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Public-Private Linkages for Health

Engaging the Private Sector Around Quality Assurance

Building Public-Private Linkages to Advance Reproductive Health and HIV/AIDS Services in Africa

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private sector partnerships for better health

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World Health Organization

Overview

- What do we mean by quality?
- What do we know about quality and the private health sector?
- Framework for engaging the private sector around quality
- Engaging the private sector around quality improvement
  - Strategies
  - Promising approaches
  - Case example from Kenya
- Conclusions
- Selected resources for engagement

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Quality is a principal concern for PPPs

- Ensuring quality in private sector is a major concern for MOHs
- Adequate regulation of health care, including private sector, is a government responsibility, but how? And how to ensure a level playing field?
- People tend to perceive, however, that quality is better in the private sector
- Data show that quality improvement is needed in both public and private sectors in Africa; one is not uniformly better than the other

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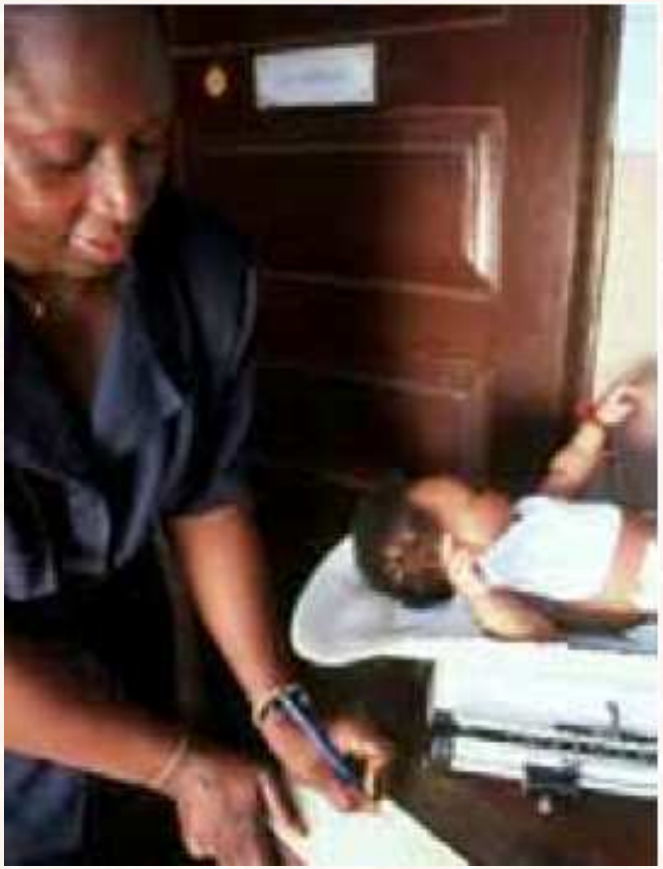
What do we mean by quality?

- "…the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"
  (IOM, 1990; OECD, 2004b)
- "Doing the right action, right, the first time"
- Multidimensional – Quality care should be
  - Effective
  - Safe
  - Patient centered
  - Timely



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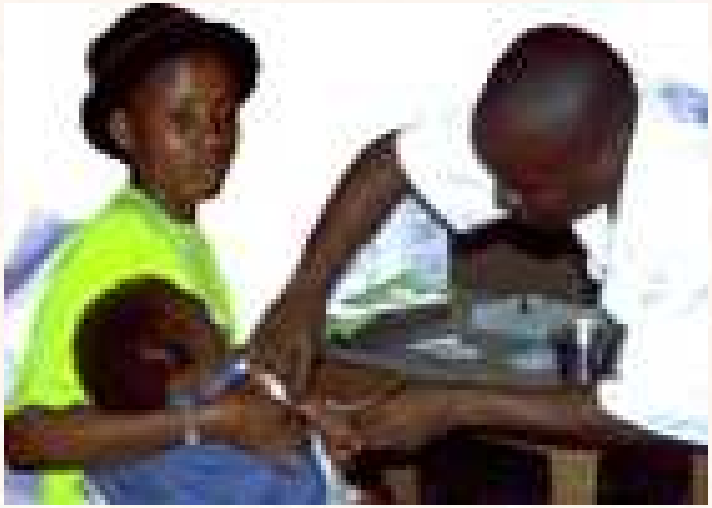
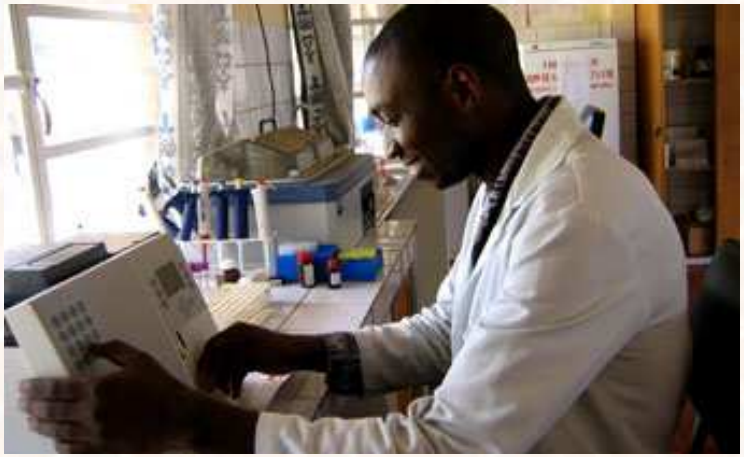
What do we mean by quality?





- System approach to quality assessment
  - Structure: attributes, inputs of the setting in which care is delivered
  - Process: series of actions and procedures that constitute the process of care
  - Outcome: impact of care on health and well-being of patients

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What do we really know about quality in the private RH sector?

- Few studies/evaluations have been conducted in developing countries
- Available evidence (including anecdotal) raises concerns about quality of care
- Substantial heterogeneity in private RH providers translates into variable quality levels
- Difficult to develop/adapt tools to improve quality of RH care among private providers in developing countries, especially where supervisory structures lacking

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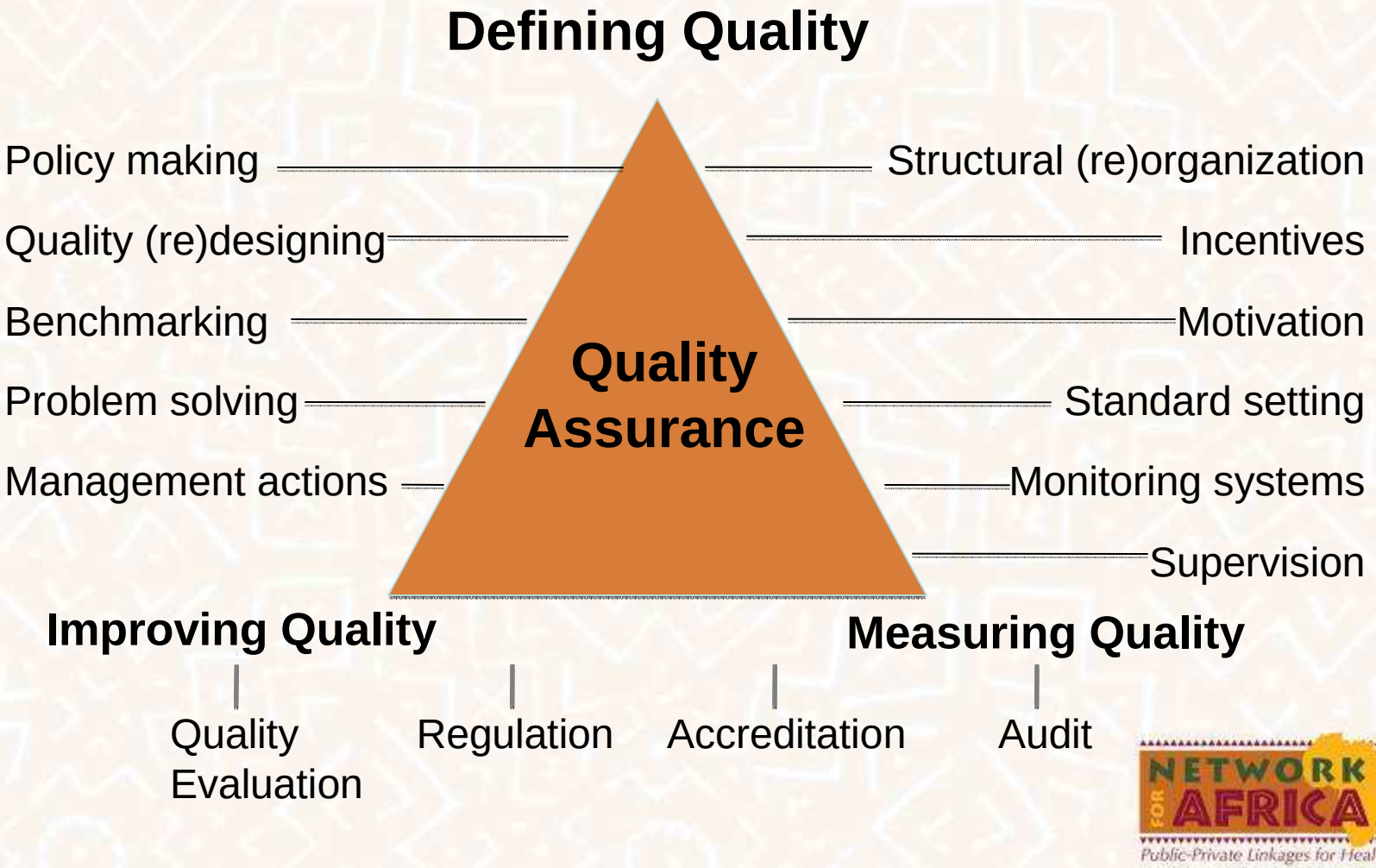
Framework for engaging the private sector around quality



Why approaches for public sector can be difficult to apply in the private sector

- Knowledge base comes from public sector
- Financial and political interests different
- Private providers typically outside existing accreditation/regulatory structures
- Private RH providers usually not part of a supervisory system
  - Often small, e.g. midwives, relatively isolated from other providers
  - Or they *choose* to participate in a supervisory system, or pay fee to be part of an association, network

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Be strategic about entry point

Opportunities to engage private sector on quality at different levels, different stages

- Assess services “offered” by private providers
- Communicate standards to private providers, equip them with tools, guidelines
- Methods to assess clinical/health care: e.g. self-assessment, peer review among private providers, direct observation, medical chart review
- Formal quality monitoring systems: e.g. accreditation, licensing, CME, franchising, targeted subsidies, professional liability

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A foot in the door

- Promising approaches for quality assurance in the private sector exist, including:
  - Networking of providers
  - Working with private professional associations
  - Performance-based contracting
  - Involving private sector in development of standards
  - Inviting private sector providers to participate in public sector trainings
  - Harmonizing practices and regulation

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A foot in the door

Networking of providers	Kenya, Uganda, Nigeria
Working with private professional associations	Uganda, Malawi, Ethiopia
Involving private sector in development of standards	South Africa
Performance-based contracting	Uganda, Egypt, South Africa
Inviting private sector providers to participate in public sector trainings	Uganda, Egypt, Tanzania, Kenya
Harmonizing practices with regulation	Zambia, Ethiopia

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Information and training for QI: one example from Kenya

Problem identified by MOH:

- Inappropriate prescribing and treatment practices for malaria in private drug shops

Solution proposed:

- MOH-led initiative to engage private sector through information dissemination/training around malaria in Bungoma district, Kenya

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Situation analysis (1)

- 1998 survey in Bungoma counted 1,500 private drug outlets (many unlicensed), 38 health facilities
- 87% of shopkeepers had never received training on drug use

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Situation analysis (2)

- Private sector main source of drugs and treatment information for about 2/3 of malaria clients
- Less than one-third of customers at private outlets receive correct information on drug dosages
- Operations research to evaluate low-cost outreach education (vendor-to-vendor) programme to improve private sector compliance with malaria guidelines

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Conceptual Framework for Intervention

DHMT:
develop job aids and conduct training

Equipping mobile drug vendors and attendants in wholesale outlets to communicate new malaria guidelines to private retailers and clinics

Mobile vendors & wholesale attendants:
communicate guidelines

Retail shops, pharmacies, private clinics:
sell drugs and give information

Malaria clients:
comply with treatment

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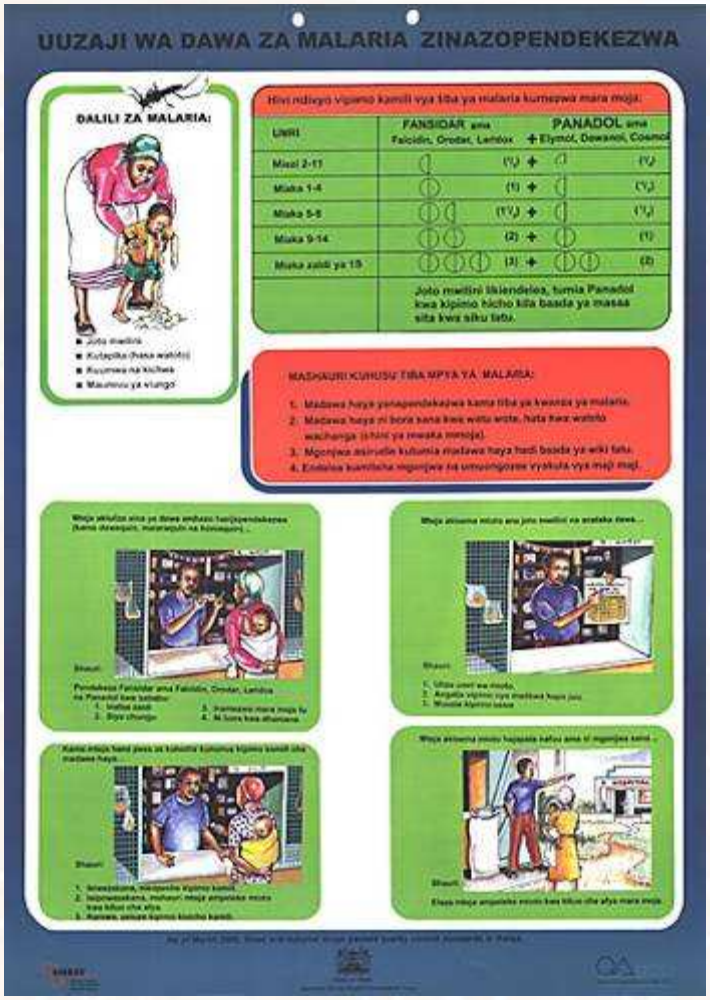
Design of vendor-to-vendor campaign

- Three-hour orientation for wholesale owners
- One-day training for mobile vendors and attendants who work in wholesale pharmacies and shops
- Custom-designed job aides (posters) for wholesale vendors to distribute to retail private outlets and clinics
- Collection of receipts from outlets
- Wholesalers in effect serve as unpaid outreach educators of new malaria guidelines



Results

- Vendor-to-vendor intervention had 9 fold increase on knowledge of and compliance with malaria treatment guidelines
  - correct treatments increased from 2% to 18.3%
- Greatest impact on small shops/kiosks; less on private clinics and pharmacies

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Conclusions

- Quality problems exist throughout health care market; important priority for MOH
- Need to ***engage*** private sector around quality; common interest that can serve as bridge
- Be strategic in identifying entry point based on scope of problem and size of the market
- The role of supervision remains important

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Lessons for the Future

- QI work can build important links between public and private sectors and create synergy which has been missing
- There are quality improvement techniques that work in the private sector
- These QI experiences can be building blocks for further:
  - Public private partnerships
  - Contracting out
  - Performance-based payment systems
  - Licensure and accreditation

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Selected Resources for Engagement

- Quality Assurance Project
  - http://www.qaproject.org/methods/resources.html
- Agency for Healthcare Research and Quality
  - http://www.ahrq.gov/qual/
- JPHIEGO
  - http://www.jhpiego.org/scripts/pubs

  (performance improvement)

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