



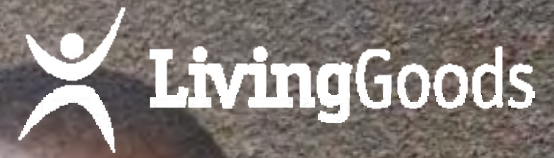
**Delivering cost effective, quality PHC services
for UHC:
The Living Goods Uganda Experience**

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Presentation to the 2019 NEAPACOH MEETING

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Our vision

Living Goods envisions a world where every family easily accesses the healthcare they need to survive and thrive



Our mission

Living Goods aims to promote health and save lives at scale by supporting digitally empowered community health workers. We work with governments and partners to leverage smart mobile technology, rigorously strengthen performance and relentlessly innovate to deliver cost-effective, high quality health services.

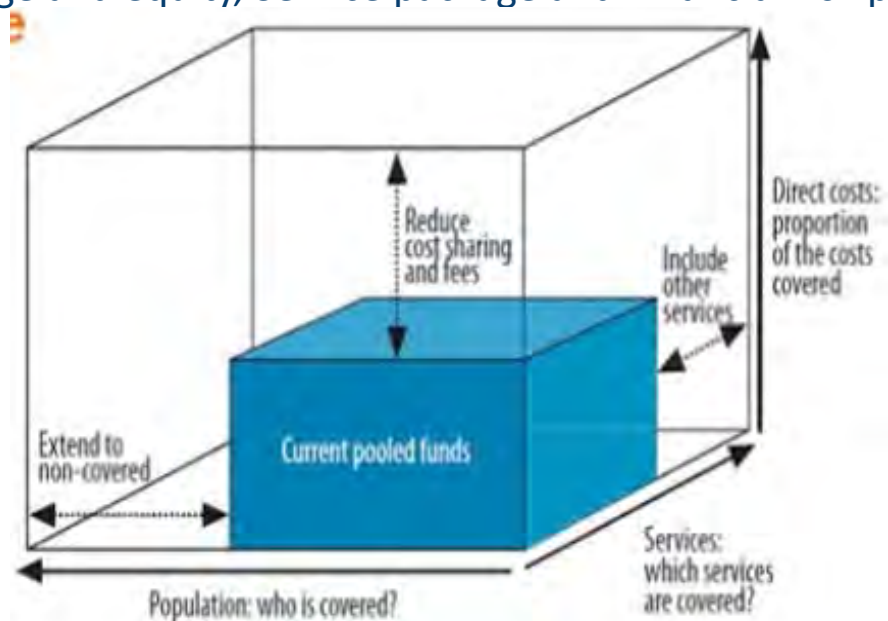


Universal Health Coverage – What?



A country is said to have attained Universal Health Coverage (UHC) when the whole **population** has access to needed good quality health services – promotion, prevention, treatment and rehabilitation – without the risk of financial hardship as a result of having to pay in order to access these services.

Dimensions of UHC: Population coverage and equity, Service package and Financial risk protection



Source: Commission on investing in health, WHO 2013

Financial risk protection is patchy



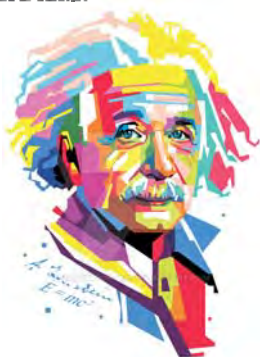
Where out-of-pocket expenditure is high in relation to total health expenditure; 150M people suffer catastrophic expenditure each year, WHO 2016



The four policy implications to attain UHC and thus strengthen PHC



1. Increase proportion of costs covered by domestic/ public funds;
 - Government financing of vital programmes;
 - Reduce direct user-charges;
 - Private/Social H. insurance.
2. Increase the services of good quality;
 - Service package & standards
 - Health workforce
 - Medicines & effective regulation
3. Expand the population groups benefiting from the services;
 - Progressively cover all groups
 - Start with most in need;
 - Control population growth;
4. Build resilient community systems to sustain coverage
 - Invest in affordable provisions
 - Sustain demand for vital programs
 - Manage technologies for sustainable coverage



“In the middle of difficulty lies opportunity.”

~ Albert Einstein

- In many low income countries, **1 in 3 families will lose a child before their 5th birthday.**
- **Public health facilities are overburdened and costly.**
- More than **4,000,000 health workers are needed.**
- At private pharmacies, **prices can run over 300% of manufacturing cost**, and counterfeits are rampant.

Why invest in Primary Health?

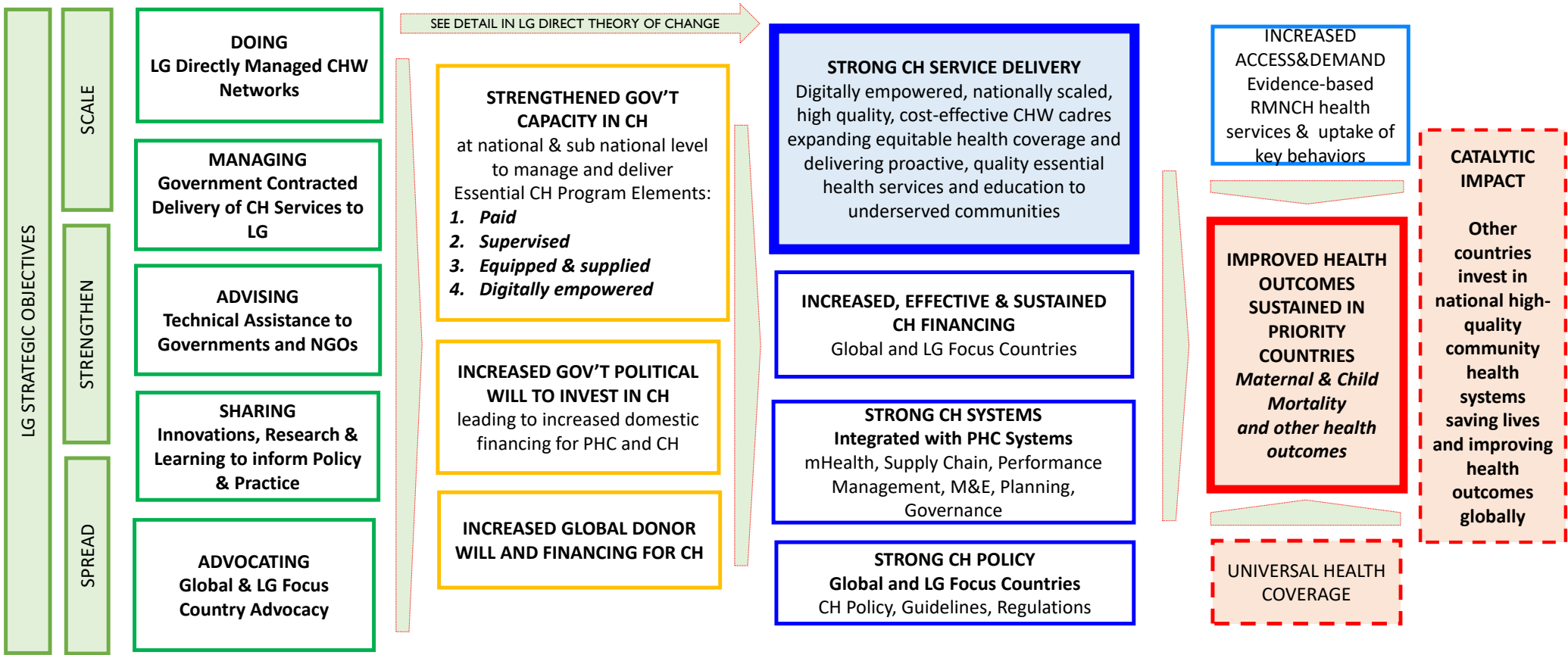




Living Goods Theory of Change



MISSION: Living Goods aims to promote health and save lives at scale by supporting **digitally empowered CHWs**. We work with governments and partners to leverage smart mobile technology, rigorously strengthen performance and relentlessly innovate to deliver cost-effective, high quality health services.



SUPPORT: FUNDRAISING, FINANCE, TECHNOLOGY, PEOPLE & CULTURE, OPERATIONAL EFFECTIVENESS, QUALITY ASSURANCE



WHO CHW Policy Interventions



Using a health system approach, the guideline groups issues and recommendations under three broad categories of policy interventions targeting CHWs, focusing on:

- ***Selection, education and certification:*** Selection of CHW should be criteria based; Content and duration of pre-service training should be tailored to context and balance theoretical knowledge and practical skills; and certification should be competency based.
- ***Management and supervision:*** CHW programs require integration into local and national health systems and plans, including: supportive supervision; appropriate CHW remuneration; written contracts, **working conditions and rights; and potential for career advancement.**
- ***Integration into and support by health systems and communities:*** Successful CHW programs are integrated in the communities served and the health systems they connect to. Engaging communities in defining needs, selecting and holding CHWs accountable, and **mobilizing resources** improves community ownership and CHW motivation and performance.



Our Approach

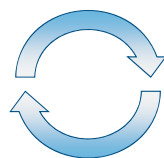


Working with government and communities to deliver PHC services to improve health outcomes and cut health care costs since 2008

Communities



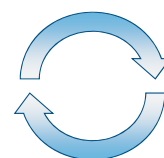
- Significant unmet health need
- High mortality: child, neonatal deaths to preventable cause
- High fertility rates
- Poor nutrition outcomes
- Risk of outbreak



Health Facilities



- Overburdened health staff
- Rampant stock outs
- Long queues for patients
- Located too far away for many families



Living Goods support Government CHWs to effectively close the loop



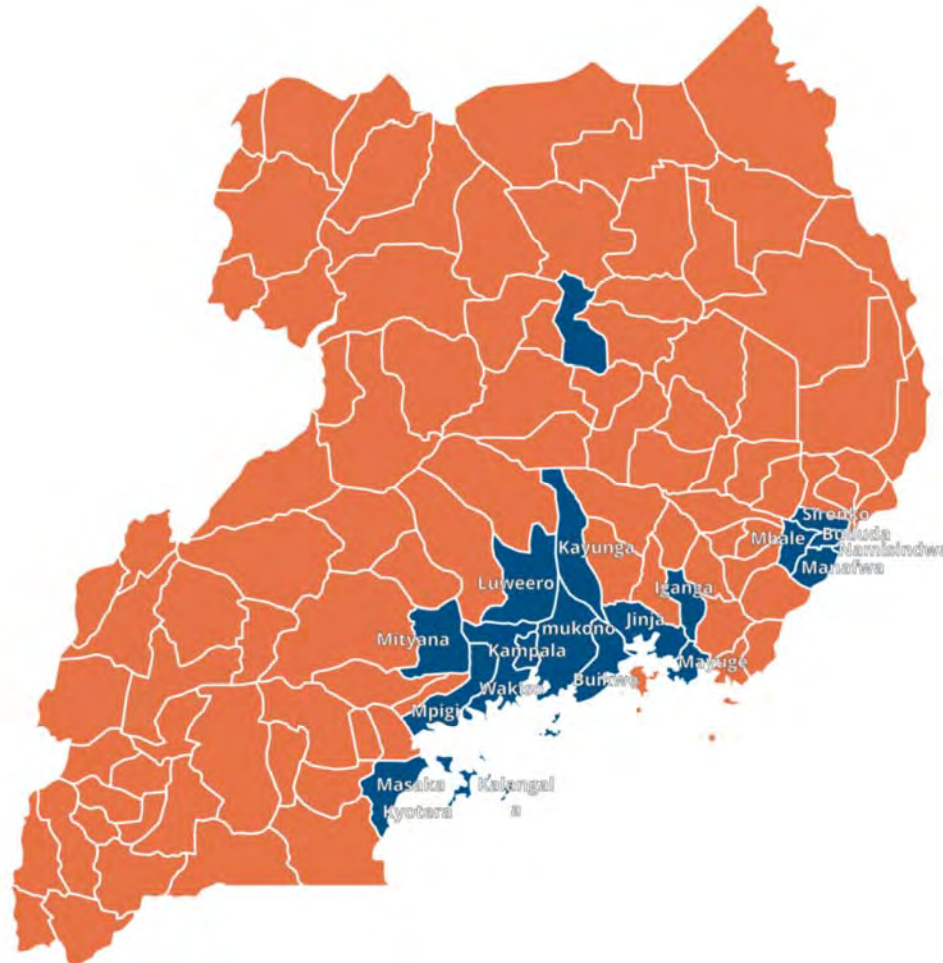
- Pre and post service training
- Essential Medicines and FP commodities available
- Tech-empowered end-to-end
- Strong supervision
- Compensation
- Hand in hand with the MOH



Closing the loop through surveillance, home visits and referrals



Living Goods is now directly supporting more than
4,000 CHWs in 19 districts





CHWs are delivering PHC services to address the leading causes of neonatal, maternal & child deaths



*The study was independently sponsored by CIFF. IPA surveyed 8,000 households over 3 years across 214 villages.



We work directly and with government and partners to help CHWs reach their full potential to deliver quality PHC services



Select

- Community referrals
- Literacy and numeracy tests
- Interviews
- Replace low performers

Train

- Based on gov't curriculum
- Three weeks initial
- Monthly in services
- Hands-on learning
- **Mobile tools**

Equip

- Business in a bag
- Uniform
- **Smart phone**
- Inventory loan

Manage

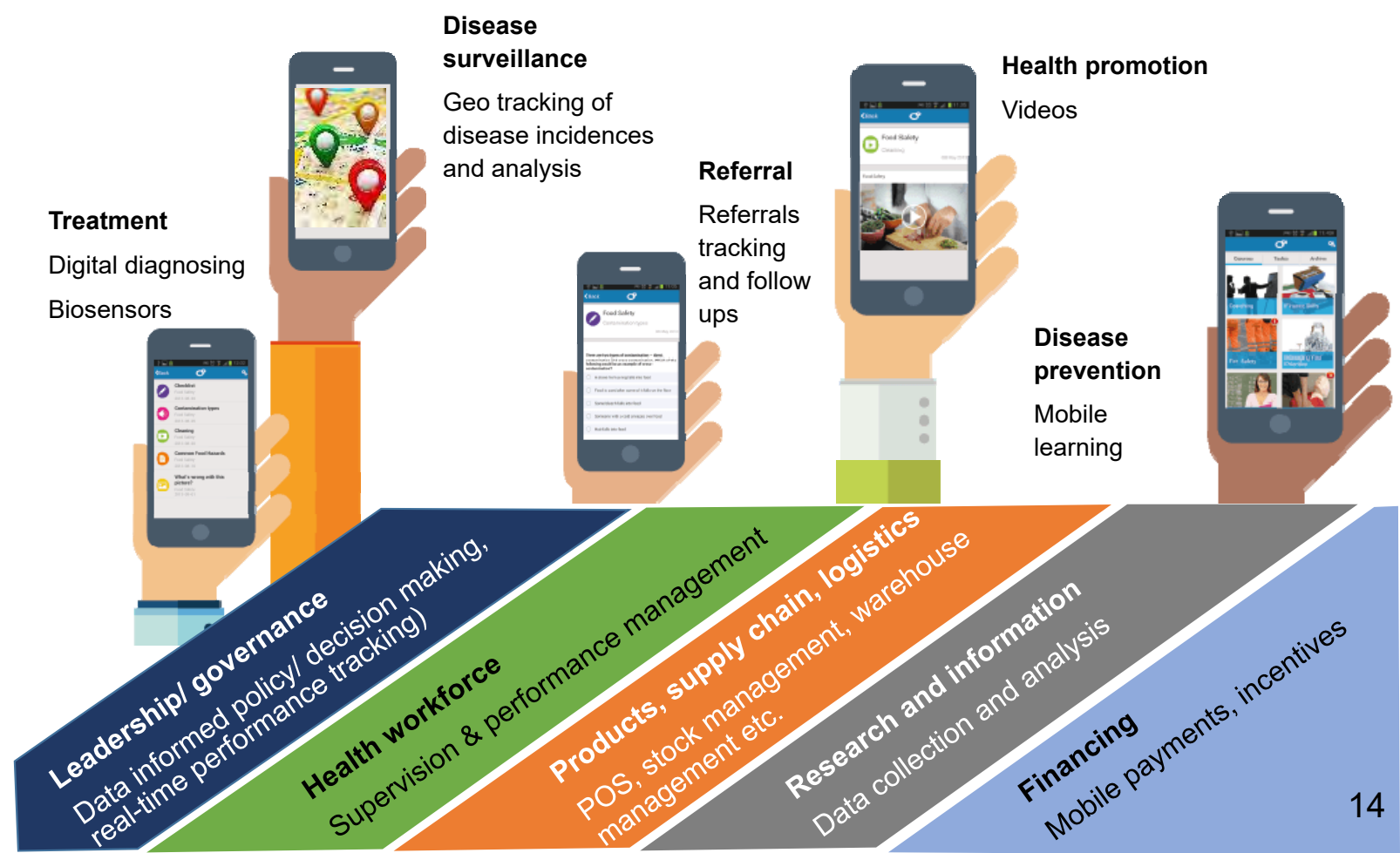
- Targets
- Real-time data & dashboards
- Field supervision checklists
- Random quality checks

Incentivise

- Retail margin on sales
- CHW performance incentives
- Performance based compensation for all staff



CHWs are all equipped with Smart Phone to enhance their ability to deliver quality PHC services





Performance tracked over time

Regional, national, and global managers can monitor trends for key metrics





A J-PAL randomized control trial revealed Living Goods is achieving a

27%
reduction
in under-five
mortality **28%**
reduction in neonatal
mortality for less than \$2
per person annually

The study also found a 7% reduction in under-five stunting.

The study was independently sponsored by the Children's Investment Fund Foundation. IPA surveyed 8,000 households over 3 years across 214 villages. Mortality rates improved across income groups at similar rates.

Note: Published paper accessible here <https://www.aeaweb.org/articles?id=10.1257/app.20170201>



From Alma Atar-Astana-WHA-UNGA

Communities at the heart of UHC

Key nuggets

- Community Health is paramount for PHC and UHC
- Leadership a critical and great catalyst for UHC
- UHC Roadmap: Opportunity for multisectoral engagement
- Community Health Framework
- Champions: Our Minister has been recognized as a Global Good will Ambassador for UHC
- Highly Technical Staff at MoH
- Sub national level coordination by Chairperson of DHOs and Chairperson LCV
- CSOs Platform
- Partners: Coordination mechanism for CH



Slide 17

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Diana Nsubuga, 10/3/2019



Made possible by extraordinary partners





LivingGoods

Thank you