



Partnership for Primary care

Transforming the delivery and financing of primary care in Kenya

Amref Health Africa, Makueni County & Philips



The health challenges

Access to healthcare remains a major concern in Africa. It is projected that nearly 630 million years of healthy life are lost annually due to diseases afflicting its population. Moreover, it is estimated that this has amounted to an annual GDP loss of more than USD 2.4 trillion.

With large portions of the Kenyan population not having access to quality healthcare and the socio-economic inequality in access to care increasing, the Kenyan Government is prioritising Universal Health Coverage (UHC) in its national agenda as emphasised in Kenya's Vision 2030. The ambition is to seek 100% UHC in Kenya by 2022. The Government of Kenya has also concluded that a strategy focused on primary healthcare is the most effective way to improve health outcomes.

However, the challenges in primary care are multifold. Looking at the demand side, patients often do not know when and where to seek quality care and are faced with logistical and financial barriers in accessing services. On the supply side, there are major gaps in infrastructure, staffing, equipment and supplies, as revealed by the 2018 Kenya Ministry of Health facility assessment. Since financing of primary healthcare is often not linked to performance, incentives for building a quality primary care system are lacking.

The solution: The Partnership for Primary Care

The P4PC is the first public-private partnership model for primary care in Africa. By leveraging complementary capabilities and by sharing risks and responsibilities, Amref Health Africa, the government of Makueni County, Kenya, and Philips aim to transform the primary healthcare system in a financially sustainable manner.

Partners do so by working in communities to promote healthy behaviour, enable prevention of common diseases, increase health insurance coverage, and ensure that patients know when and where to seek quality care. Next to this, health facilities are made fully functional by ensuring adequate infrastructure and equipment, increasing staff capacity, improving supplies, and strengthening management.

The approach is holistic and systemic and targets both the demand side and the supply side of primary care. Moreover, a sustainable financing system and strong system management are established. Together these crucial levers generate a self-reinforcing loop, whereby improved quality leads to increased demand, which in turn leads to increased financing, again increasing quality.



The partnership is building a business model to sustainably deliver quality health outcomes. The model aims to create a 'flywheel' effect: community engagement and essential upgrading of equipment and delivery at primary healthcare facilities, results in more and better-quality services, leads to more patients seeking care and willing to enrol in a social health insurance, which will increase revenues for the County that are to be reinvested into primary care.



Supply side interventions include improvement of health facilities such as building quality and layout, installation of systems for reliable supply of electricity and water, installation of basic medical and laboratory equipment, adequate staffing and improvements of the supply chain for pharmaceuticals (drugs required to prevent, treat, and manage) and consumables (products used during care provision, including gloves, cotton swabs, syringes).

On the **demand side**, community health units are created, trained and provided with innovative tools. Through Community Health Workers, these units inform the communities on health-related issues, ensure timely referrals to the right level of care and register households in a social health insurance.

Ensure sustainable financing: as an effect of educating communities on the benefits of health insurance, and due to the improvements in facilities, citizens' willingness to enrol in the national health insurance increases, enabling facilities to submit more claims to the insurance fund. The P4PC installs hard- and software in facilities to process these claims. The newly generated revenue is re-invested in the facilities. In addition, as part of the P4PC, the County commits to allocating more budget to primary care.

The private partners manage the demand and supply side of the system, including the processing of health insurance claims to generate the financial resources required to sustain the improved system.

This new and innovative approach is a first of its kind model in Kenya and has the potential to revolutionize healthcare access in low-resource settings.



Road map to a scalable business model

Since mid-2018, the P4PC model was tested in three primary care facilities in Makueni County, which is located in South-East Kenya and home to nearly one million residents. The goal of the feasibility study was to determine whether private management of the public mandate for primary care is beneficial and under what conditions, and to build, test and refine a primary care model that can generate demand while driving positive financial and quality outcomes. Based on the success of the pilot, the partners want to scale the model to the whole of Makueni County, thereby reaching one million people, through a formal Public-Private Partnership (PPP) under the PPP Act.



15% of catchment population enrolled in NHIF, compared to 0.2% at baseline



166% increase in outpatient visits at the health facilities, compared to the baseline



9x more claims generated for NHIF program, compared to the baseline



Number of women who delivered in a health facility grew from below 50% to nearly **100%**



The total revenues of the facilities increased with more than **400%**

How you can help

A thorough business and implementation plan has been developed to scale the P4PC model in all 224 public primary healthcare facilities in Makueni County in the next twelve years. To be able to do so, we require financial support in three main areas:

1. Amref and Philips will act as project proponents within the P4PC, and will both make **equity investments** in the Project Company. Amref requests a contribution of €1 million to be able to do so.
2. Additionally, we are seeking **one to three other impact investors** that consider investing €1 million in the P4PC.
3. Lastly, the consortium seeks €200,000 to cover the **technical development costs of the Public-Private Partnership (PPP)**.

The partners

The government of Makueni County is seen as one of the most progressive, innovative and best performing counties in Kenya in terms of healthcare improvements. The County is considering outsourcing the management and improvement of primary care services to the private sector through a Public Private Partnership (PPP). This will allow the County to focus on policy, quality management and operating higher levels of care.

Amref Health Africa ("Amref") is the largest international non-governmental health organization in Africa, touching more than 12 million lives annually across Africa. The organization believes that the power to transform Africa lies within the communities; its vision is to create lasting health change in Africa through improving the health of the people by partnering with and empowering communities, and by strengthening health systems.

Royal Philips ("Philips") is a leading health technology company focused on improving people's health and enabling better outcomes across the health continuum from healthy living and prevention, to diagnosis, treatment and home care. Philips leverages advanced technology and deep clinical and consumer insights to deliver integrated solutions. Philips developed the configurable Community Life Center solution for strengthening community and primary care in low resource settings.

FMO: Entrepreneurial Development Bank ("FMO") is the Dutch development bank and invests in growth and frontier markets, supports jobs and income generation, and improves people's lives in those parts of the world where this makes the biggest difference. In order to carry out the feasibility study, FMO contributed a large share in financial terms. They also support the partnership by organizing the financial and structural aspects to be able to scale the program.

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