Promising Approaches and Models: Report

IOM Workshop

10 September 2014
Objective

Key Inputs:
- nursing/midwifery practice and education/training; and
- social enterprise/social financing

Key Output:
- health systems/services strengthening; and
- maximize women’s empowerment
The Long-Term Vision

Public/Private Governance and Coordinating Body/Consortium

Financing:
- Donor Funding; Student Loans
- Debt and Equity Investments
- Fees and Donor Funding

Women Health Professionals (nursing, midwives, CHW, etc.)

Health Services Delivery Organizations (community, primary care; MCH; etc.)

Accreditation and Capacity Building

Innovation and Entrepreneurship
- Franchise/co-op business model
- Traditional provider model
- New provider models

Complementary Needs:
- Community engagement (with a focus on women)
- Referral networks
- Demand generation (financing/insurance; marketing; standards)
- Regulatory, scope of practice flexibility
• Education
  – Team-based, inter-professional education and clinical training
  – Community and primary care; population health management
  – Leadership development (targeted)

• Promising model
  – Grameen Caledonian College of Nursing
• Providers/practice
  – Consider new/incremental models built on established best practices (defined, coordinated basket of services)
  – More comprehensive models: horizontal integration across multiple verticals (e.g., HIV; TB; malaria; etc.)
  – Commitment to AAAQ framework (availability; accessibility; acceptability; quality)
  – Need coherent financing mechanism to drive population health management
  – Small number of proven business models as “standard” approaches
  – Connections to comprehensive referral services
• Promising models
  – Multiple models from Philippines (franchise, co-op, etc.)
  – OFH (Rwanda)
  – Jacaranda (Kenya)
• Accreditation and capacity building
  – Focus on developing learning organizations (data, analysis)
  – Tiered, process-driven, systematic approach to quality improvement and benchmarking
  – Mandate commitment to women’s empowerment across provider organizations
  – Participation mandatory for preferred providers

• Promising model
  – SafeCare
• Innovation and entrepreneurship
  – Targeted programs to build culture of innovation
  – Source, curate, and diffuse innovation
  – Entrepreneurship training for those with interest

• Promising models
  – UCLA Global Lab for Innovation
  – IPIHD/SEAD
  – PharmAccess
• Financing
  – Traditional and creative financing mechanisms to fund various parts of model
  – Public and private sources
• Promising models
  – Calvert Foundation
  – Medical Credit Fund
  – Select USAID/DFID programs
  – World Bank
How does this strengthen health systems?

• Fill current gaps for individual and population health (and related) services
• Improve coordination and quality of services
• Develop more cost-effective models for population health management
• Embeds systematic approaches to promote innovation and entrepreneurship
How does this empower women?

• Develop/train women nurses, midwives, CHWs that are empowered to be change agents

• Facilitate women health professionals to lead and practice in empowered health systems

• Improve access to and quality of health services – empower women as consumers/patients
Developing a Roadmap

• Identify/energize committed organization(s)
  – Many promising models already exist
  – Practice is likely the best starting point (potentially coupled with accreditation/capacity building)
  – Find situation where financial incentives and key stakeholders are aligned – who will champion?

• Determine 2-3 year goals and objectives that move toward broader vision and show early success

• Develop broader consortium over time committed to broader vision
Discussion

• Reactions to vision and roadmap
• What are the key barriers/challenges to making this a reality (why doesn’t this already exist)?

• Who will provide leadership?
• Which organizations are willing to commit to work together toward vision?