



Webinar, Tuesday, April 14, 2015

Innovative investment options for health workforce education and training

Rebecca Bailey

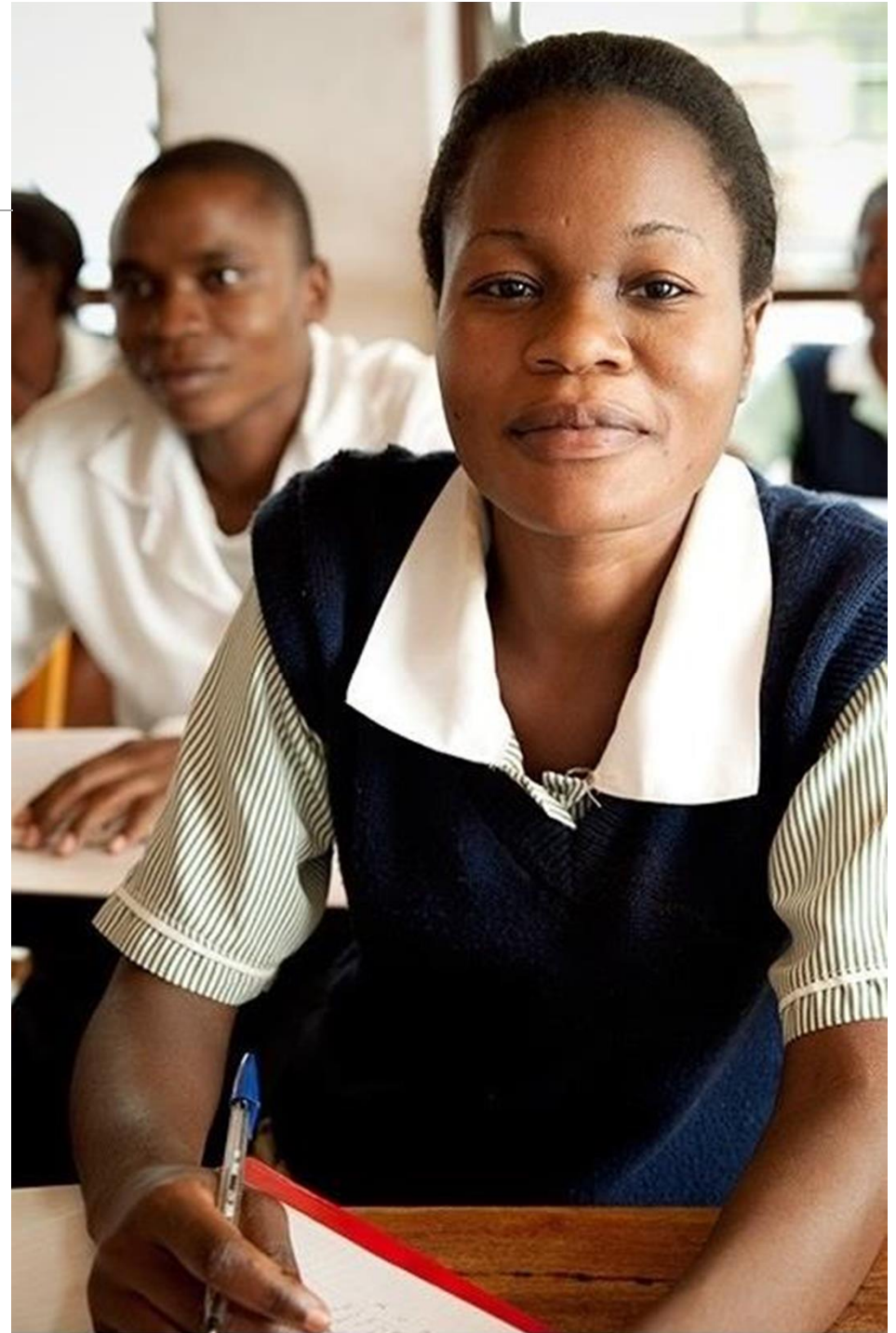
Team Lead, Health Workforce Development, CapacityPlus

Sarah Dominis

Human Resources for Health Specialist, SHOPS

Heather Ross

Technical Advisor, Health Workforce Development, CapacityPlus





Webinar Outline

- “ Introduction to *CapacityPlus* and SHOPS
- “ Overview of financing for health workforce education
- “ Private sector financing through student loans
- “ An approach to strategic investment: Nigeria case study

CapacityPlus

Serving Health Workers, Saving Lives



USAID global project

dedicated to human resources for health (HRH)

Launched Oct. 2009, closing Sept. 2015

Led by IntraHealth International

with Abt Associates, IMA World Health, Liverpool Associates in Tropical Health (LATH), Training Resources Group (TRG)

Leader in Innovations and Cost Savings

Catalyze systems-wide change

www.capacityplus.org

SHOPS Project

Strengthening Health Outcomes through the Private Sector

USAID's flagship initiative for private sector health in **20+ countries**



Led by Abt Associates Inc., in collaboration with Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting

Harnessing the private sector to improve health through:

- “ Behavior change communication
- “ Health financing
- “ mHealth
- “ NGO sustainability
- “ Pharmaceutical partnerships
- “ Policy
- “ Provider access to finance
- “ Provider networks
- “ Quality improvement

www.SHOPSproject.org

Selected health service access challenges: Sub-Saharan Africa

Service Delivery Area	Access Challenges: Sub-Saharan Africa
Family Planning	<ul style="list-style-type: none">“ Only 26% of women age 15 to 49 are using any method of contraception“ Estimated unmet need for contraception of 25%
HIV/AIDS	<ul style="list-style-type: none">“ Only 37% of people living with HIV are receiving ART“ 210,000 new HIV infections among children in 2013
Maternal and Child Health	<ul style="list-style-type: none">“ Fewer than 50% of births in the region are attended by a skilled health worker

Central role of the health workforce

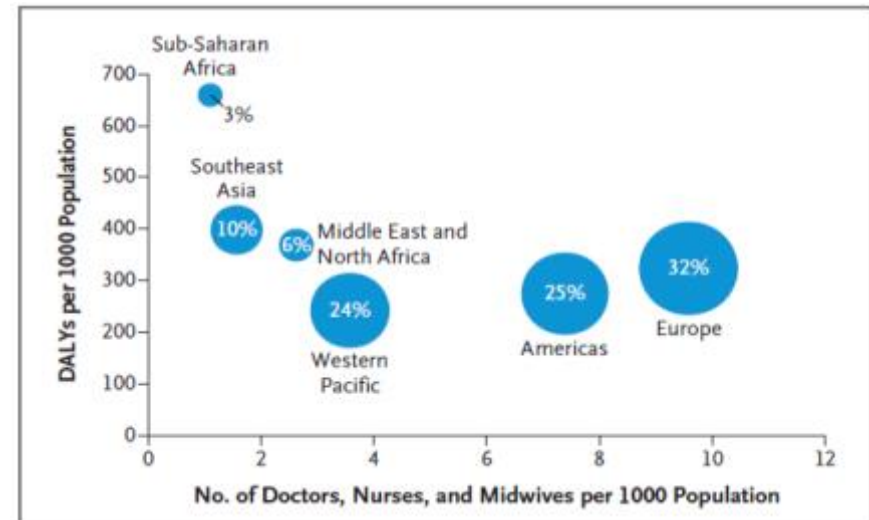
WHO Health System Building Blocks



ACCESS COVERAGE QUALITY SAFETY

Health workforce barriers to access and coverage of quality services

- “ **Deficit** of 7.2 million doctors, nurses, and midwives globally
- “ **Imbalanced distribution** of workers (urban/rural, north/south)
- “ **Poor skills mix** - numbers and types of workers poorly aligned with service delivery needs



Source: Crisp N, Chen L (NEMJ, 2014)



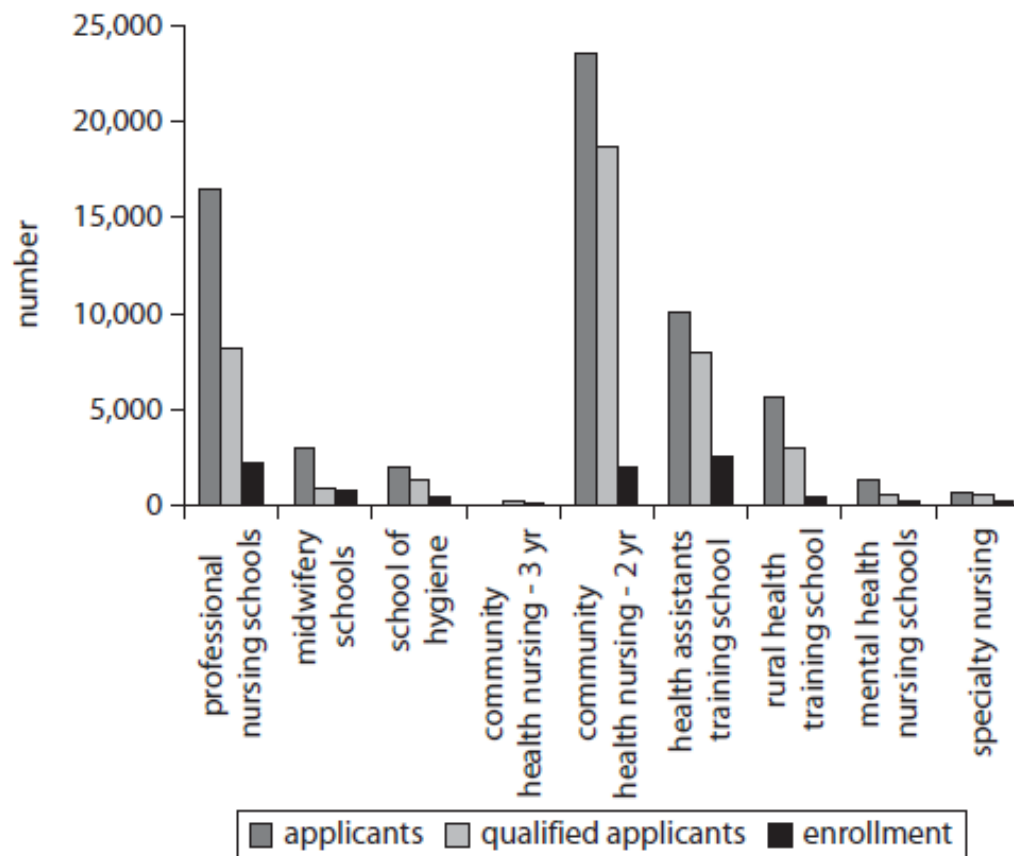
Health workforce production challenges

- “ **Limited production capacity aggravated by migration** - Globally 1 million doctors, nurses, and midwives produced per year
- “ **Weak links** between education and health systems/services
- “ **High training cost** (e.g. 1.8x higher than humanities) with lengthy time requirements (3 to 6 years)
- “ **Poor investment** - less than 2% of total global health spending



Thousands of potential students turned away

Applicants and enrollment at selected health training institutions in Ghana, 2008

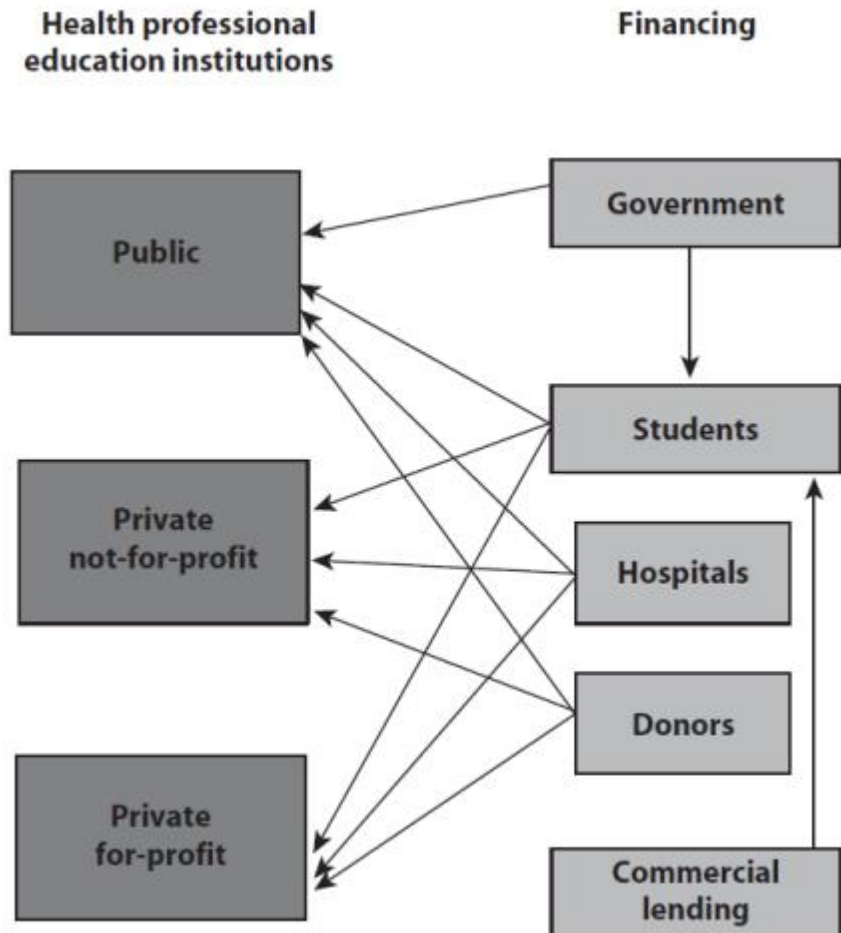


Source: Appiah, E; Herbst, C; Soucat, A, 2012: Human Resources for Health In Ghana: Towards Evidence based Interventions, 2012, Directions in Development, World Bank, forthcoming.

Major investments are needed

Typical sources of financing

- “ In Africa, most education costs are born by the government (MOH and/or MOE), with support from development partners, NGOs, and some tuition.
- “ In the US, the majority of revenues are from endowments, donations, research grants, service delivery, federal and state funding, and about 3.5% from tuition.

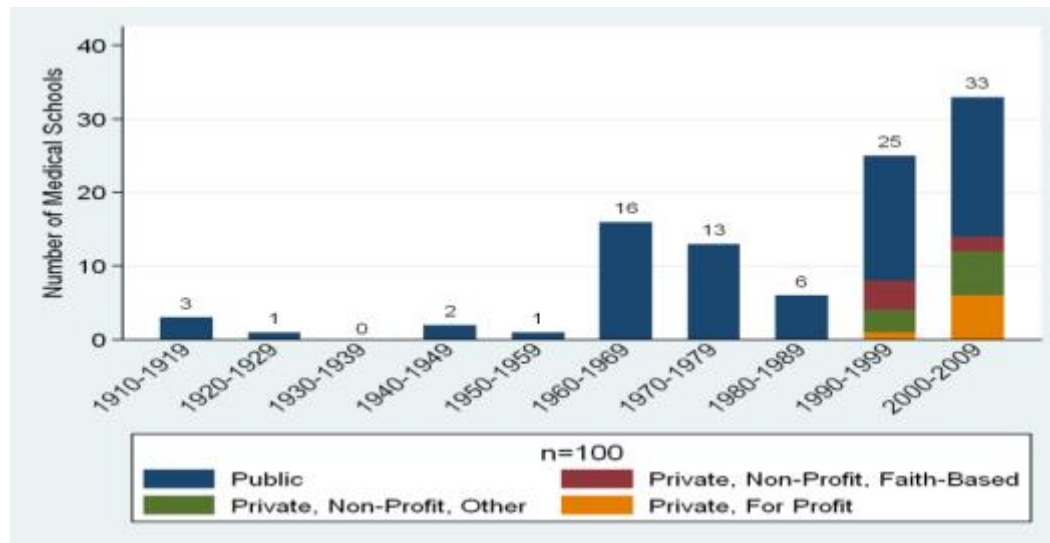


Source: Preker et al., 2008

<http://elibrary.worldbank.org/doi/book/10.1596/978-0-8213-9555-4>

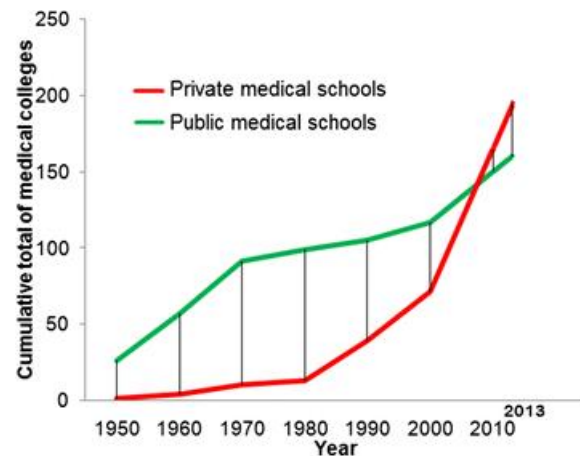
Rapidly expanding private sector role

Growth in number of new medical schools in sub-Saharan Africa

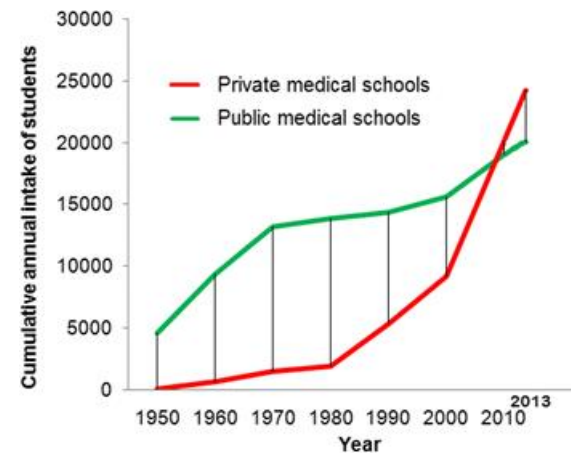


Source: Mullan, Fitzhugh, Seble Frehywot, Francis Omaswa, et. al. "Medical Schools in Sub-Saharan Africa." *Lancet* 377, no. 9771 (2010): 1113-121.

Growth in the number of medical schools in India



Growth in the annual intake of medical schools in India

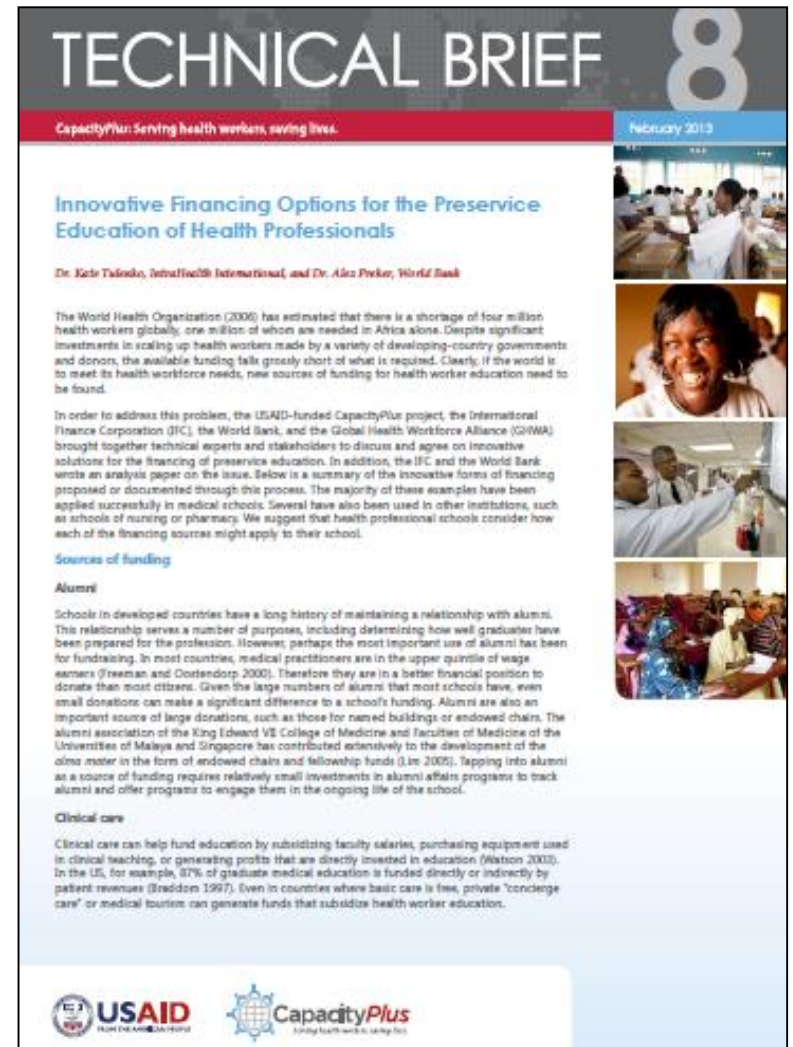


Source: Sabde et al. *BMC Medical Education* 2014 14:266

Innovative financing options

Diversifying funding sources, including:

- “ Alumni
- “ Diaspora
- “ Diverting existing financial streams
- “ Donations and endowments
- “ Gifts-in-kind
- “ Health insurance funds
- “ Local development funds
- “ Private foundations
- “ Religious institutions
- “ Research
- “ Tiered tuition



www.capacityplus.org/innovative-financing-options-preservice-education

Two important investment aims

Easing the financial burden for students – through scholarships and loans that can be linked to service requirements after graduation (Sarah Dominis)



Building institutional capacity – through the development of teachers and infrastructure; and procurement of equipment and materials (Heather Ross)



Webinar format

- “ Presentations followed by Q&A sessions
- “ Write questions and comments in the chat window
- “ We will do our best to address these during Q&A sessions



Financing Medical Education through the Private Sector

Sarah Dominis
Abt Associates

April 14, 2015



SHOPS is funded by the U.S. Agency for International Development.

Abt Associates leads the project in collaboration with:

Banyan Global

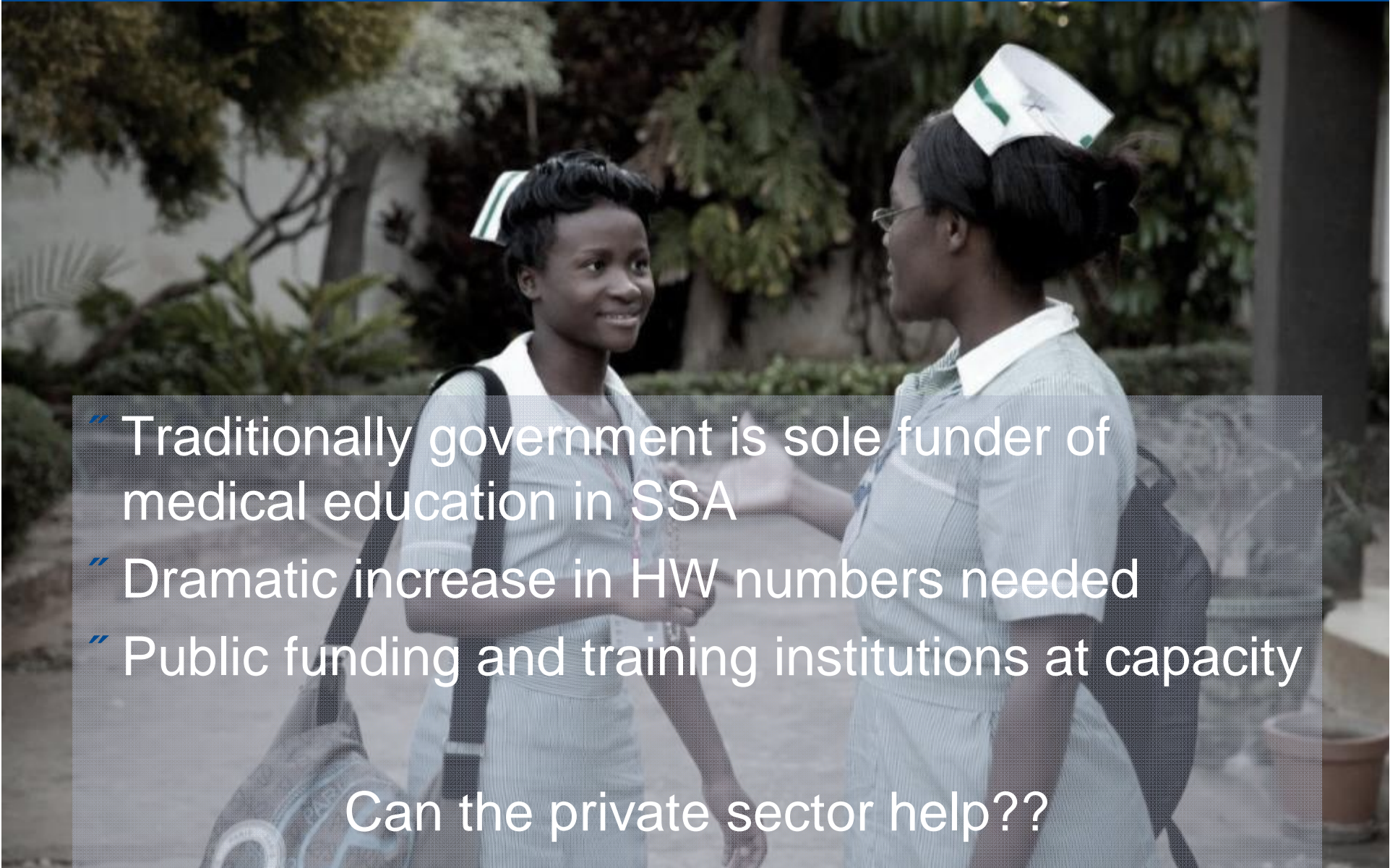
Jhpiego

Marie Stopes International

Monitor Group

O'Hanlon Health Consulting

Challenge

- 
- A photograph of two young women in medical uniforms and caps, likely nursing students, standing outdoors and talking. They are wearing light blue or grey uniforms with white collars and white caps with green accents. They have backpacks on. The background shows green foliage and a building.
- “ Traditionally government is sole funder of medical education in SSA
 - “ Dramatic increase in HW numbers needed
 - “ Public funding and training institutions at capacity

Can the private sector help??

Objectives

- “ Are student loans a feasible method for financing PSE?
- “ What elements need to be in place for student loans to succeed?
- “ What are the features of a viable financial product?
- “ Where do government subsidies end and private financing begin?

Analytic Framework

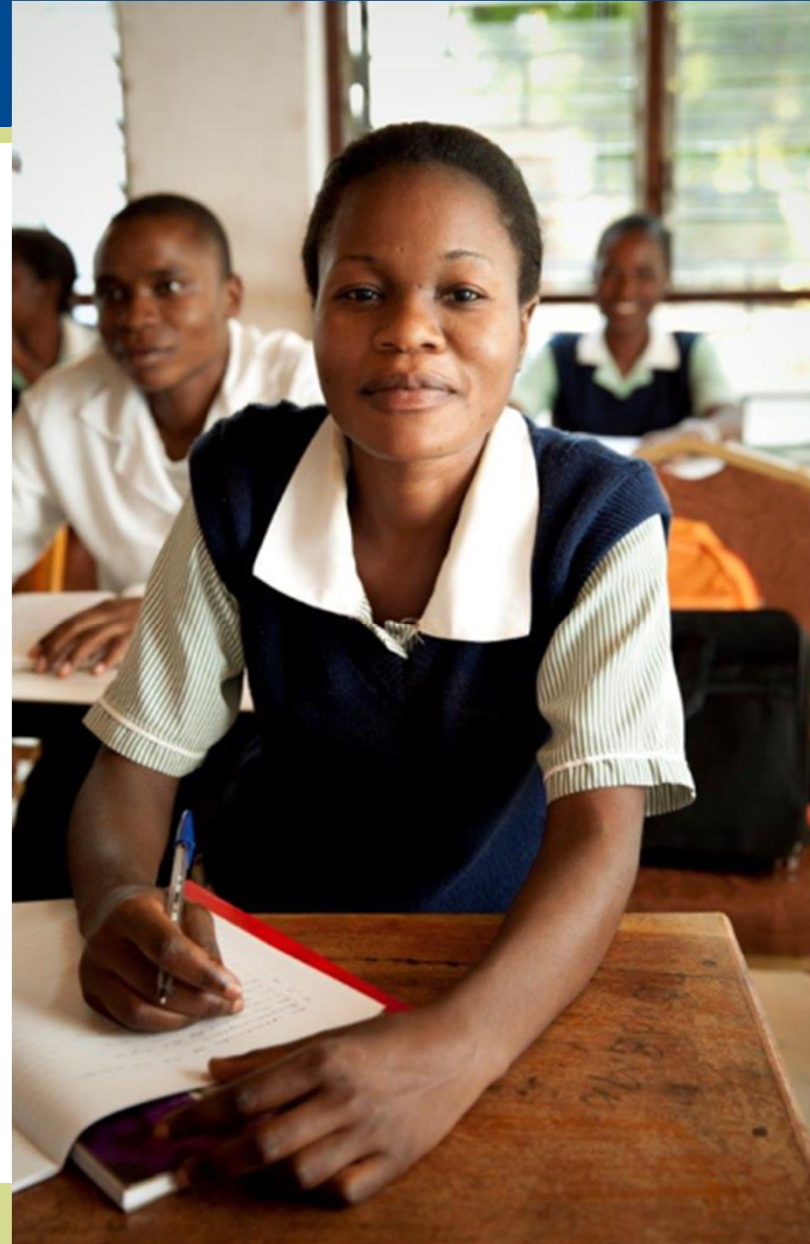
Demand	Supply	Policy Environment
How are students currently financing?	What types of financing programs are available?	What is the gov's policy on higher education?
What is students' willingness to borrow?	Are banks interested in offering student loans?	Has policy caused any distortion in market in terms of willingness to pay?
How much, for what, and what terms would students borrow?	What is total cost of borrowing?	What is gov policy for education financing?
What is students' capacity to repay loans?	What is the role of schools in financing?	What is gov's attitude toward private medical training institutions?



Malawi

Malawi Situation

- “ 90% of CHAM students receive government scholarships
- “ A lot of uncertainty around government financing



Malawi Study Question

How feasible is it to introduce school loans as an alternative source of financing?



Malawi Findings

- “ Strong demand for medical training and need for financing
- “ 89% students indicate willing to take loan with 20% income deduction over 5 years
- “ Numerous barriers to uptake
- “ Current loan recovery in student loan program is 0.41 percent. persistent culture of non-repayment and entitlement to free education

Rwanda



Rwanda Situation

- “ Government provides tuition assistance to 70% of medical students
- “ Additional student loan program for living expenses
 - “ Repayment has been below 5%
- “ During study government policy changed, drastically reducing funding for HE

Rwanda Study Question



What type of cost-sharing student loan is feasible and affordable?

Rwanda Findings

- “ Market rate loans not affordable under any scenario
- “ For affordability, two loan scenarios would work- both requiring government subsidy



Rwanda Affordable Financing Scenarios

Scenario One	Year	1	2	3	4	5	6
	Financing	Self-financing or government scholarship				Full tuition loan	

Scenario Two	Year	1	2	3	4	5	6
	Financing	Tuition loan (25%)					
Self-financing or government scholarship (75%)							



Tanzania

Tanzania Situation

- “ Gov makes tuition payments directly to private medical training institutions and directly to students for associated expenses
 - “ Not for mid-level diploma or certificate PMTIs
 - “ Not adequate to cover tuition
- “ Several PMTIs having affordability issues
- “ 42% repayment rate on loans

Tanzania Study Question



Can SHOPS help banks develop student loan products?

Tanzania Findings

- “ Banks didn’t want to loan to students. only parents
- “ Salary loan product (already in portfolio)
 - “ Discontinued. not profitable
- “ Parents’ savings as collateral for loan
 - “ Bank was slow in marketing to parents. wanted SHOPS to design marketing campaign
 - “ Considered not profitable?

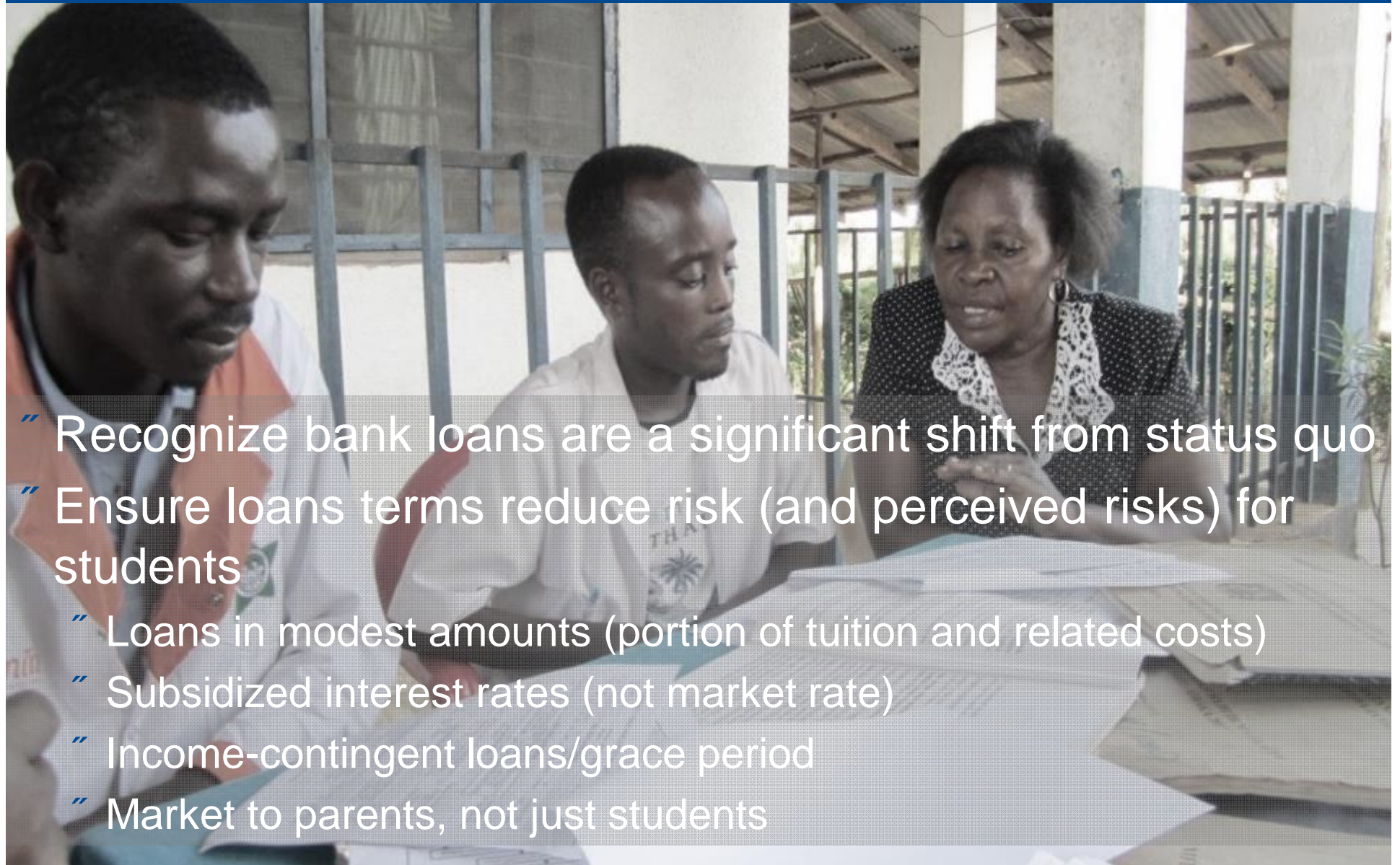


Recommendations

Loan Environment

- “ Change the culture of repayment
 - “ Clear and consistent government rules and policies on financing
 - “ Base repayment plans on graduate\$ earnings
 - “ Give a grace period after graduation for stabilization
 - “ Use banks and collection agencies to manage loans
- “ Government subsidies and guarantees to attract banks (must be profitable)

Increase Demand



- “ Recognize bank loans are a significant shift from status quo
- “ Ensure loans terms reduce risk (and perceived risks) for students
 - “ Loans in modest amounts (portion of tuition and related costs)
 - “ Subsidized interest rates (not market rate)
 - “ Income-contingent loans/grace period
 - “ Market to parents, not just students



Citation:

Fran, Nhu-An, Marc Luoma, Piotr Korynski and Ilana Ron Levey. *Financing Medical Education through the Private Sector*. Report. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates.

Available at:

www.shopsproject.org



Questions

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- “ We will invite presenters to answer between two and three questions as time allows

Investing in the Next Generation in Nigeria

Preservice Education Support

Heather Ross, Technical Advisor

April 14, 2015





Bottlenecks and Best Buys





Objective

Assess the capacity of an educational institution to produce a larger number of qualified health workers; identify bottlenecks to scale up and propose best buys to mitigate them.

Methods: Internal OR External



Nine Thematic Areas



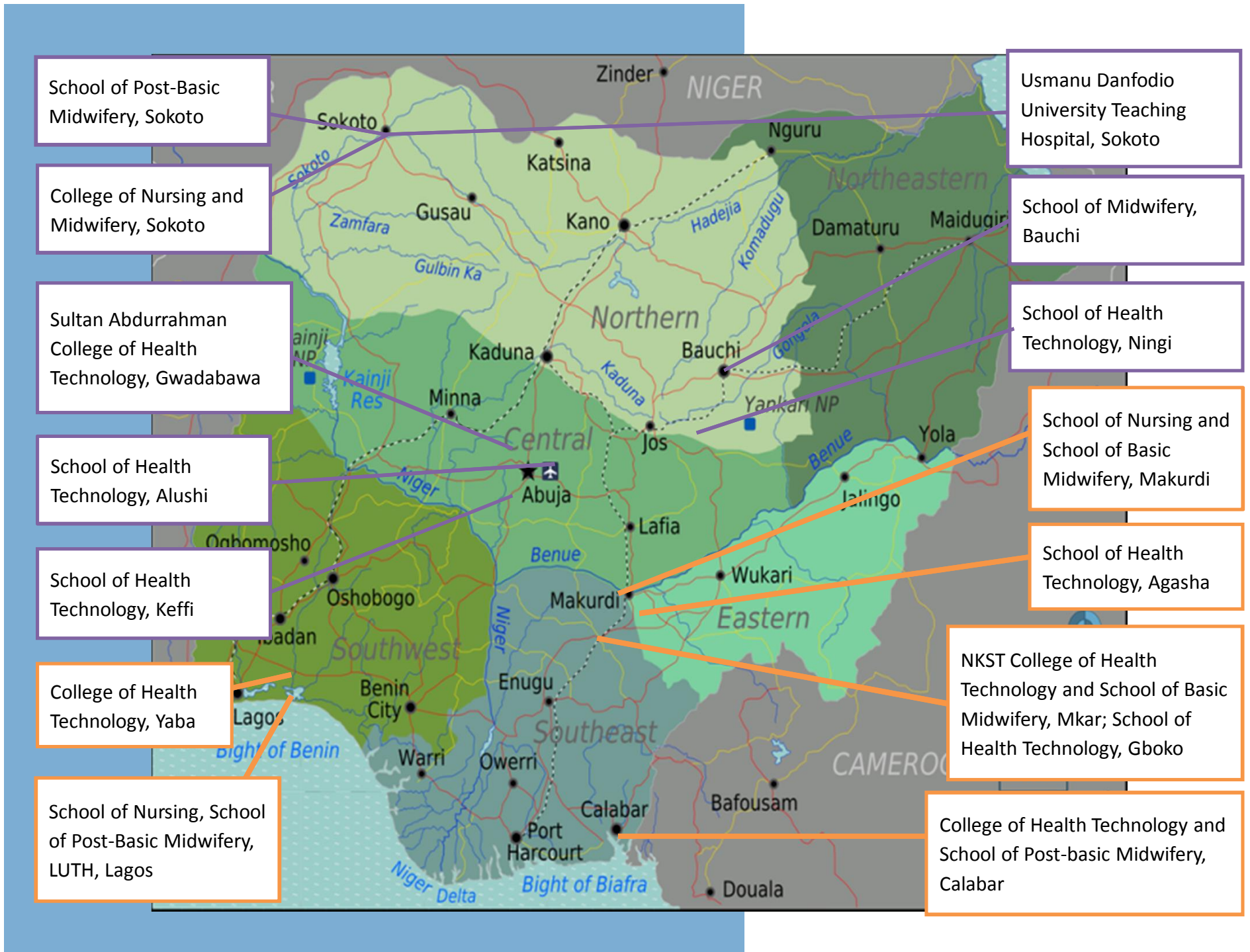
Guide for Applying the Bottlenecks and Best Buys Approach

<http://www.capacityplus.org/files/scaling-up-health-workforce-education-training-bottlenecks-best-buys.pdf>



Bottlenecks and Best Buys in Nigeria





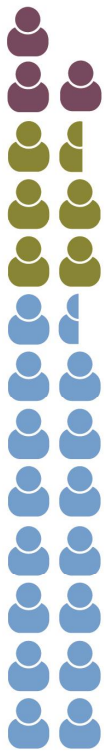
Bottlenecks

- “Unreliable” secondary schooling
 - Overenrollment & weeding
- Understocked labs & libraries
- Deficient demonstration rooms
- Outdated curricula
- Effectively no CPD for tutors
- Student financial difficulties

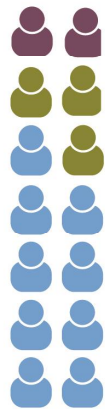







Provisionally
Enrolled
35,600



Completed
Program
23,798



Pass National
Examination
13,852

 = 1,000 Community Health Extension Workers
 = 1,000 Nurses
 = 1,000 Midwives

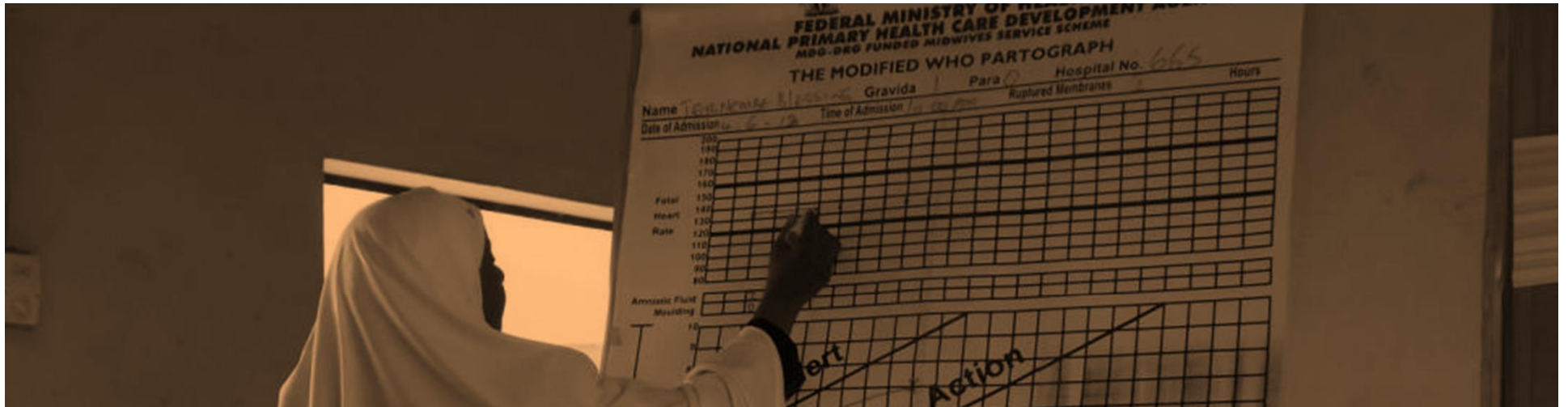


Only some who pass national exams will practice primary health care in Nigeria. Many move to other health care jobs or are lost to migration, employment outside the health sector, or unemployment.



Investing in Midwives and Community Health Extension Workers (CHEWs)

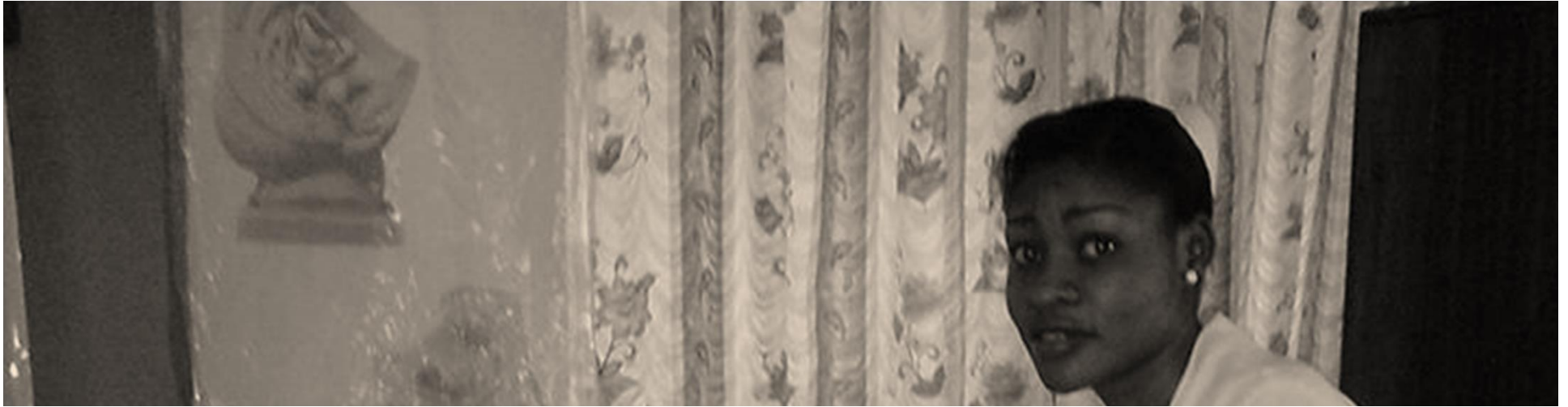




Training of Tutors

- “ Clinical skills (FP, MNCH, HIV/AIDS & other illnesses)
- “ Computer-assisted pedagogy





Demonstration Equipment, Teaching Aids, and Textbooks

- “ Mannequins for hands-on practice
- “ Up-to-date textbooks
- “ Flowcharts and graphical aids – Family planning, prevention of mother-to-child Transmission of HIV, etc.
- “ Practice equipment





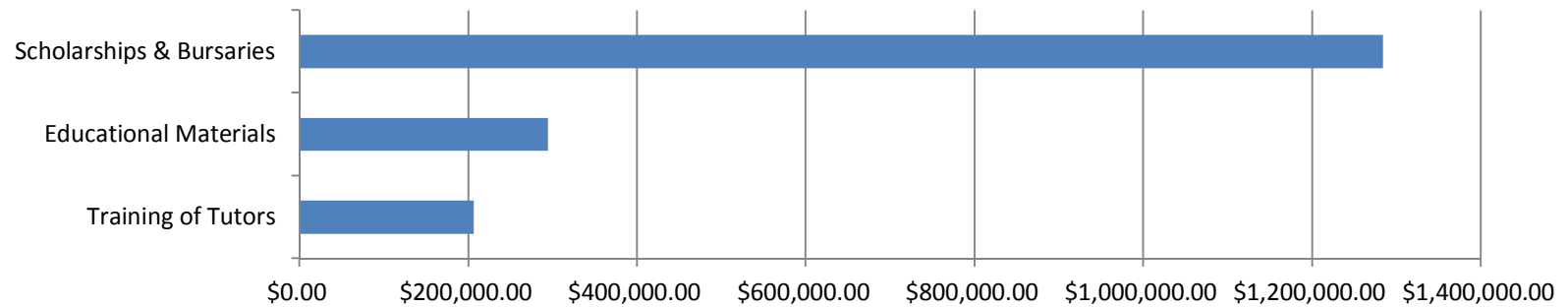
Scholarships and Bursaries

- “ 2,065 final-year students:
- “ 50% of tuition, plus qualification examination fees
- “ Chosen based upon:
 - “ Financial need (socioeconomic status)
 - “ Rural origin
 - “ Stated intent to remain in Nigeria
 - “ Geographic representation

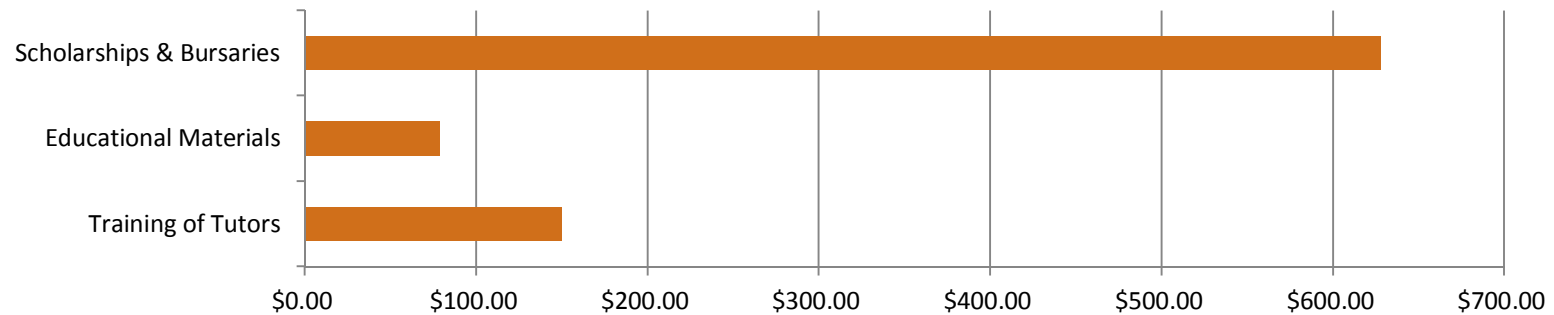


Costs

Total Direct Costs

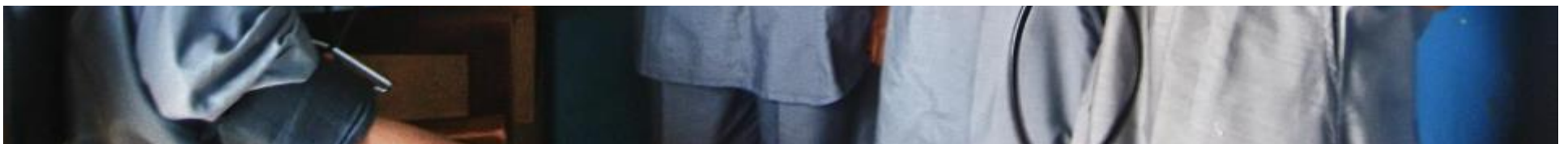


Cost per student reached





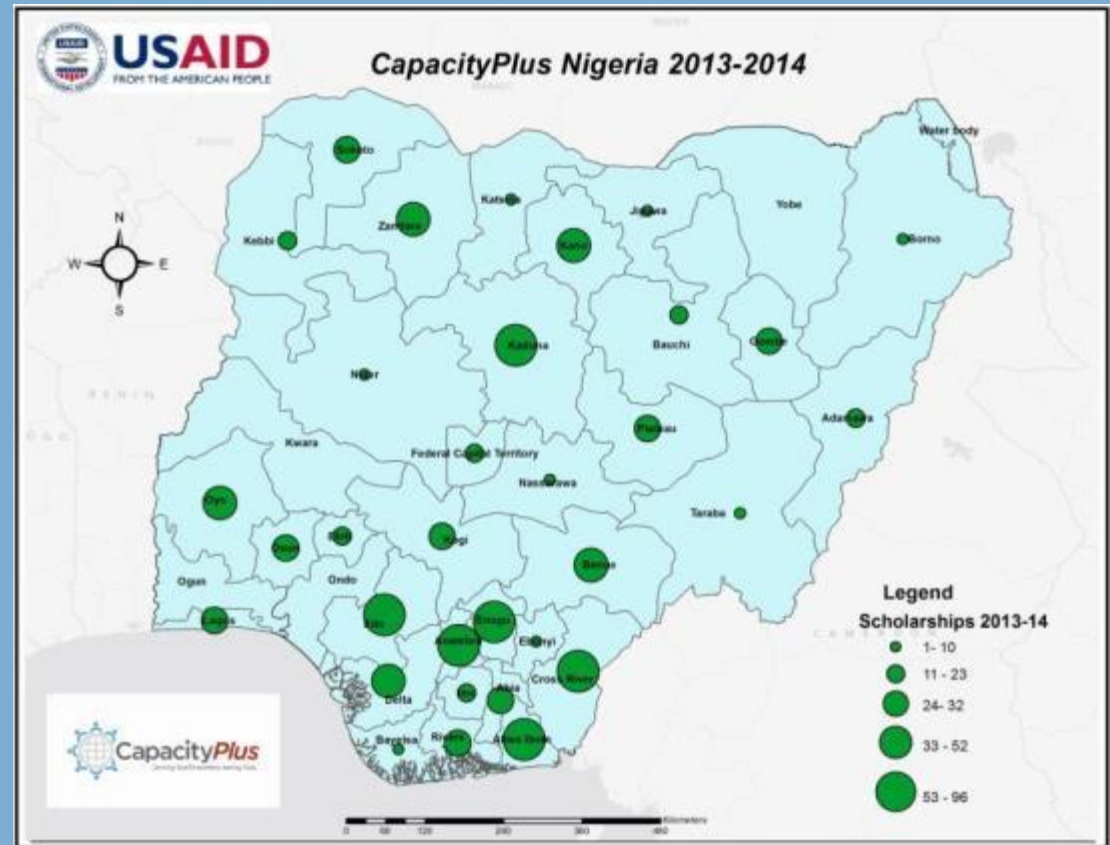
Results



Scholarship and Bursary Effectiveness

Students who received scholarships were 9-17% more likely to pass national qualifying examinations than their same-school peers.

Schools report increased applications in year after scholarships awarded.



“After the first scholarship; the school recorded the best ever result from council exams, students passed with good grades in credits and Distinctions”

- Director Nursing Services SMOH Bauchi.

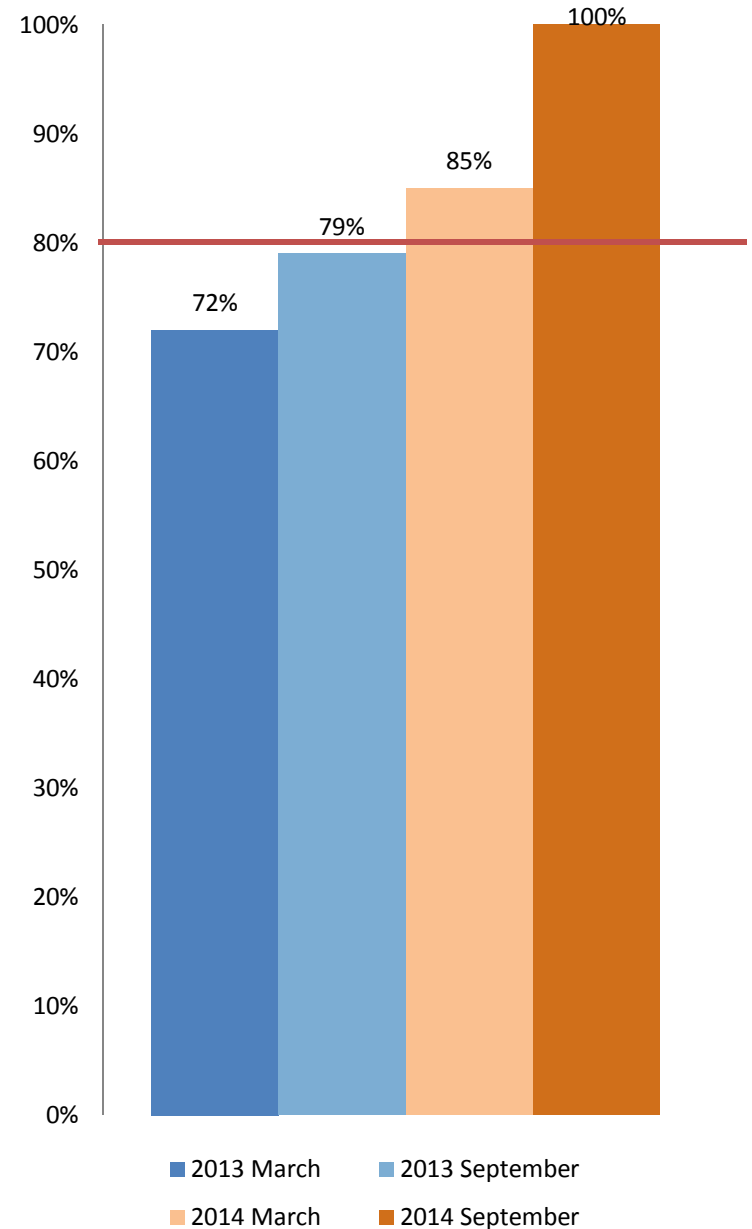
Institutional support effectiveness

Includes both material support (texts, equipment, learning aids) and training of tutors

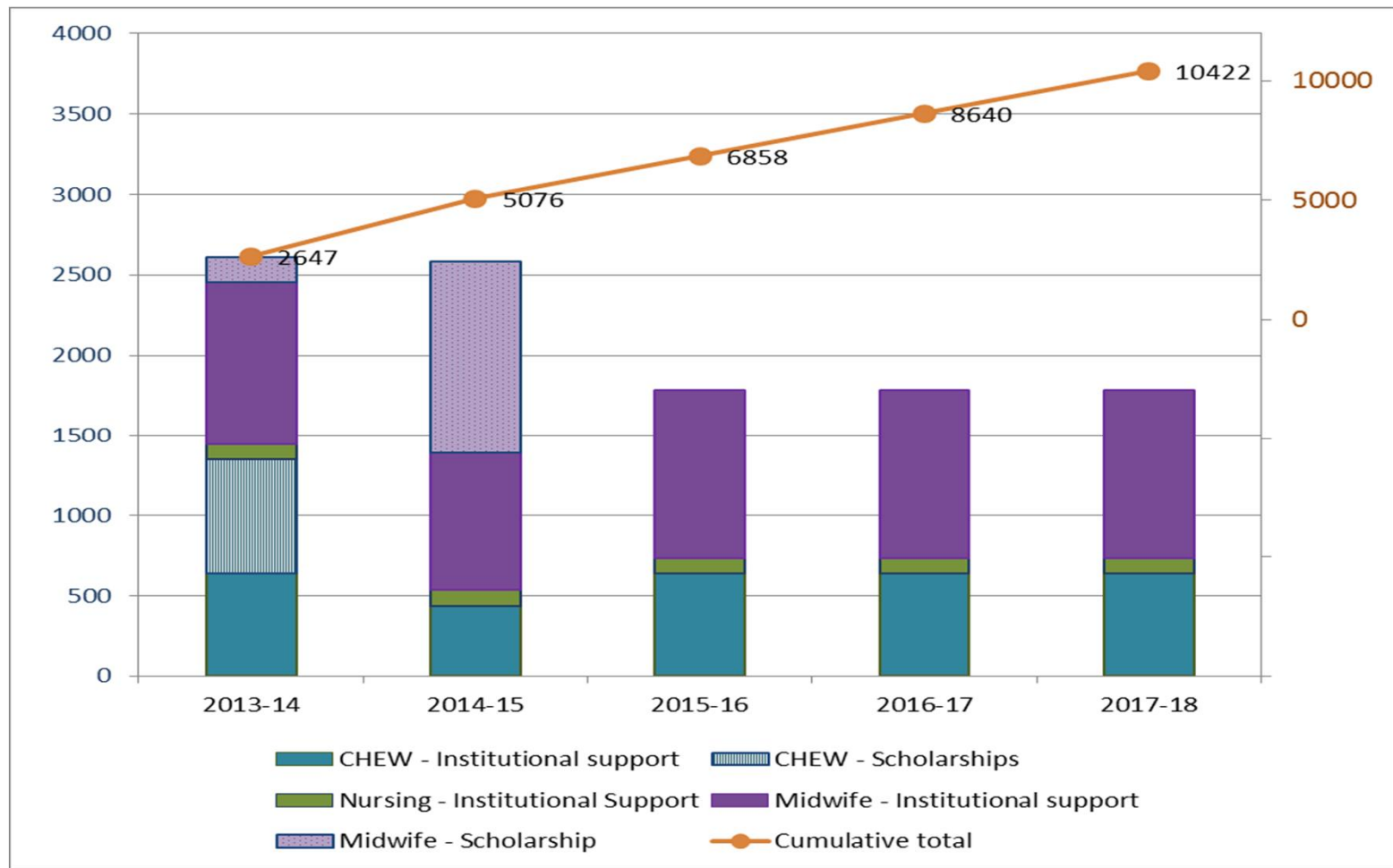
- “ Evaluation currently ongoing; March 2015 examinations scoring in process
- “ Skills from the Training of Tutors continued by those teachers to 294 students in 2013 – double that in 2014
- “ More than 500 CHEW students and 800 midwifery students using teaching aids/year
- “ Reports of local health workers using school libraries

“The school scored 100% [on the national examinations]; this is attributed to the support from the materials.”

- Health Coordinator
Catholic Archdiocese
Jos



Program Reach (5 years)



Summary of Support

Areas of Investment

- “ Training of Tutors
- “ Teaching and learning equipment and materials
- “ Scholarships to final-year students

Direct Costs

- “ Total investment: Approx. 1.8 Million USD
- “ Scholarships per student: Approx. 627 USD
- “ Institutional support per student: 230 USD

Benefits – SCHOLARSHIPS in 2013 ALONE

- “ Average increase in exam pass rates: 9.1% (CHEW); 17% (midwife)
- “ Additional health workers today: 291
- “ Evaluation of institutional support & 2014 program ongoing



The CapacityPlus Partnership

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Abt Associates

IMA World Health

Liverpool Associates In Tropical Health (LATH)

Training Resources Group, Inc. (TRG)



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Sarah Dominis: sarah_dominis@abtassoc.com

Heather Ross: hross@intrahealth.org

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Thank You!

