Private Healthcare in Developing Countries

NEWS & EVENTS

3/18/10
Engaging Private Sector Health Providers in Global Health: Lessons Learned

A review of USAID experience working with the private sector was commissioned by the Gates Foundation. On March 18th it was presented and discussed by a panel of experts in Washington, DC.

3/15/10
UNAIDS Seeks Partnerships with Corporate Private Sector

Michel Sidibé of UNAIDS met with multinational corporate reps to encourage their engagement in reduction of mother-to-child transmission of HIV. It was implied that this engagement will be measured in terms of financial or in-kind donations. *Link*

3/1/10
Covering the Last Mile for Malaria Treatment: The Private Sector and AMFm

GHG/UCSF, MIT/Zaragoza, ExxonMobil, and the RBM Partnership hosted a meeting in Zaragoza, Spain to plan implementation of private sector malaria treatment under the Affordable Medicines Facility-malaria managed by the GFATM. *Link*

Above: A Private Pharmacy in Vietnam

The Impact of Social Franchising on the Use of Reproductive Health and Family Planning Services in Vietnam

Ngo et al., BMC Health Services Research 2010

Ngo et al. study government social franchises in Vietnam to determine whether franchising increases small public sector clinic patient volume and reproductive health and family planning service capacity and quality. Starting in 2007, the governments of Da Nang city and Khanh Hoa province, with the assistance of Marie Stopes International, recruited 36 small public clinics to incorporate into a social franchise network. Clinics underwent clinical and customer support training, branding, infrastructure improvements, and social marketing. Compared to other public clinics, after 12 months the franchised clinics displayed a 40% increase in total use, a 51% increase in reproductive health use, and a 45% increase in reproductive planning use. The authors note that higher client volumes "may have resulted from increased visit frequency by existing clients, not from new clients," arguing that the franchise "may have motivated current users to more often keep follow-up appoints … and return to the (clinic) with questions and other matters related to the clinic's RHFP services." The franchising scheme may have decreased socioeconomic inequity as farmers were now more likely to visit the local CHS for RHFP services. Further expansions of the social franchise model are dependent on funding opportunities and a determination of the cost-effectiveness of the model. *Link*

Contracting for Health and Curative Care Use in Afghanistan between 2004 and 2005

Arur et al., Health Policy and Planning 2010

Arur et al. evaluate contracting-out and contracting-in programs in Afghanistan and find that both interventions substantially increased service use as compared to non-contracted facilities. Following the ouster of the Taliban in 2002, a majority of health services in Afghanistan were provided by non-governmental organizations. To ensure health services in the country met a basic package of maternal and child health services, in 2003, the Afghan Ministry of Public Health decided to employ contracting with both international and Afghan NGOs. Different contracting-out approaches were employed which varied by scale, performance-based payments, contract management, and monitoring. Arur et al. find that contracted-out facilities increased service use substantially over non-contracted facilities in terms of new outpatient visits (29.3%), female visits (41.0%), visits for the poorest quintile (67.9%), and under-5 visits (26.9%). Contracting-in facilities also increased service use over non-contracted facilities among outpatient visits (83.6%), female visits (101.5%), poorest quintile visits (112.3%), and under-5 visits (21.4%). The authors contend that the success of contracting within Afghanistan displays the viability of contracting in countries where the government has relative inexperience with the contracting mechanism. *Link*

Willingness to Pay for Community-Based Health Insurance in Nigeria

Onwujekwe et al., Health Policy and Planning 2010

In an examination of individual willingness to pay for community-based health insurance in southeastern Nigeria, Onwujekwe et al. find large variations depending on socioeconomic and

NEWS & EVENTS

4/19/10
The Role of Non-State Providers in Delivering Basic Social Services for Children

The Asian Development Bank and UNICEF will hold a joint workshop on engagement with private for-profit and non-profit actors to extend the reach of government-supported health, education, and sanitation services.
Link

First Global Symposium on Health Systems Research *Call for Papers*

The WHO-led Symposium on Health Systems Research seeks to share research methods and outcomes related to health systems and to develop a shared agenda for research., including on issues related to private sector engagement. Abstracts are due by April 30.
Link

6/14/10
GHC Conference: Global Health Goals & Metrics
Washington, DC

The Global Health Council's annual meeting includes numerous sessions related to the private sector, including vouchers, PPPs, financing and development needs of the private sector and more.
Link

Above: A drug seller supported by the BlueStar social franchise in Accra, Ghana

geographic population differences. The authors find overall "less than 40% of the respondents were willing to pay for CBHI membership for themselves or other household members." Willingness-to-pay displayed a positive relation with urban location, socioeconomic status, years of education, and male gender. Wealthier individuals and those in urban communities reported willingness to pay higher monthly premiums. The authors contend that low demand for CBHI is caused by low promotion by the coordinating organization within the country. Low reported willingness-to-pay results suggest that external subsides continue to be necessary if the poor are to make use of CBHI. *Link*

Assessment of a National Voucher Scheme to Deliver Insecticide-Treated Mosquito Nets to Pregnant Women

Marchant et al., CMAJ 2010

Marchant et al. analyze the effectiveness of a national voucher program in Tanzania to increase pregnant women's use of insecticide-treated nets. The voucher program involved five steps: "attending an antenatal clinic, obtaining a voucher there, using the voucher to buy a mosquito net… treating the net with the insecticide, and, finally, using the net." The authors found a greater than 90% completion rate for each of the first two steps but only 60-73% completion rates for each of the last three steps, resulting in a cumulative success rate of 30% for participants following all steps of the program. Women in the lowest socioeconomic quintile were about half as likely to complete all steps compared to women in the highest socio-economic quintile. Socioeconomic disparities were most notable in attending the antenatal clinic, using the insecticide on the net, and using the net. Marchant et al. argue that women of lower socioeconomic status must contend with barriers including "inadequate understanding of malaria, misconceptions about the efficacy of treated nets, and differences in number of nets owned relative to household size." The authors suggest that providing nets previously treated with insecticide would increase the efficacy of the program from 30 to 52%. *Link*

Preference for Private Hospital-Based Maternity Services in Inner-City Lagos, Nigeria

Olusanya et al., Health Policy 2010

Olusanya et al. conducted an observational study of pregnant mothers in Lagos, Nigeria to determine variables associated with preference for private sector facilities for child delivery. Within the study population, 50.3% of mothers delivered in private hospital whereas 49.7% delivered in public hospitals. The authors found that mothers who delivered at private hospitals were more likely to belong to either middle or high social classes, use herbal drugs during pregnancy, and identify as Islamic. Additionally, these women were less likely to require cesarean delivery or delivery before full term, but more likely to report undernourishment and a need for phototherapy or blood transfusion upon post-natal visits. The authors note that this "potential burden of adverse outcomes" following delivery may be attributed to a lack of private facilites that treat the conditions. Nonetheless, the authors acknowledge the integral role the private sector plays within the maternal health system and suggest an increased "regulatory/supervisory" framework to strengthen infant outcomes. *Link*

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