Dear friends,

In the three months since I wrote to you last, ThinkWell teams in all five Strategic Purchasing for Primary Health Care (SP4PHC) project countries have continued to support their country governments in the COVID-19 response. We have also kept up efforts to share reflections and learnings about what is working and where there is room for improvement. For example, the Philippines team documented the Department of Health’s strategies to rapidly scale up testing capacity in a BMJ Global Health blog post. The equally important, but more challenging, task of increasing productivity of the newly-built laboratories is the focus of their second, related piece. A third post from the Philippines team on the importance of public-private partnerships for ramping up testing is available through the Health Systems Governance (HSG) Collaborative’s blog. In addition, our team in Uganda has co-authored a case study with the Ministry of Health (MOH) that documents the country’s immediate response to the pandemic and explores what course-corrections could be beneficial.

The SP4PHC teams have also been busy finishing up learning products related to the project’s “core business” of helping countries strengthen purchasing arrangements for primary health care (PHC) services. These are timely given that several countries are re-engaging in discussions about health financing reforms to achieve universal health coverage (UHC) as they emerge from restrictive lockdowns. I highlight three recent resources in the following sections.

**Strengthening Burkina Faso’s Gratuité policy**

Gratuité is Burkina Faso’s flagship scheme for improving access to maternal, neonatal, and child health services, soon to be expanded to include family planning services. Our team’s comprehensive review of the user fee removal scheme, conducted in partnership with a local research organization Recherche pour la Santé et le Développement...
(RESADE), explains how it works and assesses its performance. The analysis shows that Gratuite’s purchasing arrangements work reasonably well, but budget constraints have frequently interrupted payments, which undermines providers’ confidence in the system. Our review is already contributing to a constructive discussion between key stakeholders about measures to improve Gratuité.

Learning from Kenya’s UHC pilot
The Government of Kenya is poised to scale up its UHC program nationally. The approach was piloted in three counties, including Isiolo where ThinkWell has been supporting the county health department. Our team’s brief documenting Isiolo’s experience shows that the UHC program has infused much-needed resources into the county health system but has faced significant implementation challenges. Addressing these “growing pains” will be important as MOH prepares to roll out the program nationwide. In a related HSG blog, we urge MOH to apply the good governance practices it used for coordinating the COVID-19 response to its UHC scale-up efforts.
Opportunities for strategic purchasing reforms in Uganda

Before the pandemic broke, the topic of purchasing reforms was garnering significant attention in Uganda. In March 2020, the President pushed back on proposed legislation for establishing a national health insurance scheme due to concerns about its costs and lack of coverage for the poor, sending MOH and key stakeholders back to the drawing board. In the meantime, MOH was engaging in discussions with the Ministry of Finance and development partners about how results-based financing principles can be integrated into supply-side financing arrangements for PHC service delivery. With inputs from MOH, ThinkWell undertook a detailed review of the purchasing landscape in Uganda which identifies “low hanging fruit” for promoting strategic purchasing while the country continues to debate national health insurance.

We invite you to explore these resources on our website, and welcome your comments and questions!

Regards,

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