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Supportive Supervision, an Effective Interim Regulatory Measure for Private Health Sector Services in Ethiopia

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Chief of Party

USAID | Private Sector Health Program

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Focus

- Ethiopia's health resources challenge
- Challenges in embracing the private sector in the provision of public health services
- Health regulation: why & how
- Supportive Supervision as an interim measure

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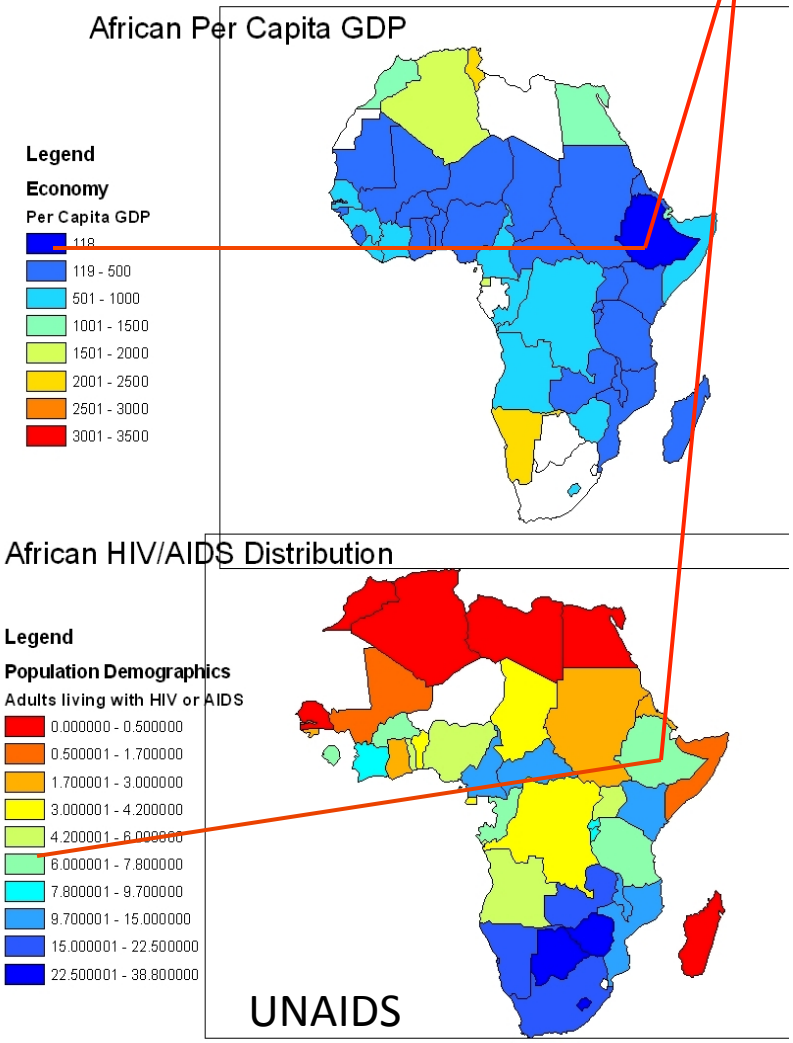
Ethiopia



- Population of 80 million
- Primarily rural - 83%
- GDP per capita of US$190
- Human Dev. Index 170th/177
- Moderate to heavy disease burden
- Significant challenges in meeting health care needs of the populace
- THE as a percentage of GDP - 4.9%,
- 1.0 physician per 37,209 people
- 70% care is out of pocket
- TB, HIV/AIDS, Malaria, MCH, FP and Nutrition are the national urgent health issues

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National Response capacity

Facilities & Staff	Public	Private
Hospitals	100	95
Health Centers	1365	--
Clinics, including NGO	--	2853
General Practitioners	1008	728
Internists	72	52
Pediatricians	47	49
OB/GYN	83	72
Nurses	12,180	9820

Source: HSDP IV, 2010

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Consequences of *Public Sector Only* bias

- The overloaded public sector (>2000 HIV/MD) of Ethiopia lacks the capacity to meet the major public health demands
- e.g. the PLH distribution based on CD4 count suggests that 47 – 63 % of the HIV population needs ART today
- At the current capacity, it will take the Public Sector 13.2 to 16.6 years to enroll those in need
- It will take public + private 4.2 to 5.2 years
- In Amhara, the second largest region with a population of 18 million, only 31 private for profit clinics accounted for 24% of the regional TB detection

The Dilemma

- Given the problem, Ethiopia needs more than the combination of the public and private health sector capacity to adequately respond to the demand
- There is, however, a national bias against the private sector using resources donated to take care of the poor
- There is also concern, even from the most ardent supporters of the private sector that unregulated, it could do greater harm than good

Other Allegations

The private sector:

- is for profit only
- is only interested in the urban rich
- will use resources donated to Tx specific diseases to Tx other illnesses of the rich
- will leak drugs into the black market
- has neither sensitivity nor accountability re: cost quality, equity

Facts on the Ground

- Private providers:
  - *"profit…yes, but also national obligation, especially when it comes to public health services"*…**Providers**
- Quality:
  - Better than the public sector by all measures; therefore, patients prefer the private, even those who could least afford it
- Misperceptions will be rectified through awareness campaign
- The **red flag** of lack of regulation needs work

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Care Usage

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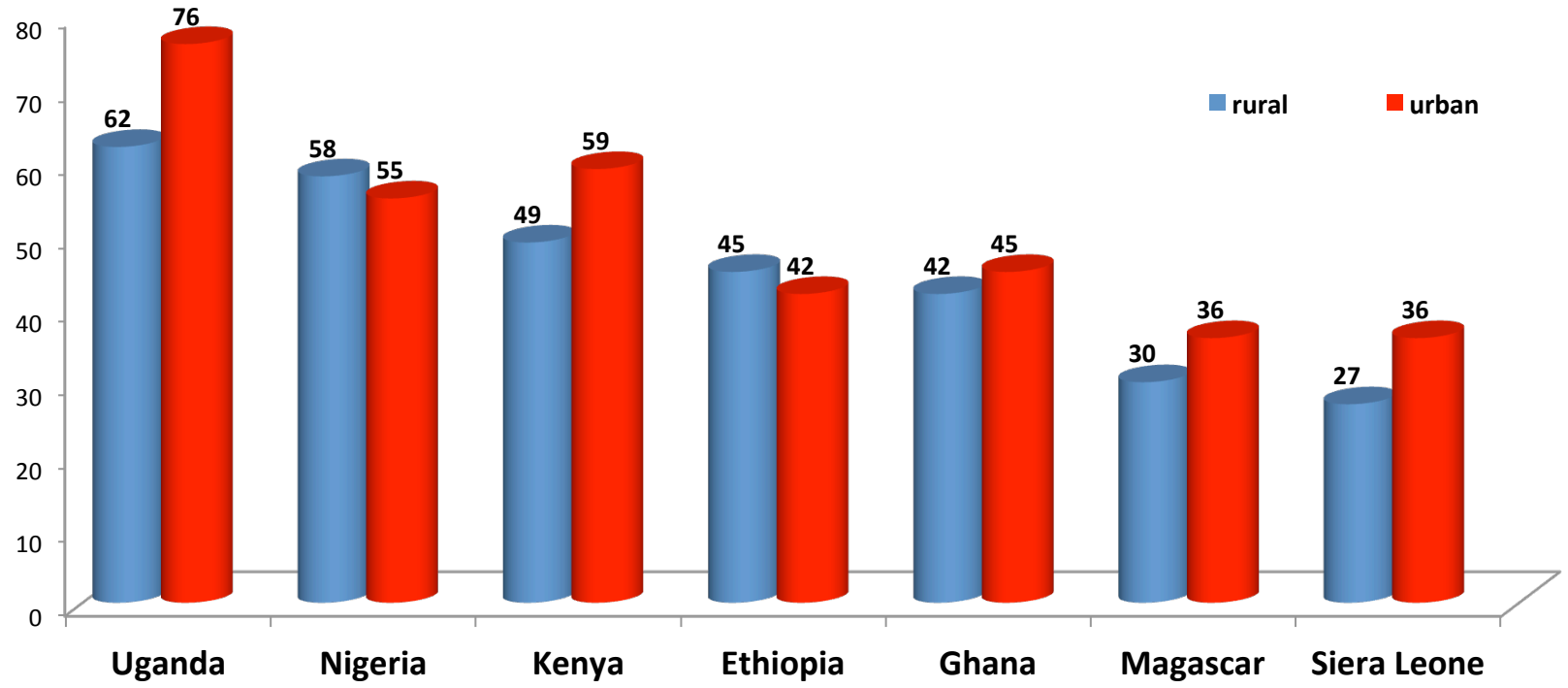
Percent population receiving care from private for profit providers



Source: African Development Indicators, World Bank 2006

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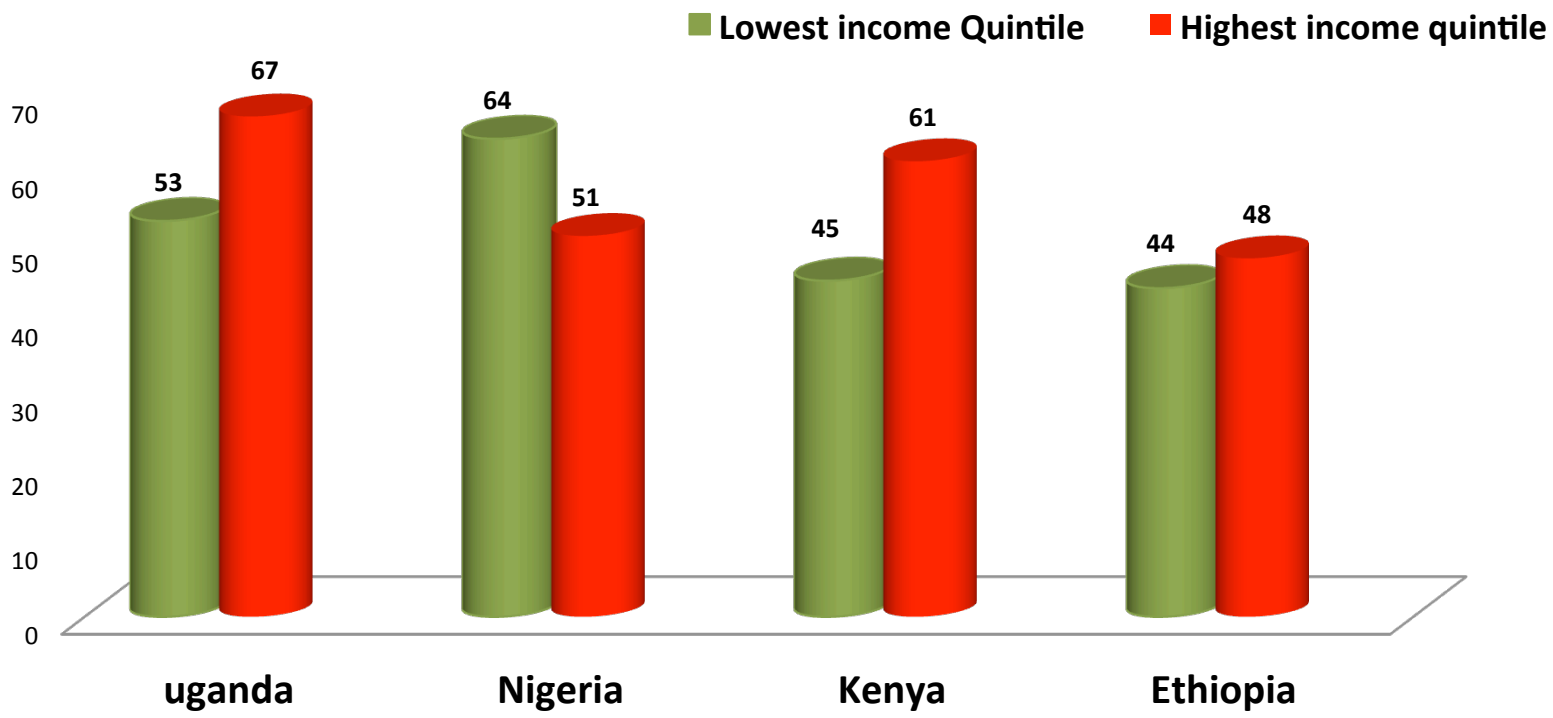

source: African development Indicators, World Bank 2006

Health Regulations

- Why regulate health care?
  - To meet health care standards
    - Structure — competent (licensed/registered) health providers; licensed premises
    - Process — education, prevention, triage, Dx & Tx, follow up
    - Outcome — lower morbidity & mortality; lower disease incidence & prevalence
  - To assure safety and effectiveness of care

Supportive Supervision

- What is supportive supervision?
  - A byproduct of the rollout of ART to hospitals and clinics in 2005 in the face of crippling resources constraint
  - Complex Tx had to be rolled out rapidly to facilities that were less than ideally set up to manage what was demanded by the program
  - Therefore, required closer monitoring of the practice setup and on the job training and coaching to get it right

Supportive Supervision

The process

- Quarterly visit by a team of
  - MD, RN, RP, Lab Technician, Representative of RHB and Representative of the district health office
- Team members meet with their respective discipline and review
  - **Structure**: staffing, waiting area, ventilation, PPE, sinks, rest rooms, etc
  - **Processes**: Triage, data validation, lab findings vs medications dispensed reconciliation, etc
  - **Outcomes**: TB sputum conversion & cure rates, CD4 count rise, etc
- Identify gaps
- Teach on and point out causes on the spot
- Together with the facility staff govt. reps. prepare action plans to be addressed before next visit
- Exit debriefing
- Quarterly written report to RHB, District Health Office, Facility

Examples of achievement

- **Drug Management:**
  - Elimination of drug shortages
  - Redistribution of drugs: overstocked to under stocked
  - Timely disposal of expired drugs
  - Reconciliation of Dx and drugs dispensed…new
- **Lab**
  - Supply of reagents of known quality and expiry dates
  - External quality assurance
    - AFB smear overall discordance rate dropped from 7.5 % to 0.7%

Examples *cont'd*

- **Referral system**
  - Tracking referred patients
    - Consensus built
    - Referral log books distributed
    - Referral feedback boxes at receiving sites
  - Contact, defaulter and *fail to show* tracing
    - Linking the clinics to the district office & the community thru' the health extension care workers (HECW)

Supportive supervision

- Perceived as an opportunity to learn rather than punitive, the facility staff look forward to the visit
- The government officials also see it as an opportunity to learn and at the same time document compliance with (yet unwritten) expectations of performance
- The technical supervisors are eager to witness and document if their effort had paid off
- Undoubtedly creating trust between the public and private sector; will promote the rapid finalization of the drafted standards

Conclusion

- Most health regulations in the world have or are shifting to a more supportive regulatory system instead of imposing the ideal to be met at the outset
- Supportive Supervision designed primarily to support and coach care provision at the facility level does meet the essentials of health regulations by requiring incremental improvement towards acceptable standards of care

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Supportive Supervision

- Is this a reasonable interim regulatory measure?