

Uganda Voucher Plus Activity

Sustainability Considerations



Overview of the Voucher Plus Activity

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|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| Period of Performance | 5 years January 29, 2016 – January 28, 2021 |
| Purpose/Goal | Increase access to safe motherhood services thru the private sector using vouchers. |
| Intermediate Result Areas | 1. Increase use of voucher-covered MNCH & FP services 2. Increase in-country capacity to develop long term health financing options |
| Coverage | 35 districts in Northern & Eastern Regions (Acholi, Lango, Teso, Bukedi and Bugisu sub-regions) |

Services within the benefits package

- 4 ANC visits
- eMTCT
- Safe Delivery
- Emergency Transportation
- Tripple PNC
- Postpartum FP
- Management of illnesses and complications like Malaria, UTIs, Diabetes, Hypertension etc



Sharon and her husband Daniel during a home visit by the VCBD attached to Alanyi HCIII- Abako SC-Alebotong

Pillars of the Voucher Plus Activity



The 2-for-1 benefit in health vouchers

- A health voucher gives its recipient the right to access a clearly defined health service (or health services package) at quality-assured health facilities for free.
- That same voucher then enables the health provider to claim payment for the services they provided to the voucher holding client.
- Vouchers are the only health financing tool that subsidizes demand while also channeling investment to the supply side.

Vouchers and Universal Health Coverage

- The aim of Universal Health Coverage is for “all people to use the quality health services they need without suffering financial hardship paying for them”.
- This can be translated into three core principles:
 - **equity** (getting “all people the health services they need”)
 - **financial protection** (“without suffering financial hardship”) and
 - **quality of care** (“quality health services”)



Sustainability Considerations



- 'Sustainability' refers to both financial and institutional sustainability.
- Voucher programs usually entail the subsidization of costs of service provision, either by a donor organization or by a government to target an at-risk or priority population with a service package, i.e. the very poor for obstetric, newborn, and post partum family planning.
- They are demand-side results based financing, in that by targeting priority populations with the voucher, they facilitate those populations to access services they may not have accessed otherwise.
- In terms of institutional sustainability, Voucher programs can be powerful ***integrated components of the country's health service delivery system, particularly as part of a National Health Insurance system that will need to subsidize services for the very poor, and encourage uptake of those services for the disenfranchised.***



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Sustainability plans



1. HSS in private sector (key HRH recruited, trained/mentored, Quality assurance, HMIS/DHIS2 reporting, investments into infrastructure/equipment etc)
2. Building capacity of facilities to implement RBF/OBA mechanisms
3. Promoting strong PPPH
4. Engaging community to save/pool resources for health (thru existing VSLAs & CBHIS)



HSS Considerations,



- Vouchers are the only financing tool that subsidizes demand while also channeling sustainable investments to the supply side.
 - About \$300,000 private provider fiscal investments in health systems to-date
- Outcomes indicate that in districts where Voucher Plus operates, the private facilities are strongly contributing to the district outcomes

Infrastructural improvements

Old placenta pit at one of the VSPs



New placenta pit at the same VSP



Infrastructural improvements cont...





Building capacity of VSPs for RBF/OBA



- Building awareness of VSPs and district officials in OBA, through project implementation
- Building VSPs' capabilities in claims management, clinical auditing and CQI, and selective contracting
- Inclusion of VSPs in national HMIS/DHIS2 system
- Supporting VSPs to transition into existing HF schemes
- Business skills training for VSPs



Progress on Preparing **Districts** for Sustainable PPPH with VSPs



- Linkages with public facilities to reduce loss to follow up for ART, improve access to PPFP and access to immunization services.
- Made HMIS reporting a contractual requirement.
 - Scaled up private sector reporting into DHIS2 (143 of 156 VSPs actively reporting into DHIS2, with approx. 98% timeliness in report submission)



PPPH functionalization cont'd



- District biostatisticians have started including private facilities in their HMIS support supervision schedule
- Creation and facilitation of functional PPPH with district officials supervising VSPs
- Transition supervision and DQAs to DHTs by mid 2020

- Transition into RBF
 - Co-existence framework with URMCHIP
- Transition into private health insurance
 - 15 VSPs enrolled into private health insurance schemes
 - 2VSPs implementing medical schemes with NGOs
- Transition into CHI organizations-VSPs & communities
 - VSP participation in national CHI conference (2018)
 - 3 providers starting CHIs
 - Partnerships with HealthPartners Uganda & Save for Health Uganda



Community level interventions



1. Work with existing VLSAs to ensure inclusion of saving for health in their agenda
2. Support/facilitate VSPs to engage into CHI schemes to enable households pool resources for health



Questions, Thoughts, Discussion

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