

SESSION #5: ASSESSING KEY HEALTH MARKETS



ASSESS

What are the
key markets?

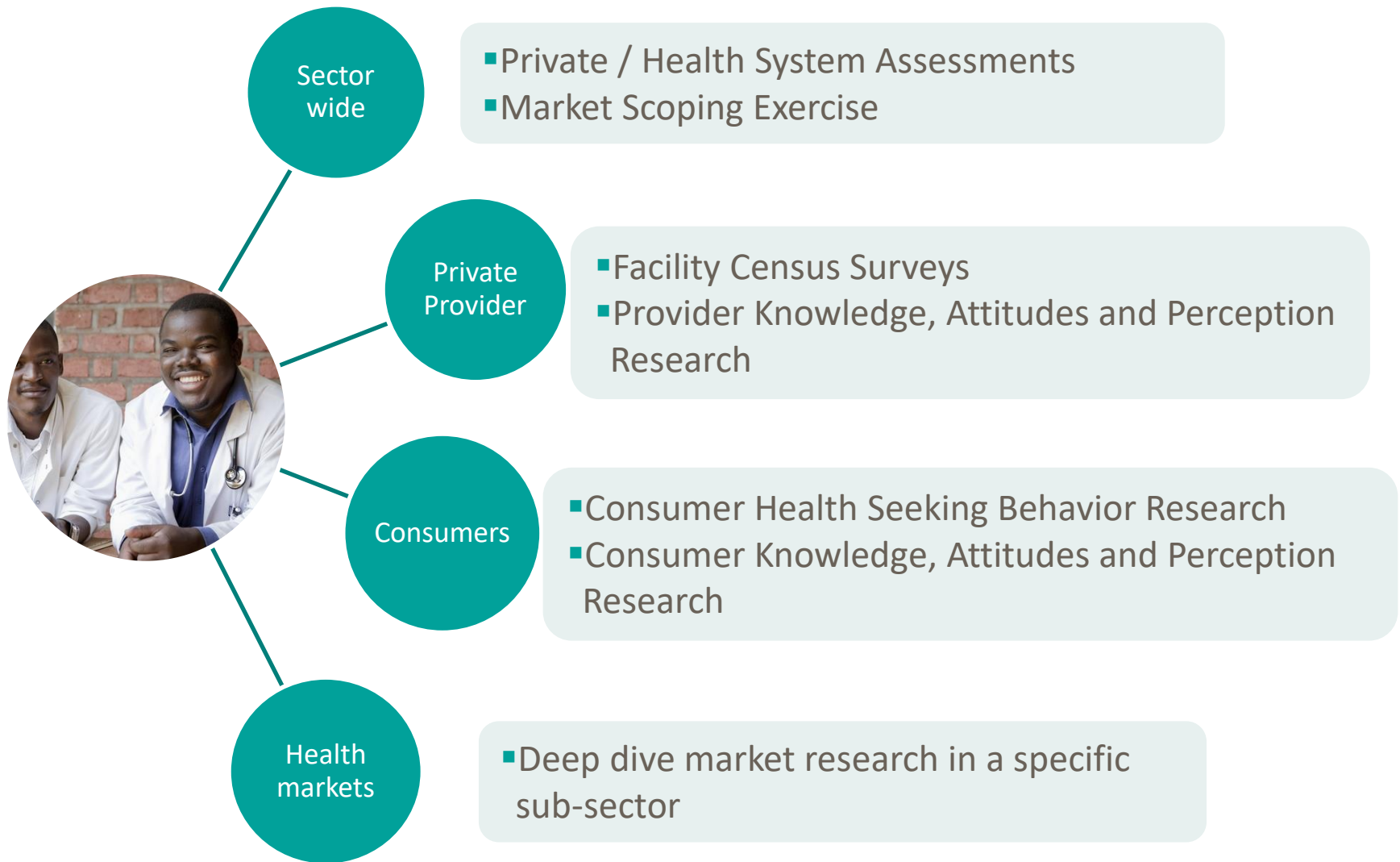
What is the private
sector's contribution?
What obstacles does it
face in enhancing
that contribution?

- What are the benefits of collecting data on the private sector?
- What challenges do you confront in collecting this data?

Key questions to answer

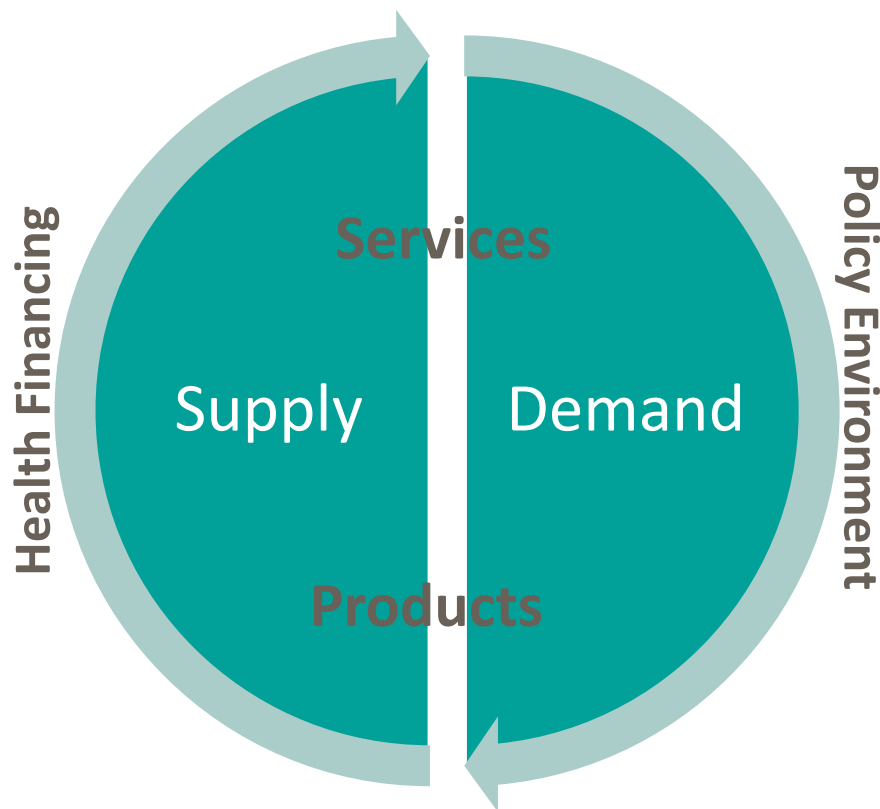
- Which private sector actors are included in the total network? In the wider market system?
- What kinds of activities do they perform?
- For whom (e.g. socio-economic groups) do they perform these activities (e.g. health services, products, supporting such as access to finance)?
- Where do they carry out these activities?
- Who pays? How? At what cost? At what price?

Approaches to analyze the health markets



Others?

Private Sector Assessment (PSA) and MSE approach



Most data sources are available

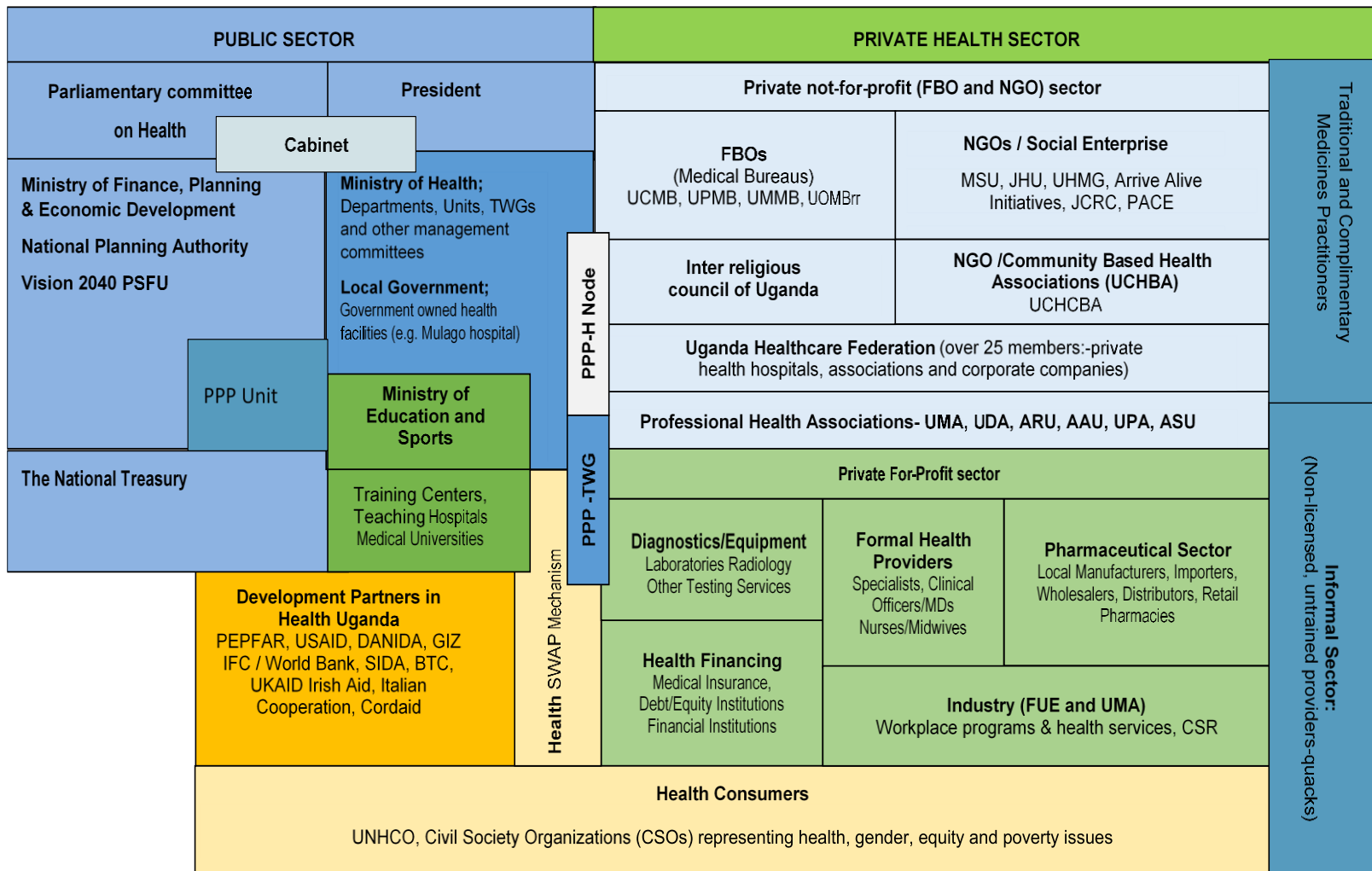
Private sector assessment compared to market scoping exercise

	Private sector assessment	Market scoping exercise
When to use	<ul style="list-style-type: none"> ▪ Have adequate time and resources ▪ Need to address systematically specific data gaps ▪ Need to establish mechanisms to collect private sector data ▪ Need to reframe dialogue on total market 	<ul style="list-style-type: none"> ▪ Need to do deep dive in on market system ▪ Need to “scan” small number o markets to identify potential partners ▪ Have limited funds
Pros	<ul style="list-style-type: none"> ▪ Collects new, reliable data on private sector ▪ Builds trust and support for PSE ▪ Generates lots of market opportunities 	<ul style="list-style-type: none"> ▪ Less expensive ▪ Quick turn-around ▪ Jump starts “dialogue” on market ideas
Cons	<ul style="list-style-type: none"> ▪ Difficult to find data ▪ Expensive ▪ Takes time ▪ Often lack analytical skills to carry out 	<ul style="list-style-type: none"> ▪ Relies on existing data-which is limited and unreliable ▪ Generates limited market opportunities

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

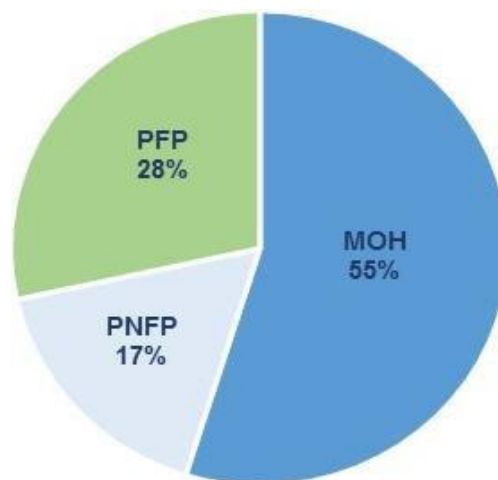


Public-Private mix of health infrastructure

Total Number of Ugandan Health Facilities by Ownership, 2012

Facility Level	Public		Private not for profit		Private for profit		Total	
	2005	2012	2005	2012	2005	2012	2005	2012
Hospitals	56	64	45	65	7	23	108	152
Health center IV	148	170	9	15	3	8	160	193
Health center III	706	937	157	272	10	70	873	1,279
Health center II	945	1,696	391	522	257	1,387	1,593	3,605
Sub-Total	1,855	2867	602	874	277	1,488	2,734	5,229

Total Number of Ugandan Health Facilities by Ownership, 2012

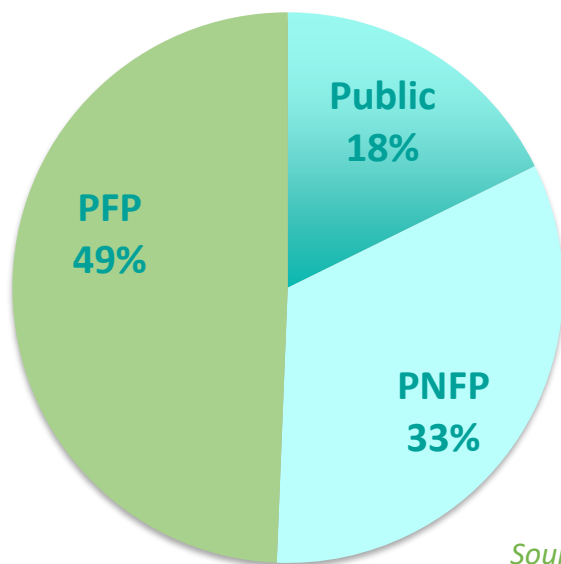


Public-Private mix of Human Resources for Health (HRH)

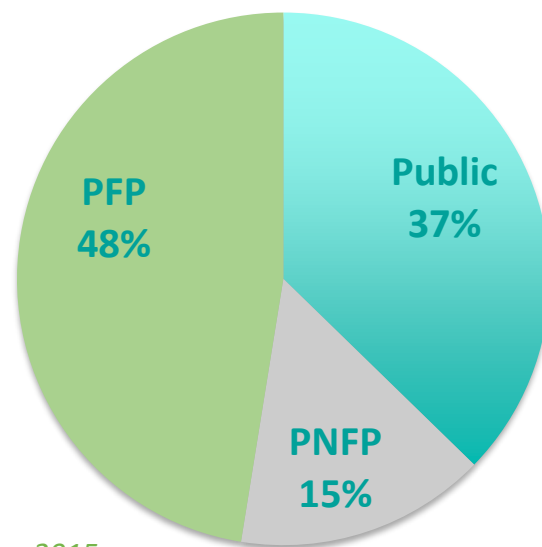
Human Resource Category	Total	Public	Private not for profit	Private for profit	Private Sector %
Doctors	5,141	1,047	361	3,733	80%
Nurses	28,885	16,490	4,145	8,250	43%
Midwives	12,115	10,465	987	663	17%
Clinical Officers	6,685	2,702	558	3,425	60%
Laboratory staff	8,926	2,447	746	5,733	73%
Pharmacists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

Public-Private mix of health training institutes (HTIs)

Public-Private Mix of Nurse/Midwifery Health Training Institutes



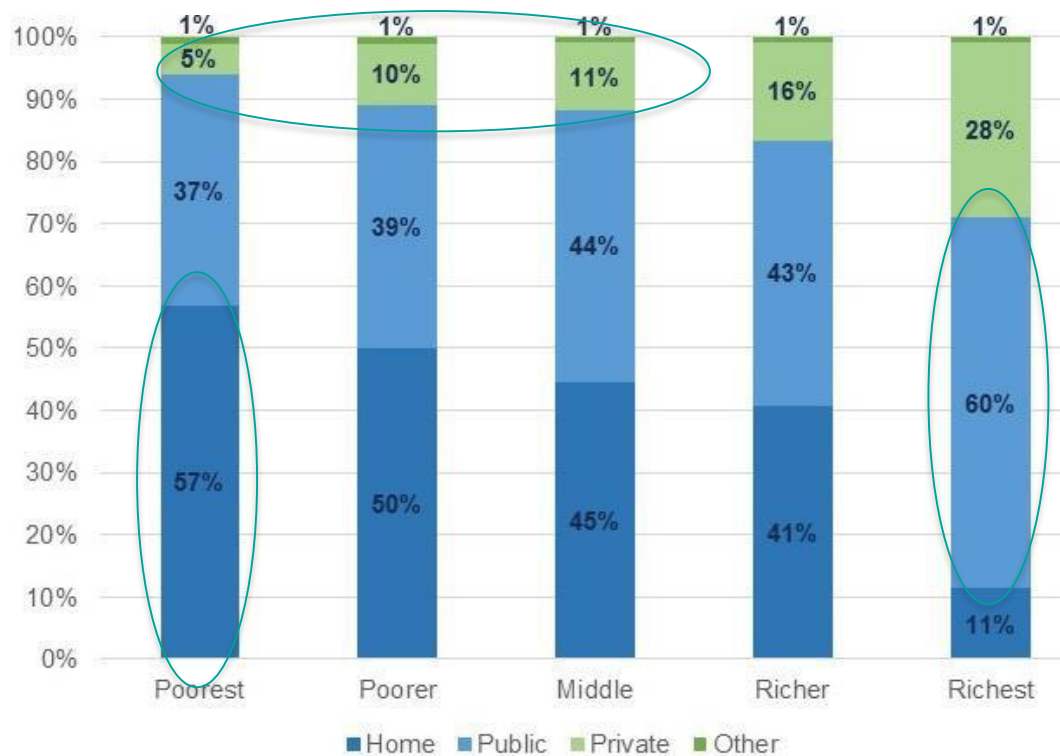
Public-Private Mix of Allied HTIs



Source: Capacity Program, 2015

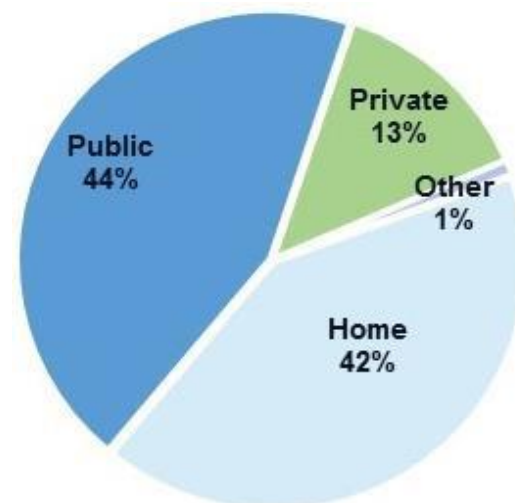
Public-Private mix of maternal health services

Delivery Provider by Income Quintile

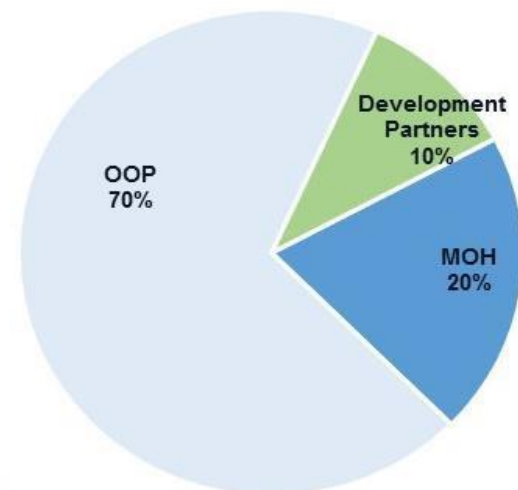


Source: UDHS 2011

Public-Private Mix of Delivery Services



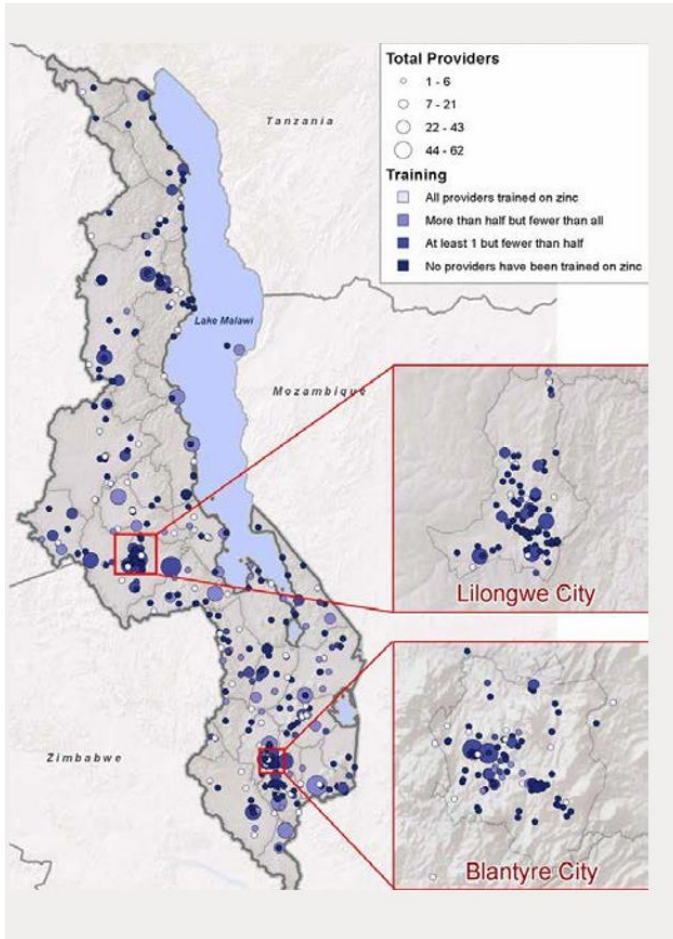
Source of Expenditure for Maternal and Reproductive Health Services



Out of pocket

Type of data generated by provider research

Facility census and mapping



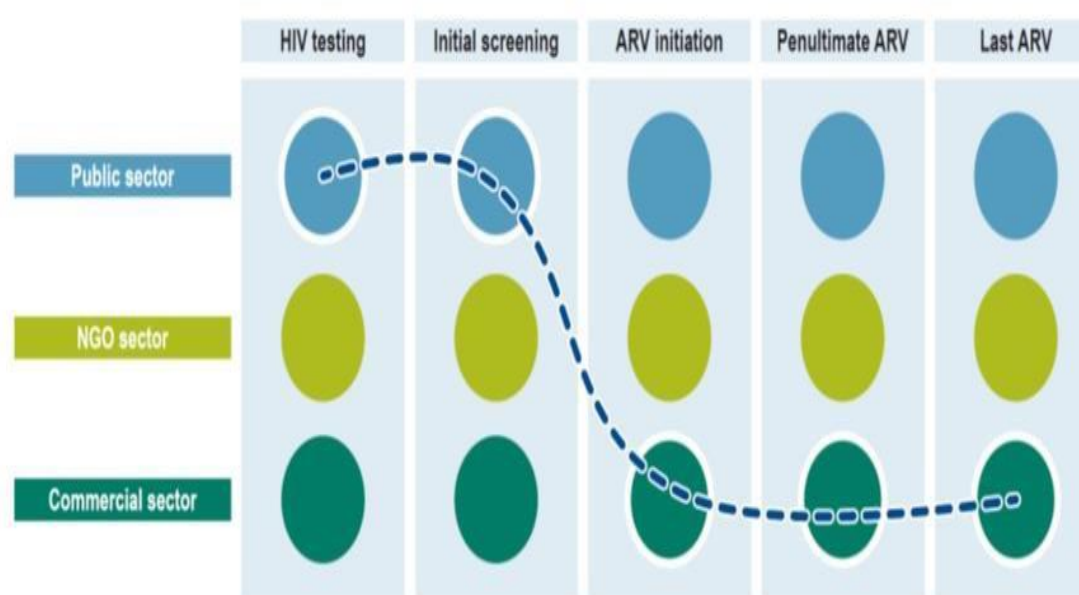
Provider qualitative research

- 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

Consumer pathway to HIV/AIDS care

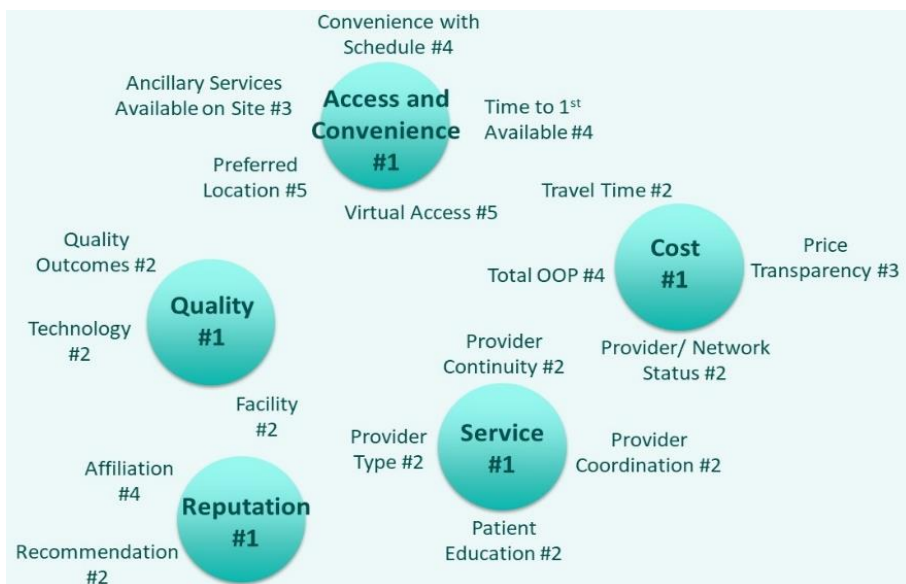


Source: SHOPS+ Report, 2009

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.



	18-29	30-49	50-64	65+
Convenience	Extended Hours 24/7 hours ranked highest among convenience attributes	Time to 1st Available Appointment Ability to walk in and be seen within 30 minutes ranked highest among convenience attributes		Ancillary Services On-site ranked highest among convenience attributes
Access	After Hours Access Prefers after hours to weekend access		After Hours Access Prefers after weekend access over after hours	
Value	Eliminate OOP Free visits is top preference		Convenience Trumps Free Time to 1 st 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
Reputation	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
Quality	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

Group Work instructions – Data needs

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

Data Gap Areas	Research Methodology	Research Objective(s)	Action Steps