Building Private Provider Networks to Bring Quality Health Services Closer to Underserved Communities

PSI creates and invests in networks of health providers—including private clinic and pharmacy operators—committed to meeting service quality and Good Health, Great Life franchise brand standards to generate sustainable access to integrated, high-quality health services for low-income and underserved communities. In Vietnam, between 2012 and 2018, PSI has engaged 866 private clinics and 744 pharmacies across 11 provinces to improve access to convenient, quality and affordable health services for communities most at risk for HIV, malaria, unplanned pregnancy, hypertension and tuberculosis. Instead of building new health facilities, PSI brings a ‘provider behavior change’ approach to motivating existing private clinic providers to improve adherence to service delivery, client-centered counseling and reporting standards. Training is only one of several steps in a continuous cycle of quality improvement that also involves post-training onsite supportive supervision, quality audits and the provision of provider job aides. Recognizing the critical role that pharmacies play in helping clients obtain and use appropriate medication and related care, PSI trains, motivates and monitors pharmacy operators to screen, refer—and, where appropriate—diagnose and treat clients in accordance with national guidelines.

PSI pharmacy engagement efforts are designed to i) reduce drug resistant strains of diseases such as tuberculosis and malaria; ii) expand contraceptive choices available to women; iii) improve access to blood pressure measurement services; and iv) crowd out high dead space syringes with safer, low dead space products shown to reduce risk of HIV and Hepatitis C transmission.

PSI’s integrated approach to building provider capacity is designed to enable private polyclinics and pharmacies to offer a range of quality services, thereby improving convenience and satisfaction for clients while simultaneously generating positive health outcomes and strengthening Vietnam’s national health system.

CONTEXT AND UNMET HEALTH NEED

Despite Vietnam’s recent macroeconomic and public health gains, significant unmet health needs exist. Both communicable and non-communicable diseases contribute to Vietnam’s health burden, with rural and other low-income communities remaining disproportionately affected as economic inequality continues to grow. While Vietnam’s public health system is well-developed and far reaching, the private sector remains an important source of health services for low-income and other vulnerable communities as a result of perceptions that private pharmacies and clinics offer more convenient operating times, positive provider attitudes, quality services and simpler administrative procedures.¹,²,³ The Government of Vietnam recognizes the importance of increased private health sector engagement.⁴
HEALTH PROVIDER NETWORK RESULTS TO DATE

During the five years since PSI launched the *Good Health, Great Life* clinic network in March 2012, **25,432 years of life were saved** as a result of tuberculosis, reproductive health, malaria and other quality health services provided through this network. PSI purposefully selects high-volume, neighborhood clinics accessible to uninsured and other marginalized populations to ensure that investments in *Good Health, Great Life* clinics generate long-term improvements in equitable access to quality, affordable health care.

The following results have been achieved through PSI’s network of private clinics:

- **Diagnosed 75,899 cases of hypertension** and treated **47,123 clients** through 106 clinics between February 2017 and March 2018.
- **Provided reproductive health services to 5,679 women**—96% of whom were youth aged 15–24—through 96 clinics between April 2016 and March 2018.
- **Diagnosed 267 cases of malaria** through 164 clinics and 7 worksites between April 2017 and March 2018.
- **Enabled 5,856 People who Inject Drugs (PWID) to learn their HIV status** through community testing events between February 2017 and March 2018.
- **Detected 6,568 TB cases** through 202 trained clinics between March 2012 and March 2016.

ENGAGING PROVIDERS AS BUSINESSES

PSI approaches private providers as businesses. Similar to commercial franchising, PSI signs agreements with each provider network member to clarify responsibilities of PSI and of affiliated providers. Signing an agreement with PSI documents provider intention to adhere to national service delivery guidelines, report monthly results, participate in trainings and meetings, and donate unpaid working days to participate in community health events.

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**2018 COVERAGE OF PSI’S HEALTH PROVIDER NETWORK**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Hypertension</th>
<th>Malaria</th>
<th>HIV</th>
<th>RH</th>
<th>TB</th>
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<tr>
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<td>3</td>
<td>75</td>
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</table>

Legend: # of Clinics | # of Pharmacies
In exchange, PSI's commits to helping affiliated providers benefit as a result of: i) increased client flow due to demand creation health campaigns implemented by PSI; ii) continuing education; iii) enhanced community reputation; and iv) non-financial performance-based rewards i.e. thermometers, automated blood pressure cuffs and scales branded with health campaign logos and messages. PSI's approach to generating sustainable improvements in provider commitment and capacity to adhere to quality guidelines begins with careful selection of providers with the greatest potential to address key unmet community health needs. PSI selects Good Health, Great Life network members based on their existing client-base. Clinics identified as accessible to and already serving at risk communities are invited to trainings co-facilitated by PSI and the Ministry of Health.

POSITIVE HEALTH OUTCOMES, QUALITY MATTERS

75% of clients with hypertension diagnosed by Good Health, Great Life clinics and retained in care six months later had blood pressure levels controlled below 140/90.  

Simultaneously, quality audit scores increased to 90% among providers trained and supported by PSI, including significant improvement in audit performance related to hypertension diagnosis and management.

PSI's Health Services team provides onsite coaching, supportive supervision and quality audits to build provider capacity to comply with national quality standards and to correctly use tools produced by PSI and the MOH—including the fever management tool, which helps Good Health, Great Life doctors serve clients in a context where fever may be a sign of dengue, malaria or another illness.

IMPROVING PROVIDER BEHAVIOR AMONG CLINIC OPERATORS

These outcomes are a result of pre- and post-training in hypertension, as well as quality audit scores among 127 private clinic operators engaged by PSI in 3 provinces from April to December 2017.
INVESTMENTS IN PRIVATE PROVIDER NETWORKS
GENERATE LONG-LASTING RESULTS

SOCIAL AND BEHAVIOR CHANGE TO MOTIVATE CLIENTS TO ADOPT
HEALTHY BEHAVIORS

Even when quality, affordable health services are accessible, at risk communities may not seek care. To address demand-related barriers to healthier behaviors, PSI creates social and behavior change communication (SBCC) campaigns using local functional and emotional insights about individual or social barriers. SBCC campaigns are carefully pre-tested with communities at risk to ensure that key messages resonate with and are well understood by local audiences. Exposure to SBCC campaigns and correlated association with healthier behaviors is measured using population-based surveys. For example, a survey among individuals with persistent cough in two provinces of Vietnam revealed that those exposed to PSI’s SBCC campaign were more than twice as likely to seek TB care at a trained private clinic.¹

FUTURE PRIORITIES

PSI is actively fundraising to increase private sector contributions to unmet health needs in Vietnam including strengthening primary care services offered by private clinics and developing provider networks to bring quality services closer to underserved communities. Future priorities include:

i. Geographic expansion of PSI’s health provider network with a focus on improving rural coverage;

ii. Integration of additional primary health services; and

iii. Further investments in quality improvement and social and behavior change communication to improve client satisfaction.

Network benefits will be expanded to include opportunities to improve business viability such as business registration, skills training related to: service pricing, productivity, management, electronic record keeping, and financial literacy, as well as linkages to franchised pharmacies and public health facilities. The results, evidence and lessons learned from building private provider health networks will be continuously shared with the Government of Vietnam and other stakeholders at the national and provincial levels to inform on-going health system strengthening efforts.

CONTACT

For more information about PSI’s engagement of the private sector to address priority health issues in Vietnam, visit www.psi.org/vietnam or email psi@psi.org.vn.

¹PSI/Vietnam. (2015). Qualitative study to understand maternal, neo-natal, child health practices and perceptions in 4 rural provinces of Vietnam.
⁴Decision 1920/Q-QTtg. “NATIONAL STRATEGY FOR MALARIA CONTROL AND ELIMINATION IN THE PERIOD 2011-2020 AND ORIENTATION TO 2030”, Section III, guidance 3.6