Strategic purchasing of family planning services from private sector providers by the government of India: A model for accelerating universal health coverage

Strategic Purchasing
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THE BACKGROUND

THE CONTEXT

• Access to quality, affordable primary health care including family planning is a major challenge for urban poor in India.
• The existing public urban primary health care services lack adequate infrastructure, supply of medicines, and trained human resources.
• There exists a wide range of private health care providers, whom are underutilized to deliver primary health care services to urban poor.

CONSTRAINTS TO STRATEGIC PURCHASING

Private Providers: High investment and low returns. Tediouss accreditation process and non-existence of market facilitator.
Government sector: Trust deficit; inefficient public private partnership workflow process and lack of stewardship

THE SOLUTION

STRATEGIC PURCHASING OF FP SERVICES FROM PRIVATE PROVIDERS

In 2015, PSI designed a model to enable strategic purchasing of family planning (FP) services in Uttar Pradesh (UP), India which accounts for 26% of India’s FP2020 commitment to address unmet need for modern contraception.

The Model:
Enabled the public health systems to own, manage, monitor and finance a network of private sector providers.
Set governance guidance for public-private partnership (PPP) financing schemes for FP.
Established State Innovations in FP Services Project Agency (SIFPSA) as the public private interface agency.
Developed a web-based interface to facilitate private provider accreditation, empannelment and reimbursement.
Utilized a third party agency for client verification.

THE ACHIEVEMENTS

From mid 2015 - August 2018, PSI/India:

INFLUENCED NATIONAL HEALTH POLICY
• Introduced lifetime empanelment of private service providers

IMPROVED MANAGEMENT OF PPP SCHEMES:
• Increased accreditation validity from 1 to 5 years for private clinics
• Reimbursed $ 6.1 million to private health care facilities
• Utilized third party agency for client verification
• Reduced reimbursement time from 120 days to 55 days
• Institutionalized dashboard, heat maps and review mechanism at state and district level
• Made it easier for private sector to report all FP methods to the government system

INCREASED COVERAGE OF HEALTH SERVICES

• FP service delivery outlets increased from 792 → 1850
• Accredited private sector contribution to total sterilization rose from 1% → 10.17% and male sterilization from 0% → 26%
• IUCD insertions from private sector increased from 0.3% → 0.6%
• Administration of injectable contraception doses, increased to 0 (2014-15) → 46,267 (2017-18) in 75 districts

SIGNIFICANCE

Establishing a transparent and accountable online system helps unlock government funds for the private sector which, in turn, improves service delivery access and utilization for urban poor. Hence, strategic purchasing of preventive services like family planning from private sector offers a model for achieving universal health coverage.

Acknowledgement: This project is financially supported by the Bill & Melinda Gates Foundation. The authors appreciate Government of Uttar Pradesh (UP); National Health Mission, UP; SIFPSA, UP and JSI, Government of India for overall guidance on the project implementation.