HEALTH SYSTEMS STRENGTHENING AT PSI

INTRODUCTION
Our vision for the next decade is clear: the consumer will increasingly be at the center of healthcare systems. Today there are over 3.5 billion people who lack access to quality, essential healthcare. In adopting the 2015 Sustainable Development Goals (SDGs), world governments committed to achieving universal access to essential healthcare without financial hardship by 2030. We believe that this goal will be achieved only if healthcare consumers have more voice and choice in the quality and experience of their care. Ensuring more quality care and control in their hands will expand equitable access, improve sustainable health behaviors and outcomes, and accelerate progress toward universal health coverage (UHC). We call this Consumer-Powered Healthcare (CPH).

PSI’S VISION FOR HEALTH SYSTEMS STRENGTHENING
Led by our Health Systems Accelerator (HSA), established in the Spring of 2021, PSI will intensify its support to governments and other key stakeholders in low- and middle-income countries (LMICs). Our goal is to make national efforts to move toward UHC more consumer powered. Our vision for health systems strengthening (HSS) is to have strong and resilient mixed health systems, in which the consumer can seamlessly and safely navigate integrated networks of points of care – including assisted and digitally-enabled self-care – to access the affordable, quality primary healthcare (PHC) they need. This vision will be delivered through the HSS Strategy Framework presented below.

HEALTH SYSTEMS STRENGTHENING STRATEGY FRAMEWORK

POLICY LEVEL
ELEVATE CONSUMER AND MARKET INSIGHTS TO DECISION-MAKERS
Influence policy and regulation to strengthen mixed health systems and incorporate Consumer-Powered Healthcare into ongoing efforts to move toward UHC.

SUPPLY SIDE
FACILITATE INTEGRATED QUALITY-CARE NETWORKS
Address systems barriers that stand in the way of an efficient and equitable mixed health system. Strengthen the functions that are needed to better connect the different actors in the health system.

DEMAND SIDE
DIGITIZE CONSUMER ENGAGEMENT
Leverage the rapid proliferation of mobile technology platforms to power and personalize consumers’ healthcare journeys, creating more opportunities for them to access quality care and have a voice in shaping it in real time.

DIGITIZE HEALTH SYSTEM COORDINATION TO “WIRE” THE MIXED HEALTH SYSTEM
Use digital technology to continually gain insights and connect the different actors of the mixed health system, starting with the consumer.
SPOTLIGHT
INFLUENCING POLICY

Through the Unitaid-funded HIV Self-Testing Africa (STAR) Initiative, PSI is supporting national governments and partners globally to establish an enabling environment and to increase the uptake and scale up of HIV self-testing (HIVST). Currently, a total of 80 countries have incorporated HIVST into their national policies, 38 of which are actively implementing HIVST. The self-testing model is also being adapted and expanded to other health areas such as Hepatitis C and COVID-19. The STAR Initiative has provided a strong foundation to introduce HIVST in LMICs, and allow for rapid scale-up based on collection of multi-country evidence and rapid dissemination to inform policy and practice through national Technical Working Groups, international workshops, and regulators and manufacturers fora.

POLICY LEVEL
ELEVATE CONSUMER AND MARKET INSIGHTS TO DECISION-MAKERS

PSI generates valuable market and consumer insights and evidence of what works and what does not work in program design and implementation. We will seek avenues to share these insights with key decision-makers at country, regional and global levels, to help governments create stronger mixed health systems that optimize service delivery and that meet consumers’ needs and preferences. We will also aim to shape policy and regulations governing healthcare financing and delivery to be more consumer powered.

SUPPLY SIDE
FACILITATE INTEGRATED QUALITY-CARE NETWORKS

On the supply side, we will strive to make quality primary healthcare services more accessible, affordable, and responsive to consumer preferences and needs by achieving greater integration at three different levels: (i) integration of non-public service delivery into health financing arrangements, (ii) integration of more services at a single point of care, and (iii) integration of points of care to improve continuity of care.

INTEGRATE NON–PUBLIC SERVICE DELIVERY INTO HEALTH FINANCING ARRANGEMENTS

Progress toward UHC requires a concerted effort to strengthen a country’s health system, and health financing reforms are a critical part of that process. PSI will help make sure that health financing reforms translate into more options for the consumer to access quality, affordable primary healthcare. To do so, we will support the integration of non-public service delivery into health financing arrangements. We will particularly focus on identifying and addressing systems barriers that prevent domestic resources from flowing to non-public health service provision, expanding the range of healthcare delivery channels that are included in health financing arrangements, and ensuring the effective use of strategic purchasing to better align the behavior of non-public service providers with the UHC goals.

IDENTIFYING AND ADDRESSING SYSTEMS BARRIERS

PSI will work with governments and other key stakeholders to address systems barriers that prevent public financing from flowing efficiently to non-public healthcare providers. We will facilitate the catalytic use of external assistance to mobilize new sources of funding for health and help unlock domestic resources, making health spending more efficient and sustainable.
SPOTLIGHT
UNLOCKING DOMESTIC RESOURCES
In India, PSI is assisting the government of Uttar Pradesh in the development of an online platform, the Hausala Sajheedari (HS), that helps unlock domestic resources. The platform simplifies the entire process from the moment a private healthcare provider applies for accreditation to the moment that provider gets reimbursed for services provided. It helps overcome systems barriers and enables the existing actors in the health system to play their role as expected. The platform increases efficiency, accountability, and transparency. It allows public money to flow seamlessly to accredited private providers, who are now able to deliver quality family planning services to poor and vulnerable populations that would otherwise not be able to access them. The platform is now being replicated in other states, and its scope is being expanded to also include other primary healthcare services beyond family planning.

SPOTLIGHT
FACILITATING THE CATALYTIC USE OF EXTERNAL ASSISTANCE
PSI was an implementation partner in the world’s first health-related Development Impact Bond (DIB), the Utkrisht Impact Bond. In this DIB, outcome payments were tied to private health facilities achieving a new Indian joint quality standard for maternal and newborn healthcare. If private health facilities achieved quality accreditation, they gained access to government reimbursement plans, cash transfer schemes, and insurance programs. By increasing the number of quality private facilities in Rajasthan, the program demonstrated to the Rajasthan government a cost-effective way to channel government funding to private facilities that deliver quality maternal care.

The DIB’s outcome funders were USAID and Merck for Mothers. The upfront private funder was UBS Optimus Foundation. The government is now expected to become an outcome funder in a follow-on project.

EXPANDING THE RANGE OF HEALTHCARE DELIVERY CHANNELS INCLUDED IN HEALTH FINANCING ARRANGEMENTS
Historically, governments in most LMICs have only paid for healthcare services provided by public sector healthcare facilities. However, in most places, many consumers prefer to access health services through the private sector. Increasingly, governments are now also purchasing services from private healthcare providers. Yet, in many cases, this is still limited to larger providers, such as hospitals. We will work with key stakeholders, including policy makers and national purchasing entities, to expand the range of healthcare delivery channels covered by purchasing arrangements, prioritizing those closest to the consumer: self-care, digital care, community-based care, private pharmacies and private PHC clinics.

ENSURING THE EFFECTIVE USE OF STRATEGIC PURCHASING
PSI will assist governments in the operationalization of private sector engagement by supporting the design and implementation of strategic purchasing initiatives. These will demonstrate how governments can purchase services from non-public primary healthcare providers to incentivize the delivery of quality services and better align behaviors of providers with the broader health system goals, while simultaneously reducing households’ impoverishing out-of-pocket spending on health.
**SPOTLIGHT**

**ENGAGING THE PRIVATE SECTOR THROUGH STRATEGIC PURCHASING**

In Myanmar, PSI is implementing two strategic purchasing pilots. In these pilots, PSI simulates the role of a purchaser (using donor money). It purchases a package of essential PHC services from contracted private general practitioner (GP) clinics using a mix of monthly capitation payments and performance-based incentives. In the Yangon pilot, the main goal is to demonstrate that private providers in an urban or peri-urban setting can play a role in delivering essential services to the poor. In the Chin State pilot, the main goal is to show that, by introducing the right incentives, you can motivate private providers to fill coverage gaps in remote areas, as an alternative to having the Ministry of Health build, equip and staff new health facilities. The pilots contributed to the formulation of the national health financing strategy, providing evidence to the Ministry on the potential role the private sector and on how strategic purchasing can improve access to quality care for low-income households.

**INTEGRATE THE DIFFERENT POINTS OF CARE**

PSI will facilitate the integration of the different levels of care in the health system, from assisted self-care and community-based care all the way up to secondary care. We will also better connect public and private healthcare providers. Such integration will reduce fragmentation and strengthen the referral system, enabling consumers to seamlessly navigate the mixed health system. This, in turn, will improve continuity of care.

**SPOTLIGHT**

**BUILDING MORE INTEGRATED PHC ECOSYSTEMS**

Samagra (meaning confluence) is a PSI-led flagship project funded by USAID that applies user-centric approaches to catalyze the public and private sectors and build an urban health ecosystem that is responsive, affordable, and equitable, and that provides quality PHC to the urban poor. The Samagra Incubation Hub for Urban Health (SIHU) tests innovative solutions that address barriers to improving PHC outcomes. The Accelerator Hub then supports local implementing partners to take proven solutions to scale.

**INTEGRATE MORE SERVICES AT A SINGLE POINT OF CARE**

To increase efficiency in the delivery of healthcare services and improve responsiveness to the consumer preferences and needs, PSI will work with others to expand the range of affordable, quality PHC services and products offered at a single point of care, and this across the different delivery channels, whether self-care, digital care, pharmacies or PHC clinics.

**SPOTLIGHT**

**INTEGRATING HEALTH SERVICES**

To enhance early diagnosis of non-communicable diseases (NCDs), PSI is supporting the government of the State of Kerala in India to integrate opportunistic screening for diabetes of patients who come in for other health concerns relating to, for example, maternal health, HIV/AIDS, or tuberculosis.
DEMAND SIDE
DIGITIZE CONSUMER ENGAGEMENT

PSI will leverage digital technology to increase access to and personalize the delivery of quality information and services throughout the consumer’s life course. We will also leverage digital technology to create more opportunities to better interact with the consumer and get feedback on their healthcare experience. Such engagement will give the consumer a voice in shaping how and where they access healthcare, and the insights garnered from the consumer will be elevated to decision-makers. PSI is also strengthening its capabilities to build unique digital profiles of consumers to better track a consumer’s digital health engagements over time and provide better continuity of quality care.

INCREASING UPTAKE OF HEALTH INSURANCE

A country’s health financing arrangements can take many forms, which may or may not involve health insurance as a mechanism to increase financial protection. Many LMICs are introducing some form of health insurance and most face considerable challenges that usually relate to both the design and the implementation of the arrangements. PSI will help countries mitigate the negative effects of sub-optimal design choices and address implementation challenges to make the arrangements more effective, efficient, and equitable. Leveraging our ability to harvest and tap into consumer and systems insights and drive consumer behavior, we will increase uptake of health insurance, especially in the informal sector.

DIGITIZE HEALTH SYSTEM COORDINATION
“WIRE” THE MIXED HEALTH SYSTEM

PSI will use digital technology to continually gather insights and connect the different actors of the mixed health system, starting with the consumer. The use of digital technology will increase efficiency and responsiveness. It will also support the government’s stewardship function. Concrete examples include the development of remote engagement mechanisms and our work around global health security.

REMOTE ENGAGEMENT MECHANISMS

In each country, we will develop and deploy a nationwide remote engagement mechanism, involving different types of healthcare providers and consumers to systematically and continuously generate and share insights into the availability of, need for, and use of essential health services.

SPOTLIGHT
DIGITAL SIGNPOSTING

In several countries, PSI has introduced digital signposting solutions, which allow consumers to use their mobile device to locate health providers that offer the health service or product they need in their vicinity. In Uganda, for example, over 60,000 consumers accessed such a solution during the early months of the COVID-19 pandemic (July-Sept 2020). PSI is now developing the next generation of digital signposting, exploring how health-seeking behavior can be further improved by sharing additional pieces of information about each provider.

SPOTLIGHT
INCREASING UPTAKE OF HEALTH INSURANCE

With the Health Insurance Under One Roof policy, there is a renewed effort in Nigeria to make tangible progress towards UHC through the expansion of health insurance to all population groups, including the informal sector. Using its expertise in harvesting consumer and systems insights, leveraging digital technology and developing effective social and behavior change interventions, PSI is supporting the State of Nasarawa in the piloting of the Community-Based Social Health Insurance Program (CBSHIP).
SPOTLIGHT
LEVERAGING DIGITAL TECHNOLOGY

In Kenya, PSI has developed and deployed digital solutions to track referrals of consumers to health facilities, locate health providers, capture and share private sector health data, disseminate health information to consumers through Chatbots and social media, monitor consumer satisfaction with health services, and more.

SPOTLIGHT
DETECTING AND RESPONDING TO DISEASE OUTBREAKS

Through our PHEOC strengthening projects in Laos, Cambodia and Myanmar, PSI has created a diverse network of government, NGO, and private sector stakeholders who can work together to realize the innovative potential of critical nerve centers of health information throughout Southeast Asia.

The same engagement mechanism will also become a vehicle to provide stewardship and support to both health workers and consumers. More particularly, it will facilitate:

- Regular check-ins and information sharing
- Training and capacity building
- Supportive supervision activities
- Behavior change communications
- Insight and service-related information gathering

The remote engagement mechanism will leverage the mobile devices in the hands of health workers and consumers. It will communicate with them through platforms they already use.

GLOBAL HEALTH SECURITY

PSI will work with national governments and other partners to establish and strengthen Public Health Emergency Operations Centers (PHEOC) that integrate multi-source surveillance data and analytics to effectively detect and respond to disease outbreaks. PSI will bring together diverse groups of stakeholders to advocate for and establish a clear legal framework, build a strong institutional foundation, and co-develop a sustainable structure that is tailored to the unique situation of each country. Particularly valuable throughout this process will be PSI’s deep understanding of health-seeking behavior and its continuous interaction with consumers, communities, and multiple other health system actors.

Recognizing that without improved diagnostics, both human and animal, accurate decisions cannot be taken, PSI will mainstream diagnostic laboratories, which are often seen as secondary actors, into the PHEOC system. We will also look for ways to better integrate the fight against antimicrobial resistance (AMR) into PHEOC work.

WHAT PSI BRINGS TO ACHIEVE OUR VISION

REACH
PRESENCE IN OVER 45 COUNTRIES
- Private sector networks in most countries
- Large existing consumer base

REPUTATION
CLOSE RELATIONS WITH:
- Donors
- Governments
- Implementers
- Technology agencies

EXPERTISE
STRONG EXPERTISE IN:
- Health systems
- Health financing
- Self-care
- Private sector engagement
- Digital technology

EXPERIENCE
50 YEARS OF INFORMED STRATEGY
- Five decades of understanding and changing behavior
- Five decades of working with the private sector
PARTNERSHIPS

PSI enters into partnerships to fund, scale, and implement health solutions that are built to last. We work with governments, corporations, foundations, and individuals to build thoughtful, innovative, and strategic partnerships committed to helping Sara, our archetypal consumer, lead a healthy life and plan for the family she desires.

ABOUT PSI

PSI is a global non-profit organization focused on encouraging healthy behaviors and delivering affordable health products and services around the world. PSI takes a business approach to saving lives, designing effective, sustainable solutions to the world’s biggest challenges in healthcare. PSI is specifically focused on scaling CPH and bringing quality care closer to consumers, in pursuit of UHC. We bring innovation to scale through our presence in 40+ countries and a network of over 10,000 health clinics and pharmacies, while shaping mixed health systems principally through consumer powered and private sector interventions.

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