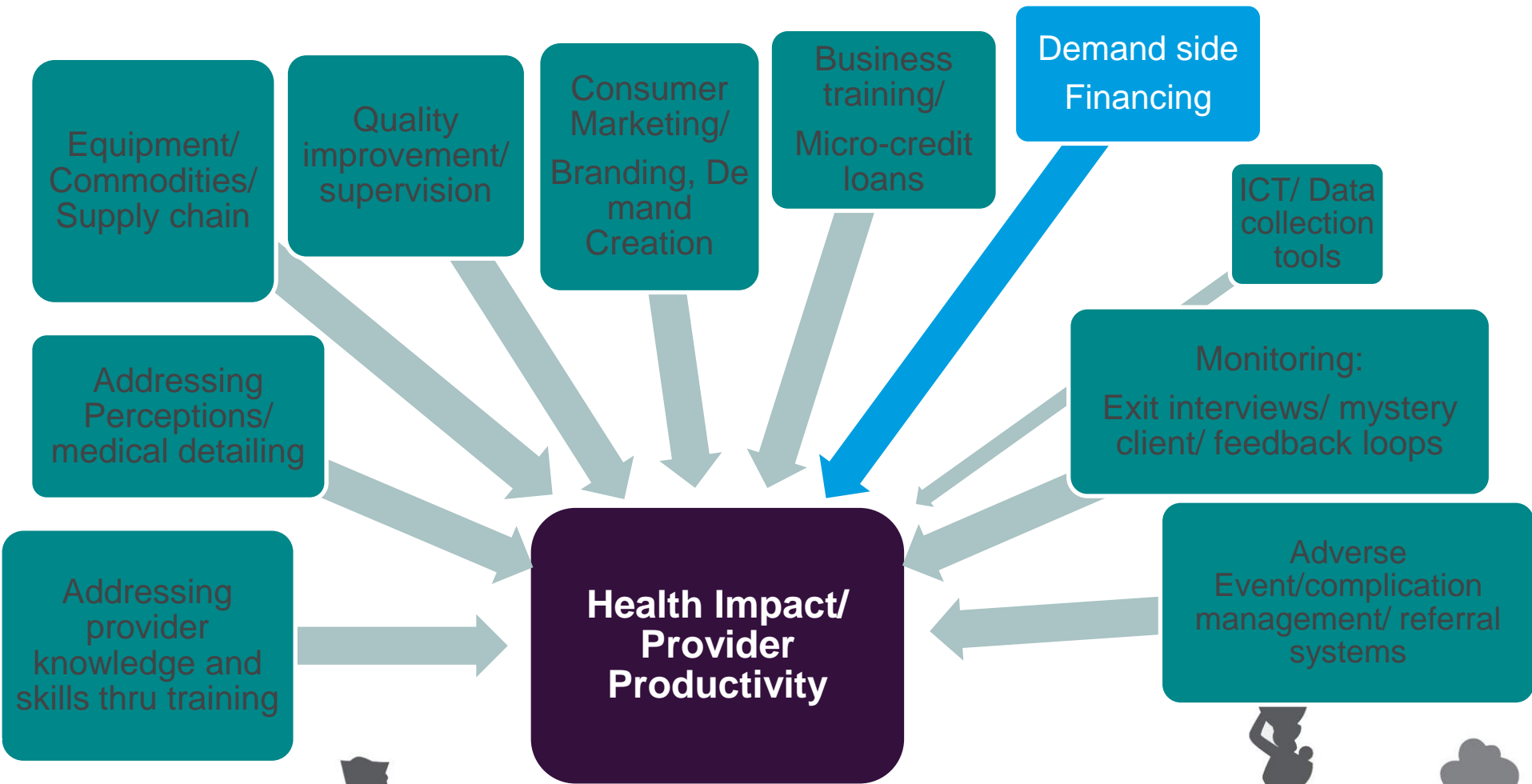
- **Improve evidence base**
- **Improve capacity to contract non-state sector**



## 5 franchise networks







## DSF Options

Vouchers mechanisms in context of planned sustainability

National Health insurance

Capitation models

“Hybrid” interventions promoting country NHI schemes

CBHIs and MHIs

Health Wallets/ mobile savings accounts

## DSF Criteria

Most Benefits Accrue to Q1-Q2?

Leverages government or other funding likely to continue beyond year 5?

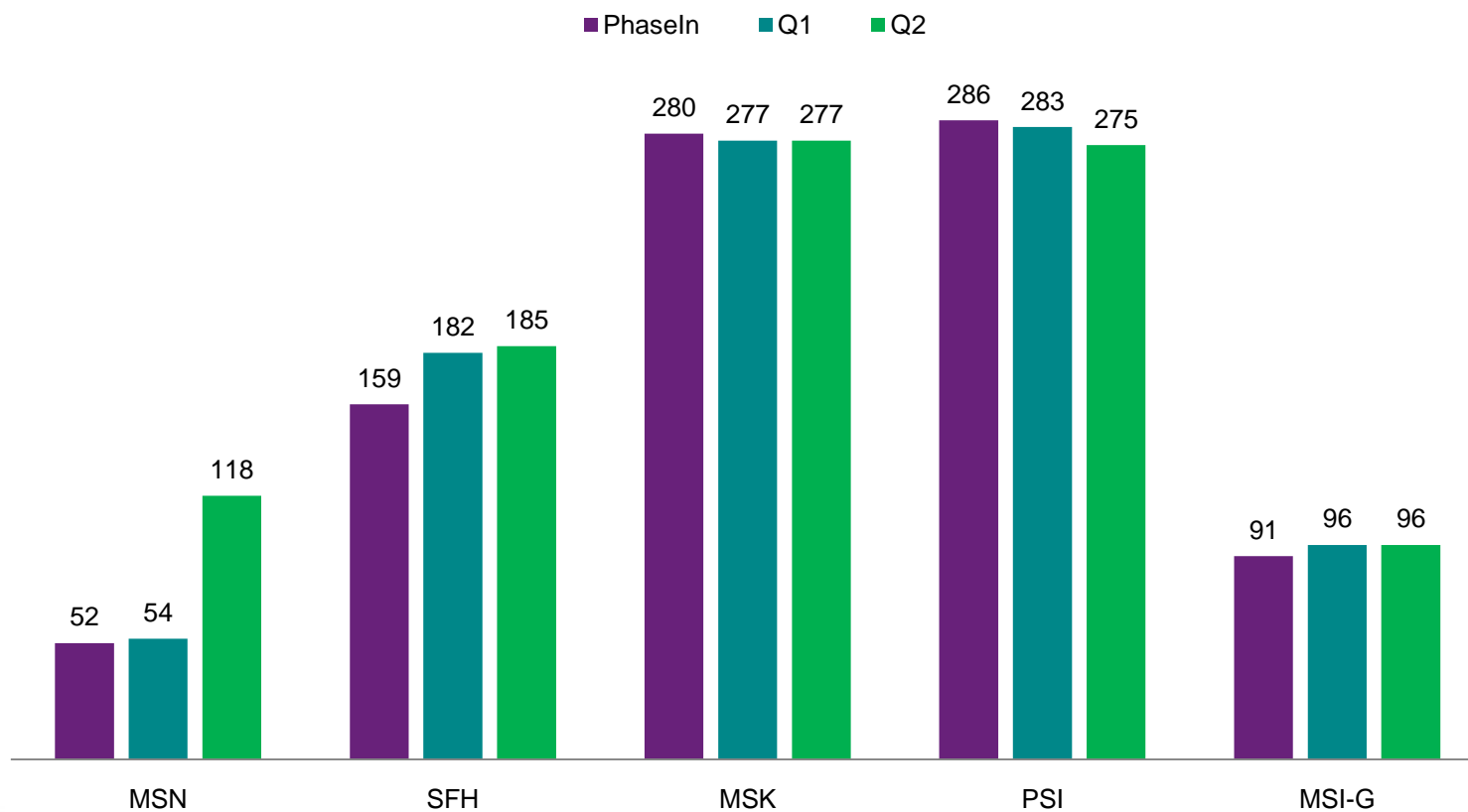
Could benefit many people by year?

Covers high-priority health services?

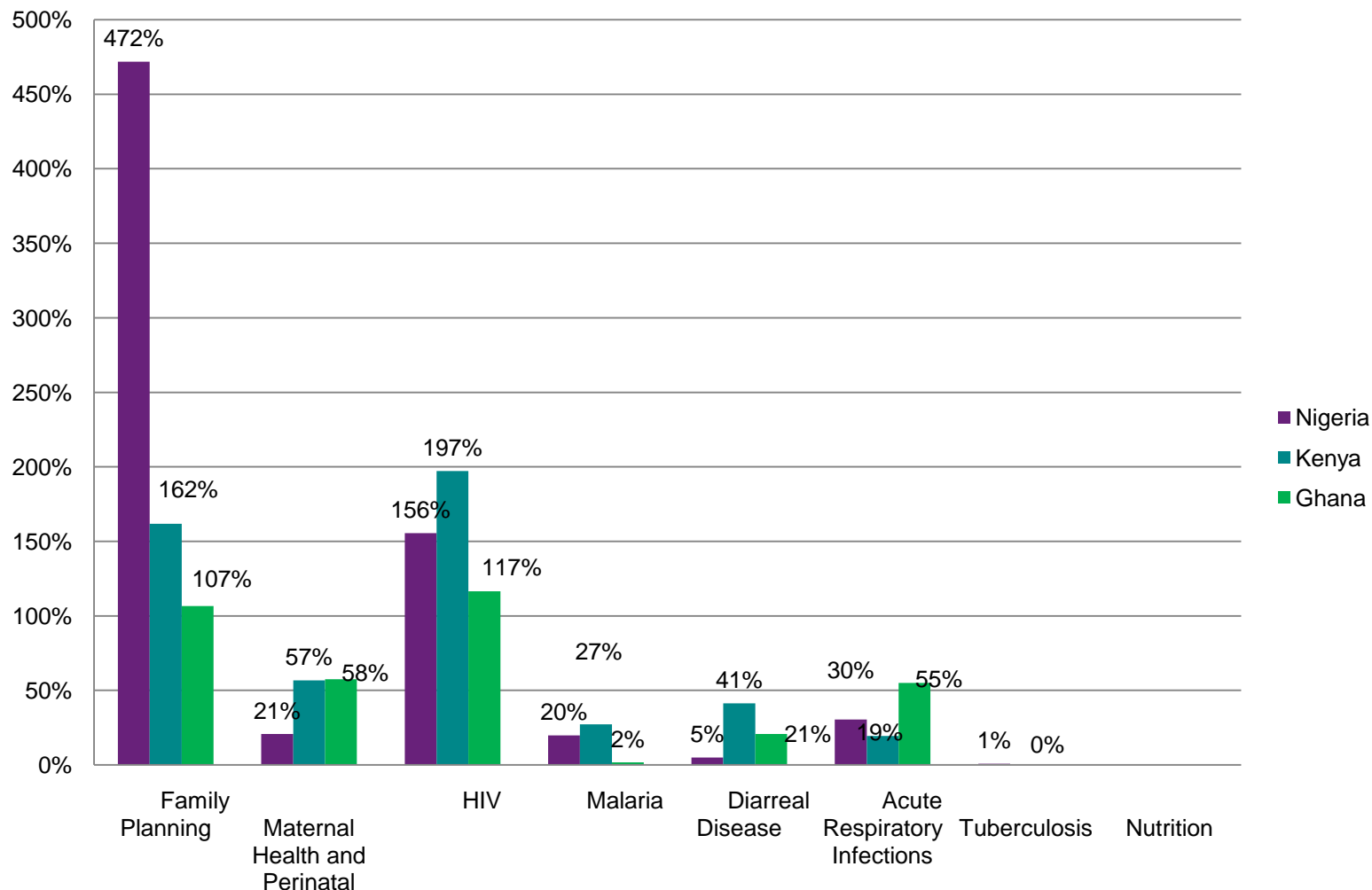
Low implementation



Franchise Providers in the AHME Network (Nov 2012-Sept 2013)



Percentage of Target Achieved in Each Health Area



DSF Design Phase will close in December; but interventions are likely to be;

## Kenya

AHME will;

- Link SFOs to National Hospital Insurance Fund (NHIF) and work to improve quality of service to NHIF members
- Support National Health Insurance Fund to enrol the poorest for free through the Health Insurance Subsidy Program
- Support NHIF to enrol informal workers through trade associations



## Ghana

- Link SFOs to National Health Insurance Agency (NHIA) and work to improve quality of service to NHIF members and build local accountability
- Support ICT solutions to facilitate enrolment and retention of clients, and to facilitate payment of premiums and service reimbursements in NHIA
- Apply marketing approaches to support NHIA in the enrolment of the poor

## Nigeria

- Support the Government of Ogun State to develop and roll out a Community Based Health Insurance mechanism

- **Innovative Design and Governance**
- **Game Changing Potential**
- **Strong Early Results**
- **Complex but productive negotiations on DSF**

**Evaluation – generating evidence  
for policy and practice**



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