Private Healthcare in Developing Countries

NEWS & EVENTS

6/1/10
Health in Africa site goes live

The IFC released a new website and an online version of it's 2007 report on the role of the private sector in meeting future health care needs in Sub-Saharan Africa.

7/1/10
The Center for Health Market Innovations

CHMI, a project of Results for Development, is a "global knowledge platform that collects, analyzes, and disseminates information about Health Market Innovations. The newly launched website provides information on 400+ programs in over 100 countries. Plus it's really cool.

10/4-6/2010
Conference on the Private Sector Healthcare in Africa
Washington DC

The Corporate Council on Africa is organizing a conference focused on for-profit healthcare in Africa, with particular emphasis on investment and innovative models for business and social responsibility.
Link

Above: A Sun Quality Health Social Franchise in Myanmar.

Vouchers as Demand Side Financing Instruments for Health Care: A Review of the Bangladesh Maternal Voucher Scheme

Schmidt et al., Health Policy 2010

Schmidt et al. review a maternal voucher scheme in Bangladesh, finding that the program has significantly increased facility-based child delivery without incentivizing unnecessary surgical procedures but having a negligible effect on competition. The Bangladesh Ministry of Health implemented the Maternal Health Voucher Scheme in 2006 to combat high maternal and infant mortality, particularly among the poor; the program now covers 10.3 million people, or 7% of the country's population. The program distributes vouchers to expectant mothers, which can be used in designated public or private sector facilities to cover three antenatal care visits, safe delivery in an institution or by a skilled birth attendant at home, one postnatal care visit, and a cash subsidy for transportation and nutritious food. The authors find the number of facility-based deliveries has increased significantly in intervention areas compared to non-intervention areas, with total facility deliveries increasing most significantly in areas without means testing for vouchers. Schmidt et al. did not find that the voucher program resulted in an increase in cesarean sections in the population, despite the significant financial incentive for providers to provide the procedure. Furthermore, the authors note that the scheme did not promote quality enhancing competition between service providers for vouchers. Schmidt et al. argue that set reimbursements for procedures were too low to attract significant private sector involvement and noted that the total number of providers was highly limited in some areas. The authors believe the voucher system shows promise as a demand side financing technique, but needs to streamline several management and administration issues to improve effectiveness. *Link*

Effect of Food Coupon Incentives on Timely Completion of DTP Immunization Series in Children from a Low-Income Area in Karachi, Pakistan

Chandir et al., Vaccine 2010

Chandir et al. evaluate the effectiveness of incentive vouchers in increasing diptheria, tetanus, and pertussis (DTP) immunization coverage among infants in Karachi, Pakistan. The authors designed a case control study in which selected participants received a "food/medicine coupon" worth $2.00 for attending two subsequent DTP booster appointments during the next 18 weeks. Chandir et al. found that the intervention group had a "more than 2 times higher probability" of completing the DTP vaccine schedule compared to the control group. The authors argue that their study adds to growing evidence of the effectiveness of voucher incentives in increasing immunization coverage. Yet, they note a paucity of evidence on the sustainability of such programs, as well as on the differential effectiveness of voucher programs for higher socioeconomic groups. *Link*

Branding in Contraceptive Social Marketing: The Pakistani Experience

Samad et al., Social Marketing Quarterly 2010

Samad et al. analyze three case studies of contraceptive social marketing programs in Pakistan to discuss issues surrounding branding in a "highly regulated market space." Specifically, the authors discuss the development of the Sathi project to distribute affordable condoms to low

income men; the Greenstar brand for family planning tools, and the Key Social Marketing project for oral contraceptives. Based on evidence from qualitative program reviews, Samad et al. argue for the importance of branding in facilitating "the design and implementation of effective marketing campaigns." The authors find that the case studies highlight the importance of brand ownership in providing organizations "leverage and flexibility" in their program implementation. Samad et al. also argue against competition between social marketing programs, noting that this runs counter to the goal of "increasing contraceptive usage, irrespective of brands." *Link*

Improvements in Access To Malaria Treatment in Tanzania Following Community, Retail Sector and Health Facility Interventions - A User Perspective

Alba et al., Malaria Journal 2010

Alba et al. evaluate two parallel programs, ACCESS and ADDO, in the Kilombero and Ulanga Districts in southeastern Tanzania, that aim to increase public understanding of malaria and improve access to malaria treatment by enhancing private sector delivery. The ACCESS program uses social marketing to improve public recognition of malaria symptoms and promote appropriate care seeking behaviors. It also provided training to health workers and clinical staff to improve the quality of malaria care. The ADDO (Accredited Drug Dispensing Outlet) program aims to improve access and availability of antimalarials and improve quality of malaria care in private drug stores through "training, incentives, accreditation and regulation." Alba et al. argue that together, the ACCESS and ADDO programs increased public knowledge of malaria symptoms and adult malaria treatment in health facilities and in the private retail sector, raised the quality of malaria treatment in the private sector, and overall, fostered the public's timely access to malaria drug treatment. They authors argue however that the success of the ACCESS and ADDO programs was constrained by a government shift from promoting sulphadoxine-pyrimethamine (SP) antimalarials as the first-line treatment to artemether-lumefantrine (ALu) drugs, without efforts to bolster the ALu supply. The authors also contend that the availability of anti-malarials - "the presence of a drug outlet in [a] patient's village of residence" - was the primary determinant of timely and effective malaria treatment. Affordability was not a critical determinant of use. Alba et al. conclude that the two programs successfully provide an integrated approach to improve malaria treatment and should be expanded within the region. *Link*

Comparison of Medicine Price and Availability Between the Public and Private Sector in Brazil and 13 African Countries.

Pinto et al. Rev Saude Publica 2010 and Twagirumukizaictora et al., Tropical Medicine and International Health 2010

In two separate studies, Pinto et al. and Twagirumukiza et al. compare medicine prices between the public and private sectors in Brazil and Africa, respectively. In 2004, the Brazilian Ministry of Health established the People's Pharmacy Program (FPB), which subsidizes a formulary of 107 drugs to individuals who provide a co-payment. Members can purchase the subsidized medicines at either public or accredited private pharmacies. In a comparison of four common hypertension and diabetes drugs, Pinto et al. find that in the private sector, both independent and accredited private FPB pharmacies showed a higher rate of medicine availability. The authors additionally found that the price variability in both the public and private FPB pharmacies were less than in the unaccredited private sector. Prices in private FPB pharmacies were "over 90% cheaper than those in the [unaccredited, non-participating] private sector." In contrast, in a study of 10 antihypertensive drug formularies in 13 African countries, Twagirumukiza et al. found prices in the private sector more than twice that of the same medicines within the public sector. Medicine price *variations* were greater in the private sector thank public; probably due to a lack of regulation. *Pinto* / *Twagirumukiza*

In Other News... Evaluation of the Private Sector in 48 Developing Countries Available Online

The authors of the PS4H newsletter would like to direct you to our recently completed study of the private sector role in health delivery in 48 low and middle-income countries. We use Demographic and Health Surveys from 2003 to the present to analyze country-specific and aggregate regional data on diarrhea and acute respiratory infection care-seeking behaviors and maternal delivery locations. We organize the data on public and private use of care by wealth quintiles and a $1.25/day poverty threshold. All of the data we have collected and organized may be used freely and is available from our website at: www.ps4h.org/globalhealthdata.html

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