SESSION #5: ASSESSING KEY HEALTH MARKETS

ASSESS
What are the key markets?
What is the private sector’s contribution?
What obstacles does it face in enhancing that contribution?
What are the benefits of collecting data on the private sector?

What challenges do you confront in collecting this data?
Key questions to answer

▪ Which private sector actors are included in the total network? In the wider market system?

▪ What kinds of activities do they perform?

▪ For whom (e.g. socio-economic groups) do they perform these activities (e.g. health services, products, supporting such as access to finance)?

▪ Where do they carry out these activities?

Approaches to analyze the health markets

- Private / Health System Assessments
- Market Scoping Exercise

- Facility Census Surveys
- Provider Knowledge, Attitudes and Perception Research

- Consumer Health Seeking Behavior Research
- Consumer Knowledge, Attitudes and Perception Research

- Deep dive market research in a specific sub-sector

Others?
Private Sector Assessment (PSA) and MSE approach

Most data sources are available
### Private sector assessment compared to market scoping exercise

<table>
<thead>
<tr>
<th>When to use</th>
<th>Private sector assessment</th>
<th>Market scoping exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Have adequate time and resources</td>
<td>▪ Need to do deep dive in on market system</td>
<td>▪ Need to “scan” small number of markets to identify potential partners</td>
</tr>
<tr>
<td>▪ Need to address systematically specific data gaps</td>
<td>▪ Need to “scan” small number of markets to identify potential partners</td>
<td>▪ Have limited funds</td>
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<tr>
<td>▪ Need to establish mechanisms to collect private sector data</td>
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<tr>
<td>▪ Need to reframe dialogue on total market</td>
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<tr>
<td><strong>Pros</strong></td>
<td>▪ Collects new, reliable data on private sector</td>
<td>▪ Less expensive</td>
</tr>
<tr>
<td>▪ Builds trust and support for PSE</td>
<td>▪ Quick turn-around</td>
<td>▪ Jump starts “dialogue” on market ideas</td>
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<tr>
<td>▪ Generates lots of market opportunities</td>
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<tr>
<td><strong>Cons</strong></td>
<td>▪ Difficult to find data</td>
<td>▪ Relies on existing data—which is limited and unreliable</td>
</tr>
<tr>
<td>▪ Expensive</td>
<td>▪ Takes time</td>
<td>▪ Generates limited market opportunities</td>
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<tr>
<td>▪ Often lack analytical skills to carry out</td>
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</tbody>
</table>
Types of data generated by sector wide approaches

- Landscape of all actors in health sector and/or sub-sector
- Public-private mix of health facilities, pharmacies and drug stores, and medical labs
- Public-private mix of supply chain sub-sectors (e.g. manufacturers, distributors, retailers)
- Public-private mix of human resources in health by cadres and geographic locations
- Public-private mix of health training institutes
- Health financing trends including overall private expenditures and by sub-sectors
Stakeholder landscape

Figure 2.2 Current Landscape of Uganda Health Sector Structure

Source: Updated from the PHS Program 2013 Stakeholder Analysis
## Public-Private mix of health infrastructure

### Total Number of Ugandan Health Facilities by Ownership, 2012

<table>
<thead>
<tr>
<th>Facility Level</th>
<th>Public</th>
<th>Private not for profit</th>
<th>Private for profit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>56</td>
<td>64</td>
<td>45</td>
<td>65</td>
</tr>
<tr>
<td>Health center IV</td>
<td>148</td>
<td>170</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Health center III</td>
<td>706</td>
<td>937</td>
<td>157</td>
<td>272</td>
</tr>
<tr>
<td>Health center II</td>
<td>945</td>
<td>1,696</td>
<td>391</td>
<td>522</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td><strong>1,855</strong></td>
<td><strong>2,867</strong></td>
<td><strong>602</strong></td>
<td><strong>874</strong></td>
</tr>
</tbody>
</table>

**Total Number of Ugandan Health Facilities by Ownership, 2012**

- **PFP**: Private for profit
- **PNFP**: Private not for profit
- **MOH**: Ministry of Health

PFP: Private for profit; PNFP: Private not for profit, MoH: Ministry of Health
## Public-Private mix of Human Resources for Health (HRH)

<table>
<thead>
<tr>
<th>Human Resource Category</th>
<th>Total</th>
<th>Public</th>
<th>Private not for profit</th>
<th>Private for profit</th>
<th>Private Sector %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>5,141</td>
<td>1,047</td>
<td>361</td>
<td>3,733</td>
<td>80%</td>
</tr>
<tr>
<td>Nurses</td>
<td>28,885</td>
<td>16,490</td>
<td>4,145</td>
<td>8,250</td>
<td>43%</td>
</tr>
<tr>
<td>Midwives</td>
<td>12,115</td>
<td>10,465</td>
<td>987</td>
<td>663</td>
<td>17%</td>
</tr>
<tr>
<td>Clinical Officers</td>
<td>6,685</td>
<td>2,702</td>
<td>558</td>
<td>3,425</td>
<td>60%</td>
</tr>
<tr>
<td>Laboratory staff</td>
<td>8,926</td>
<td>2,447</td>
<td>746</td>
<td>5,733</td>
<td>73%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>657</td>
<td>45</td>
<td>24</td>
<td>588</td>
<td>93%</td>
</tr>
<tr>
<td>Dispensers</td>
<td>551</td>
<td>169</td>
<td>172</td>
<td>210</td>
<td>69%</td>
</tr>
<tr>
<td>Total Available</td>
<td>67,237</td>
<td>35,248</td>
<td>7,522</td>
<td>24,467</td>
<td>47%</td>
</tr>
</tbody>
</table>
Public-Private mix of health training institutes (HTIs)

Public-Private Mix of Nurse/Midwifery Health Training Institutes

- Public: 18%
- PFP: 49%
- PNFP: 33%

Public-Private Mix of Allied HTIs

- Public: 37%
- PFP: 48%
- PNFP: 15%

Source: Capacity Program, 2015

PFP: Private for profit; PNFP: Private not for profit, MoH: Ministry of Health
Public-Private mix of maternal health services

**Delivery Provider by Income Quintile**

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Public</th>
<th>Private</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest</td>
<td>57%</td>
<td>37%</td>
<td>5%</td>
</tr>
<tr>
<td>Poorer</td>
<td>60%</td>
<td>44%</td>
<td>1%</td>
</tr>
<tr>
<td>Middle</td>
<td>45%</td>
<td>39%</td>
<td>11%</td>
</tr>
<tr>
<td>Richer</td>
<td>41%</td>
<td>43%</td>
<td>16%</td>
</tr>
<tr>
<td>Richest</td>
<td>11%</td>
<td>28%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: UDHS 2011

**Source of Expenditure for Maternal and Reproductive Health Services**

- Public: 44%
- Private: 13%
- Home: 42%
- Other: 1%
- Development Partners: 10%
- MOH: 20%

Out of pocket

OOP: Out of Pocket; MoH: Ministry of Health
Type of data generated by provider research

Facility census and mapping

Provider qualitative research

- Ability to partner (e.g. capacity, quality, etc.)
- Willingness to partner (e.g. interest)
- Barriers to partner (e.g. regulatory, market conditions)
Type of data generated by consumer research

- Top health service attributes >>>> most important service/product features
- Relative preferences >>>> consumer preference one attribute over another
- Cohort differences >>>>>>> preferences across demographic and income groups, gender
Primary health care research in US

10 Insights from Primary Care Consumer Choice Survey

1. Convenience is king.
2. Same day appointments trumps walk-ins and wait.
3. Evenings or weekends? Depends on age.
4. Clinic near errands or work? Work.
5. One-stop shop is worth the drive.
6. Consumers prioritize convenience over credentials and continuity.
7. High tech beats high quality.
8. Don’t rely on your brand.
9. Talk about money—consumers will trade access for bill info.
10. Know your target audience—particularly their age.

<table>
<thead>
<tr>
<th>18-29</th>
<th>30-49</th>
<th>50-64</th>
<th>65+</th>
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<tbody>
<tr>
<td><strong>Access</strong></td>
<td><strong>Convenience</strong></td>
<td><strong>Value</strong></td>
<td><strong>Quality</strong></td>
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</tbody>
</table>
| Extended Hours | Time to 1st Available Appointment | Ancillary Services | C |}

- **Convenience**
  - 24/7 hours ranked highest among convenience attributes
  - Ability to walk in and be seen within 30 minutes ranked highest among convenience attributes
  - On-site ranked highest among convenience attributes

- **Value**
  - After Hours Access
  - Prefers after hours to weekend access
  - Convenience Trumps Free
  - Time to 1st available appointment & ancillary services on-site are preferred to free visits
  - Convenience and Service Trump Free
  - Provider continuity and provider credentials preferred over free visit

- **Quality**
  - What Reputation?
  - These cohorts seemed to care less about reputation than the 65+ cohort—no reputation factors appeared in their top 20 attributes. Their highest-ranked reputation factors were clinic’s patient satisfaction survey scores and partnership with best hospitals in area.
  - Brand and Affiliation
  - 4 of top 20 clinic attributes were on reputation

- **Cutting Edge Technology and Provider Credentials**
  - Treatment by a doctor over a nurse practitioner and clinic with latest, cutting-edge technology were highest-ranked quality preferences across all age cohorts; both were preferred over clinic quality scores.
Type of data generated by market research

**SUPPLY**
- Market size
- Market segments
- Market trends
- Market barriers
- Market competition
- Price

**DEMAND**
- Current demand
- Potential demand
- Consumer preferences
- Consumer ability to pay
- Consumer willingness to pay
Inclusive process to analyze market data

**INCLUSION STRATEGIES**
- Form working group comprised of public-private representatives
- Together determine scope of analysis
- Together identify data sources
- Together review and comment on preliminary analysis
- Together co-develop recommendations and prioritize market areas
- Together convene meetings to disseminate findings and recommendations

**PROS**
- Facilitates access to private sector data
- Incorporates diverse perspective on data
- Gain private sector perspective on contribution to MOH goals and objectives
- Builds trust and respect

**CONS**
- Takes more time and resources
- Potential for disagreement and conflict
PART 1 (45 minutes)
- First, list data needs to analyze priority challenge and related health markets
- Identify if there is a need to conduct additional research; if so what type, using what methodology and to answer what question
- List next steps to carry out this new research

PART 2 (15 minutes)
- Document group work
## Group Work #2 – Data gaps Action Plan

<table>
<thead>
<tr>
<th>Data Gap Areas</th>
<th>Research Methodology</th>
<th>Research Objective(s)</th>
<th>Action Steps</th>
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