Private Healthcare in Developing Countries

NEWS & EVENTS

4/25/09
New Resource Launched to Track ACT Price and Availability
ACTwatch, a collaboration between Population Services International and multiple partners, launched on April 25th. ACTwatch will track the availability, affordability, and volume of artemisinin combination therapy (ACT) anti-malarial medications in eight countries. The group intends to inform policy makers about the ACT supply chain and consumer treatment-seeking behavior to ultimately increase access. *Link*

WHO Establishes New Task Force on the Private Sector
The WHO's Global Health Workforce Alliance has established a task force focused on the private sector in the developing world. The task force intends to assist in measuring the extent of the private sector's role in health services, documenting promising initiatives to promote scale-up of successful programs and to foster greater understanding between the public and private sectors. The group intends to launch a "private health sector incubator" to facilitate the "spawning of private sector start-ups across geographical boundaries." *Link*

Above: An NGO pharmacy in Tanzania

Pharmacy Quality in Low- and Middle-Income Countries

Smith F, Pharm World Sci 2009

In a meta-analysis of 30 studies on pharmacies in low and middle-income countries, Smith finds widespread concern over the quality of professional practice of pharmacists, yet notes the potential for pharmacies to contribute to successful primary healthcare. Smith finds that researchers consider pharmacies crucial to healthcare provision in the developing world, as they are a primary source of consultation and treatment. However, studies show local pharmacies fail to question clients appropriately, commonly misdiagnose ailments, and do not adhere well to guidelines or established protocols of medicine sale and advice provision. Smith also notes that numerous studies did not differentiate between licensed pharmacies and community shops. When researchers did differentiate between the two, no discernible variability in quality was reported. *Link*

Government Social Franchising in Vietnam

Ngo et al., Social Marketing Quarterly 2009

Ngo et al. analyze the development of a government-run 'social franchise' of rural reproductive health clinics in Vietnam. In the 1990s user fees were imposed in government health centers in Vietnam and private practices were legalized. In the decade since, the public perception of commune health centers (rural clinics) is that they provide lower quality care, have worse outcomes, and provide less availability of essential supplies than their private counterparts. With the technical assistance of Marie Stopes International, two provincial health departments in central Vietnam developed a fractional social franchise for reproductive health and family planning services for community health stations. A preliminary evaluation of the program revealed increased quality and client satisfaction, a willingness of clients to pay for additional services, and a shift from private clinics to the government franchise for RH and FP services. *Link*

Competition in the Retail Market for Malaria Treatment in Rural Tanzania

Goodman et al., Health Economics 2009

Goodman et al. analyze the retail market for anti-malarial drugs in rural Tanzania to explore the relationship between drug prices and competition. The analysis reveals that the anti-malarial drug market is highly concentrated and geographically segmented, leading to a lack of competition and to high drug prices. Because of the difficulty of obtaining new stock, Goodman et al. surmise that drug outlets often choose high prices over high volume. The authors also note the possibility of collusion between retailers leading to price fixing. The analysis confirms previous studies that indicate that geography, poor information among both consumers and retailers, and lack of affordability all limit drug access. Goodman et al. suggest several measures to increase competition and reduce prices including expanding the number of drug shops, stocking general stores with anti-malarial medicines, enforcing price regulation, or distributing anti-malaria medicines with recommended retail prices. The authors conclude that without policies to reduce the concentration and market power of individual shops, new, heavily subsidized anti-malarials (ACTs) may not reach poor populations. *Link*

NEWS & EVENTS

4/24/09

$225 Million AMFm Initiative Launched to Increase Access to Anti-Malaria Drugs

The Affordable Medicine Facility - Malaria (AMFm) initiative, an international partnership between The Global Fund, Roll Back Malaria, UNITAID, DFID and the Norwegian government, formally launched on April 24th. AMFm intends to increase access to artemisinin-based combination therapy (ACT) medicines in the developing world by negotiating with manufacturers and subsidizing the wholesale sales price. AMFm will accept funding applications from 11 countries in Africa and Asia. The initiative plans to increase provision of ACTs through public, private, and NGO channels. A central goal of AMFm is to reduce the use of less effective malaria treatment and combat resistance stemming from treatment with artemisinin mono-therapies. *Link*

JUL. 11, 2009

Role of the Private Sector in Health Symposium, Beijing, China

This iHEA pre-conference symposium will bring together policymakers and researchers to map out knowledge on the role of the private sector in healthcare and health systems development and to determine where further research is needed. Keynote and plenary speakers from the World Bank and governments of China and India will present. *Link*

Above: Surgeons operating in Sierra Leone

Equity in Community-based Health Insurance in Nigeria

Onwujekwe et al., Health Policy 2009

In this article, the authors examine differences in enrollment and utilization in two community-based health insurance (CBHI) schemes in Nigeria. The authors find that enrollment was associated with enrollee perception of financial risk protection and quality treatment, and the primary reasons for non-enrollment were inability to pay premiums, concurrent enrollment in a government scheme, and distance from an enrolled facility. The authors argue that although overall enrollment in both programs was low, enrollment was equitable among different socioeconomic groups. This was due to the flexible payment schemes, which allowed the premium to be paid in installments. The authors note that differential enrollment in the two programs can be attributed to insufficient community involvement, a lack of trust in the programs, and the voluntary nature of the enrollment. The authors argue that neither CBHI scheme is sustainable because of small risk pools and dependency on subsidies. They recommend the creation of exemptions for needy groups. *Link*

Universal Precautions and Surgery in Sierra Leone

Kingman et al., World Journal of Surgery 2009

In a comparative survey of government and private hospitals in Sierra Leone, Kingman et al. note that mission and private hospitals maintain a much higher level of HIV protective supplies compared to their government counterparts. Government hospitals were found to have low levels of sterile gloves (20%), eye protections (20%), sterilizers (50%), and sharps containers (50%), all of which were present at the private hospitals. The authors argue that low levels of universal precautions may be attributed to a lack of knowledge and scarce resources. Kingman et al. note that these findings spurred an international NGO to develop a program to locally procure supplies to protect the surgical workforce. *Link*

Availability of Essential Medicines for Children in Africa

Robertson et al,, Bulletin of the World Health Organization 2009

Robertson et al. conducted a survey of public and private healthcare facilities across 14 countries to determine the availability and affordability of children's medicines included on national essential medicine lists (EMLs). The authors found that private retail pharmacies stock more EML medicines than both NGO and government-run central medical stores. However, the overall availability of EML drugs was low, ranging from 35% in the public sector to 50% in the private sector. Medicine prices at private pharmacies were additionally found to have greater variability than in the public sector pharmacies. The authors note that further studies on the supply systems and demand pattern need to be conducted in developing countries to reveal the root causes of low availability. *PDF*

In other news...

Compendium of Social Franchises Released

The Global Health Group's recently published compendium of existing social franchises worldwide is available for download. *PDF*

Panel Discussion on Private Sector Role in HIV and TB Services

Abt Associates has organized a session at this year's Global Health Council on the evolving role of the private sector in the delivery of HIV and TB services. *Link*

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