Private Healthcare in Developing Countries

NEWS & EVENTS

6/11/09

PSI Scales Up Voluntary Male Circumcision in Africa

PSI began a large scale-up of voluntary male circumcision services in Swaziland and Zambia. PSI has established a network of over 250 public and private providers to perform the procedure. *Link*

7/1/09

Rockefeller Foundation Launches Health Systems Initiative

The Rockefeller Foundation announced a $100 million initiative focused on establishing accessible, efficient and affordable health delivery systems for low-income countries. *Link*

7/9/09

USAID issues RFA for Private Sector Health Activities

USAID issued an RFA: Strengthening Health Outcomes through the Private Sector (SHOPS). The $95M+ project is for work following from the current PSP-One initiative that ends in September. *Link*

7/11/09

iHEA Symposium on Private Sector in Health

Over 100 researchers attended a symposium on the private sector held in conjunction with the International Health Economics Association Congress in Beijing. Presentations are online: *Link*

Above: A voluntary male circumcision center in Swaziland

Women's Use of Private and Government Health Facilities for Childbirth

Bazant et al., Studies in Fam. Plan. 2009

In an analysis of delivery location for slum-dwelling pregnant women in Nairobi, Kenya, Bazant et al. find mothers give birth in private facilities at almost twice the rate of public facilities. Distance to the site of care proved an important determinant for location of care: 72% of women who attended private clinics reported travel time of less than 30 minutes, whereas the majority of women attending government hospitals traveled more than an hour to reach the facilities. Assistance during delivery was more likely to be provided by a nurse or midwife in the private sector. Doctors delivered a higher percentage of children in the public sector (55.3%) than in the private sector (47.5%). The median cost for uncomplicated deliveries at government hospitals was over 60% higher than the median cost for an uncomplicated delivery in the private sector.

Predictors of birth in a private facility included: lower maternal and partner education, larger household size, a lack of prior complicated pregnancy, and private use of prenatal care during pregnancy. Bazant et al conclude that given the "heavy reliance of women on private facilities for childbirth" public-private partnerships are needed for increased support and oversight. The authors suggest social franchising "may enable the leveraging of human resources and standardization of maternal health-care provision." *Link*

Evaluation of a Voucher Program to Expand Bed-net Access in Tanzania

Hanson et al., British Medical Journal 2009

In an evaluation of a national voucher scheme in Tanzania, Hanson et al. find vouchers to be a feasible mechanism for scaling-up access to bed-nets, although equity questions remain. The Tanzanian voucher program provides a set-value voucher to pregnant women that compensates for two-thirds of the cost of a bed-net. Vouchers are provided to expectant mothers during an antenatal visit, and free bed-net re-treatment is provided during a postnatal measles vaccination appointment.

In their assessment of the program, the authors note that the nearly three million bed-net vouchers were distributed within three years, and the vouchers contributed to a significant increase in bed-net coverage in Tanzania. The authors also report that the distribution of nets was marked by socioeconomic inequity. Poorer individuals had lower levels of access because they: did not undergo antenatal care where vouchers were distributed, could not afford to pay for the unsubsidized portion of the net, and were not in proximity to shops where vouchers could be redeemed. Hanson et al. suggest remedying these issues would further increase the efficiency of vouchers as a distribution mechanism for bed-nets. *Link*

Impact of a National Health Insurance Program and Franchise Midwife Clinics on Prenatal and Delivery Care Standards

Kozhimannil K et al., Health Policy 2009

The authors conduct a population-level comparative analysis of a national health insurance program, PhilHealth, and a social franchise, Well-Family Midwife Clinics, in the Philippines to determine the extent to which each affected prenatal care visits and institutional deliveries in pregnant women. Although

RECENT REPORTS

Eldis Releases Dossier on Health Systems in Fragile States

Eldis, in collaboration with the Health and Fragile States Network and the Institute of Development Studies, has released a dossier about delivering health services and rebuilding health systems in countries experiencing conflict, or in a stage of post-conflict political transition. *Link*

Results for Development Releases Two Reports on Private Healthcare in Developing Countries

Results for Development recently released two synthesis reports on the role of the private sector in developing country health systems.

"Public Stewardship of Private Providers in Mixed Health Systems" focuses on the barriers to public-sector stewardship of the private sector and on options for private sector health reform. The report notes how governments can improve their stewardship of non-state components of the health system.

"Innovative Pro-Poor Healthcare Financing and Delivery Models" describes 33 innovative healthcare financing and delivery programs in South Asia and Sub-Saharan Africa that involve the private sector.

Building Public-Private Linkages to Advance Priority Health Services in Africa

PSP-*One* and WHO have released a report documenting developments and proposals stemming from a May 2008 workshop on increasing access to reproductive health and family planning through the private sector in Africa. *Link*

Above: A Well-Family clinic in the Philippines

programs were associated with a statistically significant increase in prenatal care, only PhilHealth, the national insurance scheme, was associated with meeting the targeted standard of four prenatal visits for expecting mothers. The authors determine that neither intervention significantly affected the probability of giving birth in an institutional setting.

Kozhimannil et al. find that the national health insurance scheme more effectively reached more vulnerable poor and rural populations than Well-Family. The authors note the variable effectiveness between the programs may be due to Well-Family's smaller scale not being able reach enough individuals to have a "detectable change in the achievement of care standards on a population level." Kozhimannil et al. further suggest that neither program was effective in increasing institutional deliveries because of a failure to change the embedded cultural tradition of home birth, and because neither provides transportation for expecting mothers. *Link*

Impact of Ministry of Health Interventions on Private Medicine Retailer Knowledge and Practices

Abuya et al., Am. J. of Trop. Med. 2009

Abuya et al. report on a training program in Kenya that educated formal and non-formal private pharmaceutical providers in proper diagnosis and dispensing procedure for anti-malarial medication. In a post-training evaluation, the authors note private medical retailers altered selling habits to increase the accuracy of malaria diagnoses, correctly package medication doses, and improve stocking habits. The authors report concern over difficulties private medical providers encountered distinguishing different anti-malarial medications, and recommend pre-packaging, branding, and media campaigns to assist medicine sellers in correct medication recognition. Abuya et al. report concerns regarding the sustainability of training programs given resource constraints in Kenya's public health system, as well as the high turnover rate of private medical sellers. The authors conclude that similar training programs may be necessary to alter medicine seller dispensing habits for the upcoming shift to artemisinin combination therapy drugs. *Link*

Public-Private Mix Model in Enhancing Tuberculosis Case Detection in Pakistan

Ahmed et al., J. Pak. Med. Assoc. 2009

Ahmed et al. report on the outcomes of a partnership between the public and private sector in Thatta district, Pakistan wherein private physicians were trained on the directly observed treatment, short-course (DOTS) method for tuberculosis therapy, and giving information on how and why to refer suspected cases to a government-run, national TB control program. To foster referrals, physicians were provided with a small ($0.61) incentive for referring an individual with a positive TB smear. The intervention resulted in an increase in the case detection rate of tuberculosis, as well as a significant knowledge increase in the DOTS therapy course. The authors note that expanding knowledge and coordination among first line providers, both public and private, can result in more vigilant detection and proper management of endemic infectious diseases. *Link*

This newsletter is edited and distributed every two months by www.ps4h.org For all comments and corrections or to sign up to receive this newsletter on a regular basis please visit our website.