

# SESSION #6: DESIGNING HEALTH MARKET INTERVENTIONS Part 1

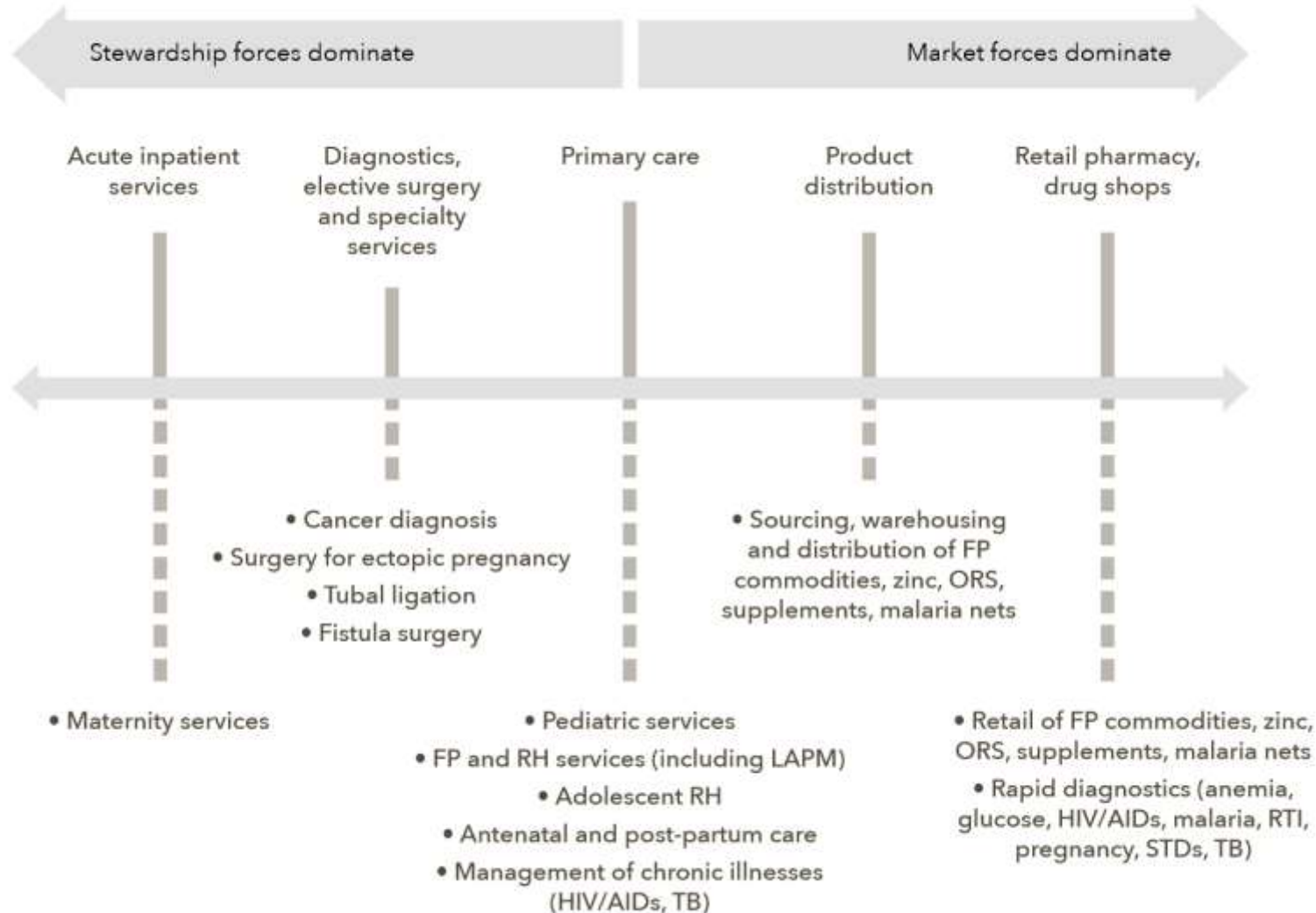


## DESIGN

In which markets  
should we intervene?  
What tools of government  
should we include in the  
strategy for intervention?  
What are the  
likely impacts?

# Stewardship vs. market forces in RMNCAH-N markets

Markets organized along continuum of stewardship vs market forces



# More market forces interventions - retail



## Support pharmacy / drug shops to deliver Oral Rehydration Salt/Zinc

- Multiple countries
- Approach includes i) partnering with local authorities; ii) increasing consumer demand for ORS/zinc, iii) building private provider capacity to offer ORS/Zinc responsibly; and iv) ensuring quality supply of ORS/Zinc through partnerships with local manufacturers



## Network private pharmacies to treat Tuberculosis/Opportunistic Infection

- Vietnam Department of Health (DOH) partnered with 1000 private pharmacies in 5 provinces
- DOH created General Prescribing Practices (GPP) accreditation and two-way referral system linking public facilities with private pharmacies
- Trained pharmacists in customer relations, clinical and counselling and business skills

# More market forces interventions - retail



## Rapid diagnostics and other technologies

- Acute respiratory infection diagnostic aids (ARIDA) helps diagnose pneumonia using portable pulse oximeters
- Malaria rapid diagnostic test (MRDT) detects malaria in less than 30 minutes
- Embrace Warmer tiny sleeping bag-like device for premature infants to regulate body temperature
- PPPs to manufacture small oxygen tanks to treat acute respiratory infection



## Vaccine / Cold Chain donations

- Gov't donates vaccines and/or cold chain to private providers
- Uses Memorandum of Understanding (MOU) to ensure private provider follows standards and does not charge patients
- Govt' conducts information, education and communication and outreach
- Private provider participates in immunization campaigns

# More market forces interventions - retail



## Support pharmacy / drug shops to deliver Family Planning with a voucher

- Multiple countries have successful commodity voucher program (China, Costa Rica, Ghana, Iran, India, Malaysia, Mali, Philippines, Tanzania, Vietnam and Zambia)
- Accredited providers are branded
- Ministry of Health (MOH) trains and supplies FP methods and ITNs; also conducts information education and communication (IEC) campaigns directing clients to accredited providers
- Voucher removes cost for pregnant mothers; provider receives “dispensing” fee
- Easier to manage compared to Reproductive Health (RH) services voucher program

# Less market forces – community outreach



## Jordan Community Health Workers (CHW) and vouchers

- CHWs paid to give info on family planning, early breast and cervical detection, pre- & post-natal health, child nutrition and health
- Reached over 1 million women of reproductive age in < 5 years
- CHWs refer with voucher to MOH or certified female private MD; 60% acted on clinic referral
- Slight increase in FP acceptance, better results in RH (e.g. early detection of cancer) and child health
- Challenge is model is donor reliant



## Contract Community Health Workers (CHW) and mobile services

- Proven approach (20 countries) based on Marie Stopes International standardized model
- Family planning mobile outreach team has a clinician, counsellor and driver who with CHWs and volunteers
- Team offers information, education and communication, temporary and modern methods on-the-spot
- Outreach has increased: # of new accepters, use of modern methods and client satisfaction
- Now integrating HIV/AIDs
- Challenge is model is donor reliant

# Less market more stewardship forces– Primary health services



## Formalize and strengthen referral system

- South Africa Department of Health (DOH) and Broad Reach Healthcare established a “Down Referral Model” to alleviate burden on the public sector
- DOH initiates and stabilizes people living with HIV/AIDS (PLWHA)
- Broad Reach manages PLWHA with community and family support
- DOH now expanding model to manage non-communicable diseases (NCDs)



## Expand PMTCT through private midwife networks

- Tanzania Ministry of Health (MOH) partnered with PRINMAT (private nurse midwife association) to expand PMTCT B+ services
- MOH/National AIDS Program expanded nurse/midwife scope, trained them in ART, donated supplies and drugs
- Also leased non-working public facilities to expand private practices to underserved areas

# Less market more stewardship forces – Primary health services



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# Less market more stewardship forces – Primary health services



## Contracting with General Practitioner networks in New Zealand

- Govt purchased PHC services but private GPs deliver services
- Health Funding Authority contracts Primary Health Operators (PHOs)
- All GPs required to join a PHO to be reimbursed for primary health services
- Govt defines service package and negotiates reimbursement rates with PHOs
- Govt establishes health targets but local gov't monitors progress results



## Non-government Organizations (NGOs) contracting in Bangladesh

- Over a decade experience in contracting NGOs
- Central and local govt contract with NGOs to deliver PHC
- Focused in largest cities: Dhaka, Chittagong, Khulna and Rajshahi
- Established new facilities i) delivering obstetrical care, ii) offering curative and preventive services, and iii) outreach sites bringing prevention and information, education and communication closer to community
- Good health and efficiency outcomes
- But experience similar challenges to service level agreements (SLAs)

# Less market more stewardship forces – MH services



## Private midwives under PhilHealth

- PhilHealth in Philippines contracts private midwives
- MOH accredits individual or network midwives
- PhilHealth (National health insurance) pays private midwife
- No cost to mother/family
- Midwives subject to Ministry of Health inspection and supervision
- Popular service among women – convenient, quality, customer care, no waiting time
- Increasing #s with go to private midwives



## Maternal/Reproductive Health voucher Programs

- 13 RH voucher programs and growing (China, Bangladesh, Cambodia, Kenya-2, Korea, India, Indonesia, Nicaragua-3, Taiwan, and Uganda-2)
- Qualified public and private provider contracted to deliver a “defined” M/RH package
- Consumers receive voucher and choose provider
- Studies demonstrate positive outcomes (e.g. increased utilization, improved quality)
- Challenges on cost-effectiveness and long-term sustainability due to donor dependence

# More stewardship – hospital services



## Service Level Agreements (SLA)

- Ministries of Health enter service contract with FBOs (Uganda, Kenya, Tanzania, Malawi) for wide range of **hospital** services
- Tanzania and South Africa now uses SLAs with private facilities
- SLAs are input based, medium term contracts
- Challenges include late payment, costing of services, adequate provider reimbursement levels, lack of both MOH and facility capacity to manage contracts

# More stewardship – diagnostic services



## Lab Co-Location Public-private-partnerships (PPP)

- Lancet and Kenya Moi Hospital formed a PPP
- Hospital offers space on-site and lends Ministry of Health staff
- Lancet remodels and equips lab, trains doctors and lab staff, operates lab, and resupplies commodities
- Lancet agreed to reduced fees for test
- Patients pay for tests
- PPP produced positive results: fully functioning lab with modern equipment, trained staff, increased volume of tests, better diagnosis, and lower price tests for consumers
- So successful Lancet is sharing revenue with hospital



## Referrals - Tanzania

- MOHSW and Tanzania Lab Associated developed directory of all private labs
- Identified referral opportunities
- Ministry of Health (MOH) contracts with private labs at reduced fees /National Health Insurance Scheme reimbursement when MOHs lacks equipment
- Private labs refer and pay for specialty tests performed in MOH referral labs
- Also fostered collaboration – private labs “lend” reagents during stock-outs or repair MOH lab equipment

# More stewardship – medical training institutes



## ELIMU Afya

- Partnership fund between private sector, Ministry of Health (MOH) and USAID
- Funds student to become nurses, midwives, pharmacists and lab technician
- Initial capital will become a revolving fund that can earn interest and grow
- Students pay back their loans when they start working
- Loans are at favorable terms



## Private Medical Institutes

- Ministry of Health in Kenya, Malawi, Tanzania and Uganda have Memorandum of Understanding with Faith-Based Organizations training institutes
- Purpose is to train para-medicals on behalf of MOH



## Health training in Bangladesh

- Market intervention focused on 3 areas
  - Revising regulations and guidelines to allow more Training Institutes into the market
  - Modernized and updated training curricula
  - Focused on under represented HRH cadres (e.g. nursing assistants, paramedics, Community health workers)
- Results varied by cadre but system results included: i) increased # of HRH licensed; ii) increased # of Training Institutes; iii) increased skill levels; and iv) more trained HRH retained in rural areas

# Take away messages on stewardship vs market forces

- Patterns have emerged in well-functioning health systems (mostly OECD countries)
- Market forces play a dominate role in some markets lend while in others, stewardship forces command
- What does this mean for governments?
  - In markets where market forces dominate, government intervenes with a “lighter” touch....Tools of Government (ToG) are often indirect, less complicated
  - In markets where stewardship forces dominate, governments intervenes with a “heavier” touch...ToGs are more complicated and sophisticated, requiring new institutions, tools and skills
- Often easier to start with more market-oriented interventions as government builds capacity
- No matter the market intervention, government **always** plays an instrumental stewardship and regulatory role