

2017 Launch and Symposia



GLOBAL SOCIAL
DEVELOPMENT
INNOVATIONS

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PANEL

**STAKEHOLDER ENGAGEMENT AND
POLICY OUTCOMES**

October 13, 2017

Content

Integrated Approaches in Healthcare and Policy

Brianna Lombardi, University of North Carolina

Partnering with Government on Reproductive Health Policy in Zambia: A Case Study

Monica Mutesa, PATH International

Engaging the Private Sector in Social Policy in Southern Africa: Perspectives from Zambia and South Africa

Ndangwa Noyoo, University of Cape Town

Moderator: Paul Lanier, University of North Carolina

Integrated Approaches to Health Care and Policy: Social Workers Role in Integrated Care

Lisa de Saxe Zerden

Brianna Lombardi

GSDI

Panel Two: Policy Stakeholder Engagement and Outcomes

Friday, October 13, 2017



UNC
SCHOOL OF SOCIAL WORK



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Background and Significance

- Population health and the impact of the Social Determinants of Health (SDoH) are major focus of health care system redesign
- Increase in the deployment of interprofessional care teams to treat patients' "whole health"
- Elements of healthcare system redesign align with social work practice and values
 - Addressing the SDoH
 - Coordinating care
 - Integrating complex support services (e.g., housing, food security)
 - Screening both preventive and treatment services for behavioral health



What is Integrated Health Care?

- No one agreed upon definition or framework

“The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system” (WHO; Waddington & Egger, 2008, p.1).



Elements of Integration

Policy Level

Organizational Level

Practice or Clinic Level



Growth of Social Workers in Health Care

- Varied estimates of the national supply of social workers
- Social work is the largest workforce providing behavioral health care in the U.S.
- Bureau of Labor and Statistics estimated 20% growth of social workers in healthcare by 2022
- Social worker preparation for integrated care has already begun!



Stakeholders for Integration

Policy Level

- Department of Health and Human Services (i.e, Medicaid), Licensure Regulation Boards, Insurance Providers

Organizational Level

- Health Systems, Professional Advocacy Groups, Health Professions Accrediting Bodies; Academic/University Partnerships

Practice or Clinic Level

- Medical Providers, Social Workers, Patients and Families, Interprofessional Teams



Research on Social Worker Roles in Integrated Care Settings

1. Systematic review of integrated primary care interventions comprised in part with social workers
2. National survey of social work students and practitioners in integrated settings (n=395)
3. UNC-PrimeCare
4. National trends of social worker and medical provider integration



Opportunities and Challenges for Social Work in Integrated Settings

Policy Level

- **Medicaid Transformation**
 - New plans address SDoH as a way to improve care for underserved and vulnerable groups
- **Licensure Regulation**
 - Social work licensure does not align with scope of practice in health settings
- **Reimbursement**
 - Lack of insurance codes to bill for social work services



Opportunities and Challenges for Social Work in Integrated Settings

Organizational Level

- **Administration and Workflow Issues in Systems**
 - Confusion of social worker scope of practice in health system
 - Title and role confusion within health system
- **Reimbursement Issues**
 - Most social workers are paid through system cost-savings and not reimbursement
 - Health systems not always utilizing billable codes for social work practice



Opportunities and Challenges for Social Work in Integrated Settings

Practice or Clinic Level

- Interprofessional training across disciplines is becoming a requirement for next generation
- How to retool current workforce?
- Building collaborative partnerships in medical model and traditional hierarchical structures
- Medical providers want social workers skill set to meet behavioral health need



Moving Towards Integration

- “No health without mental health” (Prince et al., 2007, p. 1)
- Continued focus on SDoH





Questions/Comments
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Next

MONICA MUTESA

Partnering with Government on reproductive health policy in Zambia: A case study

Family planning policy, advocacy, and accountability

Monica Mutesa

Technical Advisor Policy
and Advocacy, PATH
Zambia

October 13 2017

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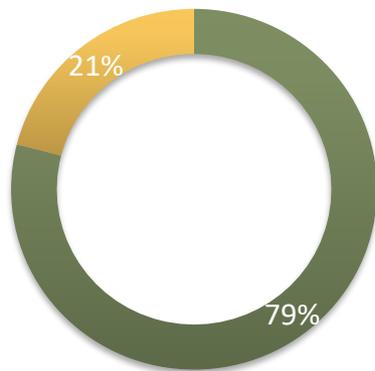
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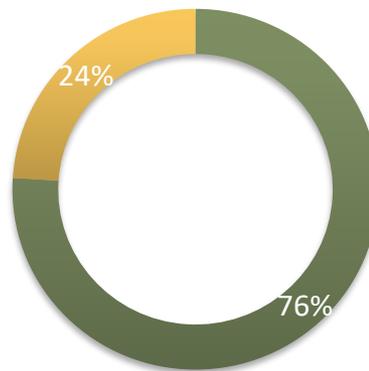
- Ministry of Community Development, Mother and Child Health (MCDMCH)
- Ministry of Health (MOH)
- ChildFund; Lusaka, Zambia
- FHI360; Lusaka, Zambia
- Scaling Up Family Planning; Lusaka, Zambia
- PATH; Lusaka, Zambia, and Washington, DC
- Family Planning Technical Working Group; Zambia

Family planning (FP) needs in Zambia

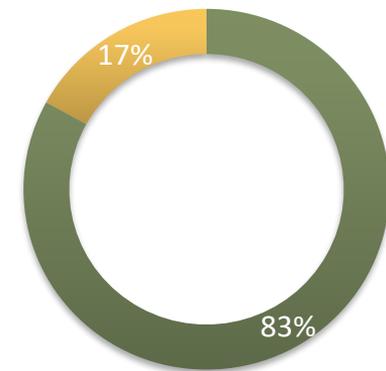
Zambia overall



Rural areas



Urban areas



■ Met need ■ Unmet need

Solution: Task shifting to expand access to FP at the community level

- **Addresses unmet need**
- **Increases method choice**



PATH/Gabe Biencycki

Policy challenge and goals

Challenge:

- Zambia had no policy framework for training and authorizing non-clinic personnel, such as community-based distributors (CBDs), to provide injectable contraceptives.

Goals:

- Generate commitment from the MOH, MCDMCH, and professional bodies.
- Advance key policies to create an enabling environment for CBD provision of injectable contraceptives.

Key challenges confronting policy change efforts

- Shift in focus from pilot implementation to policy advocacy
- MOH/MCDMCH reconfiguration
- Concerns from professional associations such as the Medical Doctor Professional Association



PATH/Will Boase

Framework of Engagement

- Knowledge building & technical assistance for government leaders.
- Using data/evidence to inform government leaders for use in policy change.
- Convene civil society working in the area of women and children's health
 - Strategic planning for addressing gaps in policy
- Knowledge dissemination
 - Reports and policy briefs
 - Facilitate forums for Family Planning stakeholders to disseminate information and receive feedback

Laying groundwork for policy change: pilot study of CBD provision (2009-2011)

Uganda Syrus Press Introduction Project
VHT - Family Planning Visit Log
District: Wakiso Sub-county: Wakiso VHT # 14887
Month: February Year: 2014

Client number	Age	Sex	Service	Comments	On site visit performed from Dapp to Syrus Press	On site visit performed from Syrus Press to Dapp	Contraceptive Method Used	Reasons for referral	Referral Date YYYY
191	24	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
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350	183	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
351	184	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
352	185	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
353	186	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
354	187	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
355	188	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
356	189	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
357	190	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
358	191	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
359	192	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
360	193	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
361	194	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
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363	196	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
364	197	F	FP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injectable		
3									

Established CBD Task Force

- Forged shared policy priorities to conduct joint advocacy.
- Shared evidence, strengthened relations, and fostered policy dialogue with MOH, MCDMCH, and professional bodies.



David Jacobs

Leveraged commitments and cultivated champions



“Zambia will allow task shifting to community health assistants and trained CBDs to increase access for the underserved.”

Commitments, Progress & Transparency

Objective

Date July 11, 2012

- To increase CPR from 33 percent to 58 percent

Policy & Political

Date July 11, 2012

Zambia will strengthen the supply chain for family planning commodities through expansion of the Essential Medicines Logistics Improvement Program and other channels.

[View Progress Report](#) ➔

Financial

Date July 11, 2012

Zambia commits to double the budgeted amount allocated for family planning commodities and to secure increased funding for family planning through existing donors and new partnerships.

[View Progress Report](#) ➔

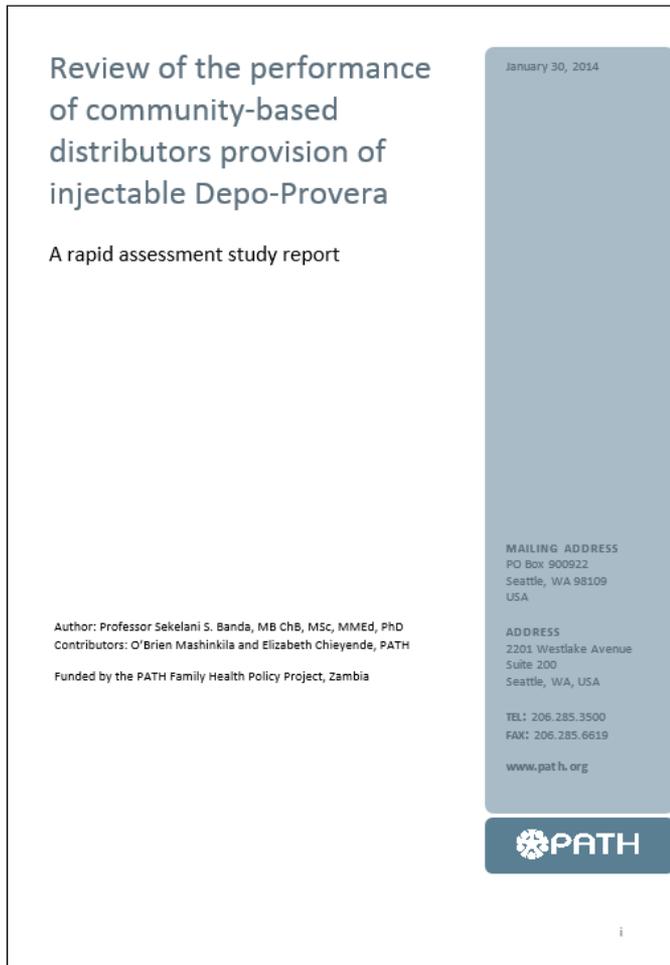
Program & Service Delivery

Date July 11, 2012

Zambia will work to expand method mix and increase access, particularly for the underserved population. Zambia will allow task shifting to community health assistants and trained community based distributors to increase access for the underserved communities, and initiate new dialogue with religious and traditional leaders and NGOs at local level to generate demand, dispel the myths and 'open up the dialogue' on family planning. Finally, Zambia will utilize sub-district structures to generate demand for family planning.

[View Progress Report](#) ➔

Generated and packaged evidence



- Undertook rapid assessment of Zambia pilot and scale-up sites.
- Assembled report with key findings and policy recommendations.
- Shared report with decision-makers such as the Ministry officials to ignite action.

Catalyzed policy action

- MCDMCH, MOH, and professional bodies affirmed commitment to national scale-up.
- With input from the CBD Task Force, they:
 - Finalized and agreed to national guidelines.
 - Established committee to monitor scale-up in targeted areas.



David Jacobs

Lessons learned

- Engaging decision-makers throughout was critical.
- Situating the policy effort within Zambia's FP2020 goals rekindled momentum.
- Evidence played a crucial role in movement toward policy action.
- Even with strong evidence and political will, policy processes can be slow and unpredictable.
- Advocates must be persistent and find creative solutions to create pathways for policy action.
- The importance of advocating together (CBD taskforce and strategic partners)

The road ahead

- Advocate to key government decision-makers and actors to implement scale-up according to new directives, ensuring accountability.
- The CBD Task Force continues to monitor the scale up and to hold Decision Makers accountable.
- The CBD Task Force is currently advocating for the scale up of DMPA-SC

PATH/Gabe Biencycki

Special thanks to the Zambian government for taking action to allow national distribution of injectable contraceptives by CBDs.

PATH/Mike Wang

Next

NDANGWA NOYOO

Engaging the private sector in social policy in Southern Africa: Perspectives from South Africa and Zambia

Ndangwa Noyoo

University of Cape Town

Department of Social Development

**Presented at the launch of the Global Social Development Innovations
(GSDI)**

University of North Carolina, Chapel Hill, USA

- This paper explores how the private sector could be engaged to advance social policy objectives in South Africa and Zambia.
- Social policy is taken as a development imperative and the paper takes cognisance of the fact that social policy's main goal is to foster social development and ultimately human well-being.
- The role of the private sector in the social policy arena remains negligible in South Africa and Zambia.
- However, South Africa is making some progress.

Theoretical and conceptual underpinnings

- For this paper:

“private sector engagement is an umbrella term for the increasingly systematic efforts of development organisations to work with business to achieve development results. For donor agencies, private sector engagement is a new way of working that complements the traditional focus on bilateral aid to developing country governments” (DCED 2017).

- Following Nelson (2011, p. 84), the private sector is defined in this paper as an area that:

... covers a range of actors, from smallholder farmers to small and medium-sized firms to large domestic and multinational corporations. It ranges from firms and financiers driven by the motive to maximise profits to companies, social enterprises, and impact investors that employ market-based approaches with explicit social or environmental objectives. It also includes business associations, enterprise networks, producer co-operatives, and business leadership coalitions.

- Social policy best suited for engaging the private sector is ***transformative social policy*** and it refers to:

... state intervention that aims to improve social welfare, social institutions and social relations. It involves overarching concerns with redistribution, production, reproduction and protection, and works in tandem with economic policy in pursuit of national social and economic goals. An important feature of transformative social policy is also the establishment and enforcement of standards and regulations that shape the role of non-state actors and markets in social provisioning and protection (UNRISD, 2007, p. 1).

The evolution of the private sector in Africa

- Africa's relation with the private sector is conflicted because private enterprises or huge commercial undertakings were introduced by colonialism.
- This is the case for South Africa and Zambia.
- The mining industry spurred the development of the private sector in the two countries.
- At independence, in most of Africa, the private sector was almost non-existent. This was during the independence decades of the 1960s and 1970s.

- After independence, most African governments pursued state-led economic development strategies based on import substitution, which was considered to be the key to rapid industrialisation and modernisation in low-income countries (AfDB, p. 12).
- Inevitably, public issues were addressed by governments through social policy.

Leveraging the private sector for social policy outcomes

- In this last part of the paper, it is argued that the private sector's acumen, skills and capacities should be leveraged by the governments of South Africa and Zambia for social policy objectives.
- Thus, in order to maximize the role of the private sector in social policy three questions need to be posed. First, what are the social policy preferences of firms and business associations?
- Second, are they necessarily at odds with progressive aspects of social policy?

- Third, how do governments and regulatory institutions respond and adapt to the increasing structural and instrumental power of business (UNRISD, 2007)?
- Another issue for consideration is the way social policy is financed, thus leading to questions around **resource mobilisation, resource allocation** and **the actors** and **institutions** involved in these processes (Hujo & McClanahan, 2009).

- Echoing the World Bank (2011), this paper acknowledges that the government should effectively engage the private sector and that this interaction should be based on a **clear policy agenda** and **dialogue**.
- To this end, there must be a functioning dialogue between the government and the private sector.
- Secondly, information exchange between the public and private sector is crucial and therefore will need to be enhanced by both parties.

Framework for engaging the private sector

Adapted from the World Bank (2011)

- a. *Regulation*** – this domain focuses on the ability of the government to design and implement a regulatory framework for the private social policy arena.
- b. *Financing*** – this covers the revenues that are actually or potentially available to the social policy sector and the government’s influence of such funds through various mechanisms.
- c. *Public provision of services*** – this focusses on how governments can use the direct inputs and welfare programmes to collaborate with the private sector.
- d. *Strategic allocation of resources*** – the government can use the public production to complement, crowd out, or build a supportive environment for private sector social policy initiatives (World Bank, 2011, p. 3).

Establishing and/or Deepening Public-Private-Partnerships (PPPs)

- It is crucial that governments seeking to involve the private sector in the social policy sphere need to recognise the different needs and capacities of private sector actors as an important way to facilitate engagement with a diverse range of private sector partners (OECD, 2016).
- There is no one-size-fits-all formula for PPPs.
- In terms of South Africa and Zambia, South Africa has more PPPs while Zambia is struggling in this area.
- For the former, there must be a deepening of PPPs so that other facets of social policy are included while as for the latter case, more PPPs must be established.

- There are 31 concluded PPP projects undertaken since they were first introduced in South Africa in 1998.
- As for Zambia, Anyan, Hasan, Swaim and Huiting (2017, p. 3) argue that since the passing of the PPP Act in 2009, Zambia has not successfully implemented a single Public-Private Partnership (PPP) project to completion, which provides a comprehensive framework for implementing and managing PPPs.

- The problem for Zambia, above a host of other challenges such as lack of capacity and financial resources, among others, the country seriously lacks political will to operationalise PPPs (see Noyoo, 2016).
- In direct contrast, South Africa which has some level of political will and which developed a legislative mandate for PPPs a decade before Zambia is far ahead in this matter.

Recognising and expanding the role of Civil Society Organisations (CSOs)

- Lastly, the role of CSOs in this area in the two countries needs to be first, recognised and second, expanded as governments cannot be the only entities engaging the private sector.

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