# Private Healthcare in Developing Countries

## NEWS & EVENTS

**3/31/10**

**Report on Output Based Aid Released by the World Bank**

Output-Based Aid: Lessons Learned and Best Practices, a new World Bank report, details the experience of over 200 output-based aid projects across six sectors. The health section details World Bank projects including: a reproductive health voucher programs in Uganda, a new public-private partnership hospital in Lesotho, and a maternal and child health insurance scheme in Argentina. The report additionally provides a information on the funding, targeting, performance risk, and monitoring of different output-based aid projects. *Link*

**4/30/10**

**Global Health Council and R4D Hold Session on the Role of the Private Sector in Developing World Healthcare**

The Global Health Council and Results for Development (R4D) convened a session on the positive and negative aspects of the private sector in mixed health systems in the developing world. A blog report of the session is available online from R4D alongside presentations delivered by several panelists including representatives from the World Bank and USAID.

*Above: A Midwife in Uganda.*

## Educational Interventions to Improve Quality in Drug Shops in Sub-Saharan Africa

Wafula and Goodman, International Journal for Quality in Health Care 2010

Wafula and Goodman survey educational interventions to improve specialized drug shop quality in Sub-Saharan Africa. In their evaluation of ten studies, the authors conclude that educational interventions successfully altered knowledge outcomes among participants, including appropriate prescribing, referral, and disease management practices. Interventions improved certain communication measures, including counseling and advising patients, but were less successful at improving patient history taking. Wafula and Goodman found that some interventions reduced "inappropriate dispensing of medicines" by "empower[ing] sellers to refuse client requests for drugs in certain instances." The few studies that documented patient-based outcomes noted higher patient satisfaction, an improvement in patient compliance, and patient knowledge of risk factors. Interventions did not affect the amount of money spent of medicines. Wafula and Goodman also note the importance of profit motives of drug shops that can lead to product substitution, unnecessary treatment over referral of patients, and adoption of techniques that would reduce sales. *Link*

## Integration of Malaria and HIV/AIDS Prevention Services Through the Private Sector in Uganda

Mbonye et al., International Health 2010

Mbonye et al. study the feasibility of programs for private midwives to provide HIV/AIDS prevention services alongside malaria prevention services to pregnant women in Uganda's Wakono district. Within the study population, the authors found that 22% of pregnant women received antenatal care from private midwives, and 63.5% of pregnant women sought information on malaria prevention from midwives. However, less than ten percent of women sought HIV testing, family planning services, or ARV treatment from private midwives. Constraints to the integration of HIV/AIDS services into existing service lines by private midwives included: "inadequate skills, the high cost of drugs and supplies, and the lack of supervision from the district." Informants also noted that integration of services could be fostered through refresher courses on HIV and malaria; government subsidization of drugs, testing kits, and nets; government supervision; and community sensitization to the importance of care through trained health workers. Mbonye et al. argue that integration of HIV/AIDS and malaria services can be expanded with increased government support, including subsidized drugs and supplies. *Link*

## A Review of Retail Sector Distribution Chains for Malaria Treatment in the Developing World

Patouillard et al., Malaria Journal 2010

Patouillard et al. conduct a literature review of the role of local retailers in the distribution chain for malaria treatment throughout the developing world. The authors find that the distribution chain for retailers has a "pyramid shape" with "fewer suppliers at the top and more numerous suppliers at the bottom. The number of tiers within the supply chain ranged from zero (where "retailers obtained drugs directly from the factory gate) to four, with more levels present for "more remote locations and those with less qualified staff." The authors found low competition in the anti-malarial

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**5/1/10**
**Community-Based Health Insurance in Rwanda**

*TDRnews* reports on increases in immunization rates, bed-net usage, and skilled birth attendance in Rwanda., thanks in part to community based-health insurance. *IHP+ Policy Brief Link (PDF)*

**5/1/10**
**Social Franchising Website and Compendium**

An online community of practice for Social Franchising stakeholders was launched at www.sf4health.org . Also available at the site are case studies of social franchise programs and a Compendium of 40 social franchise programs around the world, with data on services, volumes, & funding.

**5/20/10**
**AMFm underway in Madagascar**

The long-awaited Affordable Medicines Facility-malaria (AMFm) is moving forward with contracts signed and orders for medicines placed in Madagascar.

**6/20/10 - 6/26/10**
**Building Public-Private Partnerships for Health Systems Strengthening**

The Asian Network for Capacity Building in Health Systems Strengthening and the World Bank Institute are holding a course in Bali, Indonesia on the role and stewardship of the private sector in health. http://public-private-health.net

*Above: A Medicine Retailer in Uganda.*

market, particularly on the top level. Anti-malarial drug mark-ups varied "ranging from 27% to 99% at primary level, 8% at intermediate and 2% to 67% at terminal level." Patouillard et al. found higher mark-ups for the retail market, which varied based on the outlet type with levels "between 3% and 566% in pharmacies, 29% and 669% in drug shops and 100% and 233% in general shops." The authors found little evidence for the reasons for differential pricing decisions and argue for additional research on the distribution chain for anti-malarial medication, especially in light of the new Affordable Medicine Facility for malaria (AMFm) which aims to increase coverage for ACTs by subsidizing the top of the distribution chain. *Link*

## Implementation of a Government-led Intervention to Expand Quality and Access to Anti-Malarials by Private Medicine Retailers in Kenya

Rowa et al., BMC Public Health 2010

Rowa et al. conduct a qualitative analysis of a Kenyan government-directed intervention to expand private medicine retailers' appropriate treatment practices and public access to anti-malarial medication. The Kenyan Ministry of Health program trained private medical retailers to diagnose, prevent, treat, and refer malaria cases and disseminated information to the public about the role of private medicine retailers in the national malaria control strategy. Rowa et al. found major barriers to the program's successful implementation, including limited government oversight, the "relative instability of outlets, medicines stocked and retail personnel," substandard medicine quality, lack of consumer trust, and the "reluctance of [customers] to accept advice to buy different, more expensive, medicines." Despite these challenges, Rowa et al. argue that the program is feasible because of retailers' positive experiences, increased customer satisfaction, and strengthened business outcomes from "more rational purchasing of medicine stock and increased medicine sales." The authors additionally report that private provision in rural areas was proscribed by the limited buying power of rural residents and retailers, concluding that subsidies are integral to expanding anti-malarial access in more remote locations. Finally, the authors note that public information can strengthen training programs by engaging local communities and facilitating client-based performance monitoring. *Link*

## Socioeconomic and Ethic Group Inequities in Antenatal Care Quality in the Public and Private Sector in Brazil.

Victora et al., Health Policy and Planning 2010

In an assessment of antenatal care quality in southern Brazil, Victora et al. found substantial socio-economic and racial inequities and a quality gap between public and private providers. More affluent individuals were more likely to start antenatal care earlier and white and mixed race individuals began care earlier than black women. For all socioeconomic quintiles, women who used private care experienced a higher number of antenatal procedures and were more likely to start care within the first trimester. Antenatal care quality was higher in the private sector across all socioeconomic quintiles. *Link*

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