

Newsletter - March 2020

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Dear friends,

I'm writing to introduce you to Strategic Purchasing for Primary Health Care (SP4PHC), a project that ThinkWell is implementing in partnership with government agencies and local research institutions, with support from a grant from the Bill & Melinda Gates Foundation.

The five SP4PHC countries – Burkina Faso, Indonesia, Kenya, the Philippines, and Uganda – like many countries around the world, are trying to figure out how best to engage and pay healthcare providers in order to improve access to high quality primary health care services while containing costs. Our country-based teams are working with public purchasers – national health ministries, sub-national health departments, and health insurers – to make more deliberate decisions about what services to cover, which providers to contract, and the payment methods and rates to use, with the goal of improving health outcomes, especially in the areas of family planning and maternal, newborn, and child health. Our priority is to learn how primary health care is impacted by broader purchasing reforms, how purchasers can improve access to priority health services and influence quality of care, and how strategic purchasing can enable countries to achieve more with their health dollars.

We're launching a **quarterly newsletter** to share project news and emerging insights with the hope that you can use our experience to inform your work. In

this introductory newsletter, we're highlighting two recent resources:

How much do we know about the flow of funds to public facilities? In Kenya, SP4PHC is supporting counties to become better purchasers of primary health care services. We assessed the variation in purchasing policies and practices across counties and how devolution has negatively impacted financial autonomy for health facilities. In an article in the latest [WHO Bulletin](#), we argue that existing data sources provide limited information about the flow of funds to public facilities, and we propose ways in which the upcoming National Health Accounts estimation and Public Expenditure Tracking Survey can help to fill this gap.



Why don't private midwives offer family planning services in the Philippines? In an attempt to improve access to family planning, PhilHealth offers to reimburse private midwives who provide long acting reversible contraceptives. Few midwives have taken up this offer, however, so SP4PHC worked with PhilHealth to investigate why. [Our report](#) explains that PhilHealth rates assume that all midwives can access subsidized contraceptives, whereas in practice this is rarely the case for private providers. This contributed to

PhilHealth's review of its pricing strategy for primary health care benefits, and in December PhilHealth agreed to differentiate public and private reimbursement rates to account for the public sector subsidy.



These resources are waiting for you at our [project website](#), along with much more including: (1) presentations that provide an overview of our project and the strategies we're deploying in each country, (2) briefers that offer a 5-minute read of our work, (3) reports and publications that summarize early findings, and (4) videos that communicate our work and learnings.

We invite you to share your comments, questions, and ideas with us along the way.

Regards,

Nirmala Ravishankar, PhD
SP4PHC Program Director

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ThinkWell
1701 Rhode Island Ave NW, #04W103
Washington DC, DC 20036

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