SOCIAL FRANCHISING FOR TB CARE & CONTROL

PPM Subgroup Meeting
Kuala Lumpur, Malaysia

11 November 2012
Overview

- Definitions of Social Franchising
- Benefits and Goals of social franchising
- Franchising Globally
- Social Franchise Model
Defining Social Franchising
What is a social franchise?

- Highly visible network of health care providers (typically private providers)

- Contractually obligated to deliver specified TB services in accordance with franchise standards.

- Training and ongoing monitoring ensure standards are upheld and services reach populations most in need.
“As a method of organizing an unstructured private sector, franchising is attractive because it incorporates into one system all of the interventions that have been shown to have some effect individually (training, oversight, performance-based incentives, accreditation and certification, vouchers or other external payment schemes, ongoing support relationships and monitoring).”

Prata, Montagu & Jeffreys, 2005
Benefits and Goals of Franchising
Health impact

Health system strengthening

National TB Program

Franchisor
(Health Organization)

Franchisee
(Healthcare Provider)

Client
National TB Program

Franchisor (Health Organization)

Franchisee (Healthcare Provider)

Client

Capacity for Quality
- Client satisfaction
- Reputation
- Serve the poor
- Increase volume
- Increase revenue
- Medical education and colleague interaction
Franchisor (Health Organization) → National TB Program

National TB Program → Franchisee (Healthcare Provider)

Franchisee (Healthcare Provider) → Client

Client → Access to high quality services

Services at existing provider
Goal of Franchising: ACCESS

- Increased **ACCESS** to TB services by increasing the number of TB healthcare providers and TB services offered.
Access to TB Services in Myanmar

Figure 1 Trend of DOTS case notification rates of all cases in SQH townships and control townships

Lonnroth et al., 2007
Goal of Franchising: EQUITY

- Increased EQUITY in TB services by ensuring care reaches all population groups, particularly those with limited access to TB care.
In urban areas, TB patients at SQH clinics were more likely to be in the poorest quartile as compared to other care providers (16.8% vs. 8.6%, respectively; p<0.05).

Sudhinaraset M et al., 2011
In Pakistan, franchise facilities served a higher proportion of poor clients than government facilities.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>N</th>
<th>Poor Clients Served % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franchise</td>
<td>654</td>
<td>35.1 (33.4-36.8)</td>
</tr>
<tr>
<td>Government</td>
<td>279</td>
<td>23.4 (21.9-25.0)</td>
</tr>
<tr>
<td>Private</td>
<td>688</td>
<td>36.0 (34.4-37.8)</td>
</tr>
<tr>
<td>NGO</td>
<td>86</td>
<td>5.1 (4.3-5.9)</td>
</tr>
</tbody>
</table>

Bishai et al., 2008
Goal of Franchising: QUALITY

- Increased **QUALITY** of TB services in all sectors by improving the pre-existing level of private healthcare provider quality.
## Quality of TB Care in Franchise Facilities

<table>
<thead>
<tr>
<th>Treatment Success Rates in SQH Clinics</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>All cases</td>
<td>87%</td>
</tr>
<tr>
<td>New smear-positive</td>
<td>84%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Delay</th>
<th>Median</th>
<th>Interquartile Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total delay</td>
<td>26</td>
<td>13-54</td>
</tr>
<tr>
<td>Patient Delay</td>
<td>5</td>
<td>1-15</td>
</tr>
<tr>
<td>Provider Delay</td>
<td>15</td>
<td>7-31</td>
</tr>
<tr>
<td>SQH Delay</td>
<td>6</td>
<td>4-9</td>
</tr>
</tbody>
</table>

Lonnroth et al., 2007
Goal of Franchising: COST-EFFECTIVENESS

- Increased **COST-EFFECTIVENESS** of TB services by leveraging under-used capacity in the private sector.
Cost-Effectiveness of Franchising Varies (RH/FP)

- Pakistan Cost/Client in Rupees

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Median</th>
<th>IQR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franchise</td>
<td>31</td>
<td>16-75</td>
</tr>
<tr>
<td>Government</td>
<td>39</td>
<td>20-74</td>
</tr>
<tr>
<td>Private</td>
<td>30</td>
<td>15-76</td>
</tr>
</tbody>
</table>

- Ethiopia Cost/Client in Birr

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Median</th>
<th>IQR</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franchise</td>
<td>13</td>
<td>4-31</td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>7</td>
<td>4-14</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Private</td>
<td>5</td>
<td>2-16</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

Shah et al., 2011
Is Franchising Appropriate?

- There is a health care infrastructure through which to deliver the franchise service
- The health care infrastructure is accessed by the target population
- Providers within that health care infrastructure are willing and able to deliver the franchise services, and to do so without detriment to other essential services
- There is an institution to operate the franchise over the long term
What does franchising look like globally?
Global Franchises

Geographic evolution of franchises
In 2003, there were franchises in 15 countries (orange).
In 2011, there are franchises in 36 countries (orange and green).

Franchised Services

Services provided

The number of franchises offering family planning, MCH, HIV/AIDS and TB services increased between 2010 and 2011.

Where have TB services been franchised?

12 countries with varying levels of services and healthcare providers

- Bangladesh
- Uganda
- Ghana
- India
- Kenya
- Laos
- Myanmar
- Nigeria
- Pakistan
- South Africa
- Vietnam
- Zimbabwe
Franchise System
Brand

- To the person with TB this means they know the provider will provide a consistent level of good quality services at a price that they are willing and able to pay.

- To healthcare providers, the franchise brand represents a superior model of doing business – meaning that it will help them to build a more profitable business serving more customers with better quality of care.
**Franchisee Operating Standards and Procedures**

- **Operating standards** clearly define what is expected of franchisees in terms of what services they deliver and in what manner. There are four broad categories of operating standards.

- Franchisees sign an MoU obligating them to adhere to these standards.

![Diagram showing four categories: Quality of Care, Customer Experience, Equity, Productivity]
Franchise systems and procedures, franchisor operating systems, and financing mechanisms are the components of a brand.
Franchisor Operating System

- Franchise Development
- Recruitment and Selection
- Franchise Management

Franchisor Operating System
Financing Mechanisms

To ensure the goals of access and equity are maintained while still upholding quality standards.

Supply Side Financing

- Health insurance
- Vouchers
- Conditional cash payments

Demand Side Financing

- Insurance
- Access to microcredit
- Payment for performance
Thank you.

Questions?
Social Franchising Break-Out
Goals

- Can social franchising be a possible approach to engage private practitioners in TB care and control?
- How can NTPs and Partners adapt social franchising approaches to engage private practitioners in TB care and control?
Social Franchising Tool

- Overview of the SF model aligned with previous PPM toolkit chapters
  - Is the SF model easily understandable?
  - What gaps in the chapter exist?
  - What information is superfluous and can be deleted?
Franchisor

A national TB program or health-related organization

- Develop and maintain the franchise brand
- Define the franchise standards and procedures
- Recruit, select, train, supply, continuously support, and monitor providers in the franchise
- Provide quality assured drugs and consumables
Franchisee

A healthcare provider

- Delivers services in accordance with the franchise standards and procedures.
- May offer the entire spectrum of TB-related care.
Client

A person with symptoms of TB who seek care from the franchise

- Accesses services at the franchise
Recruitment and Selection

- **Provider qualifications**—Does the provider have the capacity necessary to screen, diagnose or treat TB?
- **Clinic capacity**—Does it have the necessary infrastructure? Is it accessible to the target population?
- **Provider attitude**—Does the provider have a good reputation in the community? Is the provider willing to accommodate increased patients with TB symptoms? Is the provider willing to be monitored and to comply with operating standards and procedures? Is the provider supported by their manager?

- **Approaches**: mapping and screening
Franchisee Development

- Identify development inputs
  - Training
  - Infrastructure

- Performance assessments
  - Assess training and facility upgrade needs of newly selected providers and/or facilities
  - Evaluate readiness of newly trained providers to begin service delivery.

- Implement site development procedures
- Implement franchisee certification procedures
Franchisee Management

- Routine supervision and support
  - Monitor and evaluate on-going quality of care delivered.
  - Identify deficiencies in quality of services on an on-going basis so remedial actions can be taken.
  - Identify high performing providers so that they can be recognized and rewarded for their work.
  - Identify and document consistently, under-performing providers so that when necessary, the program can justifiably terminate its affiliation with the provider.
  - Ensure that providers are maintaining appropriate client records.
  - Collect and compile various reports.

- Performance monitoring
- Findings-based actions