Frontier Health Markets (FHM) Engage

PRIVATE SECTOR GLOBAL DATA SUMMARY

Identification and description of existing global data sources to understand the size and scope of the private health sector in low- and middle- income countries

August 1, 2022

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Acronyms

CM4FP	Consumer's Market for Family Planning
CSIS	Contraceptive Security Indicators Survey
DHIS2	District Health Information Software 2
DHS	Demographic and Health Surveys
EIU	Economist Intelligence Unit
FHM	Frontier Health Markets
FP	Family Planning
FP VAN	Family Planning Visibility and Analytics Network
HIV	Human Immunodeficiency Virus
IHME	Institute for Health Metrics and Evaluation
LMIC	Low- and Middle-Income Countries
MICS	Multiple Indicator Cluster Surveys
NGO	Non-governmental Organization
OECD	Organization for Economic Co-operation and Development
OOP	Out-of-pocket
PMA	Performance Monitoring for Action
RHSC	Reproductive Health Supplies Coalition
RMCH	Reproductive Maternal Child Health
SHOPS	Strengthening Health Outcomes of Private Sector
SARA	Service Availability and Readiness Assessment
SPA	Service Provision Assessment
TB	Tuberculosis
UHC	Universal Health Coverage
UNCTAD	United Nations Conference on Trade and Development
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WHO EMRO	World Health Organization Eastern Mediterranean Regional Office

Executive Summary

In order to ensure that all citizens can receive health goods and services when and where they need them, both a public sector and robust private sector are essential. The Frontier Health Markets (FHM) Engage project seeks to strengthen local health markets for greater participation of the private sector in the delivery of health services and products. To strengthen local health markets, we must first understand the current state of the market and identify areas what interventions are needed. This report contributes to our understanding by identifying and summarizing currently available global data sources on the private health sector in LMICs.

We categorize the identified data sources by the market function the sources relate to. These market functions include supply; demand; stewardship; financing; rules, regulations, and norms; and market information. We identify relevant sources for each of these market functions and discuss what information each source brings to bear on that function. While there are limits to global data sources, they are a very useful starting point. This report is intended to serve as a reference for project staff as they begin market assessments by providing a consolidated list of global data sources as well as summarizing the availability of those resources for all LMICs. Importantly, the majority of the sources highlighted in this report are readily available without expenditure of significant time or effort.

At the same time, our findings highlight some limitations of these existing global data sources. Notably many of these sources are updated less frequently than is ideal to capture ever-changing market dynamics. Likewise, there is greater global data availability for some functions than others. As a result, country specific data sources would be required to develop a more complete picture of the market, especially for areas such as stewardship.

This report is a first step in a larger process of improving the collection and use of private sector data. Future work will delve deeper into the gaps in the data identified in this report including analyzing opportunities to improve upon existing global and country-specific data sources. This report, combined with other ongoing work, will assist in identifying areas where markets are strong as well as where there are opportunities for further market development.

Introduction

The global community has increasingly recognized the importance the private sector in achieving universal health coverage (UHC).[1] In low- and middle-income countries (LMICs), the private sector, broadly defined to include all non-state actors in the health sector, provides a significant portion of the healthcare services, ranging from an estimated 40 percent in the Latin American and Caribbean, African, and Western Pacific regions to as high as an estimated 62 percent in the Eastern Mediterranean region.[2] As the scale of the private sector has become more understood, there has been a growing recognition of the importance of engaging the private sector to achieve UHC goals. To effectively engage the private sector, however, we first need to develop a better understanding of the size and scope of the private sector in order to analyze how the private sector is contributing to UHC in any given context or where and what interventions may be necessary to maximize that contribution.

Frontier Health Markets (FHM) Engage, under the Year 1 Work Plan, has identified two key results areas. Result 1 is focused on **improving the market environment** for greater private sector participation, while Result 2 is focused on **improving equal access to and uptake** of high-quality, consumer driven health products, services, and information. Under Result 1, this report contributes to intermediate result 1.4 (IR1.4), which aims to improve the collection and use of private sector data and market intelligence to better inform public and private sector decision-making. This is important because existing data on the private health sector is often of poor quality, incomplete, or analyzed in isolation making it difficult to identify the areas where interventions are needed to improve efficiency, equity, and overall progress towards UHC. Together with other activities within IR1.4, this effort will work to define market intelligence, understand resources to diagnose the market, and demonstrate how a data aggregation and visualization platform could be used to help analyze and interpret available data sources. Under this workstream, Metrics for Management is identifying and describing existing global data sources in this report and will then dive deeply into the continued data needs required to understand each market function.

This report serves as a preliminary step in this effort by aggregating existing global data sources that can be referenced as a starting point for the FHM team in their initial assessments of health markets. While local data sources may be needed to round out our understanding, there are benefits to starting with global sources. Importantly, most of these sources can be easily accessed prior to going into a country. Many sources that are specific to local markets will require being in-country to access and even once in-country, may require additional efforts such as building relationships over time to gain access.

In the following sections, we present our strategy for identifying relevant global data sources. We then present the data sources we have located and discuss the salient aspects of each source for understanding different aspects of the market system. The market system refers to the network of buyers, sellers and other market actors who engage in transactions for products and services. The operating environment for these actors is shaped by a set of functions, rules, and norms. We use an adapted version of the market development framework developed by Hellowell, O'Hanlon, and Elliot.[3] We begin by outlining sources that help us understand the core of the framework, or the supply of and demand for private health services and supplies. We then move onto the supporting functions that

shape behavior, capabilities, and incentives of the actors in the market system. The supporting functions include: stewardship; financing; rules, regulations and norms; and market information (Figure 1).

FIGURE 1: MARKET SYSTEM FRAMEWORK
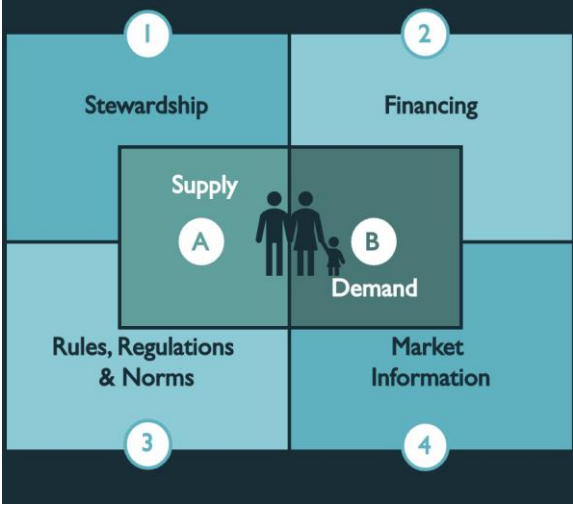
Table 1 provides definitions for each of these market functions. We recognize that these definitions will continue to be refined as the FHM project, but Table 1 lays out the working definitions upon which this report is based.

TABLE 1: DEFINITIONS OF MARKET FUNCTIONS

Market Function	Definition
Demand	The population's willingness and desire to seek health services and products in the private sector.
Supply	The extent to which health services and products are available for consumers in the private sector. For supply of products, this report is focuses primarily on the retail level rather than the level of manufacturing.
Stewardship	The extent to which the public sector and private sector collaborate to achieve health goals
Financing	**Demand-side:** How individuals pay for health care services or products **Supply-side:** the extent to which health service providers and retailers can access capital investments and/or working capital to maintain their operations during times of volatility or cash-flow disturbance. The focus here is on financing available to service providers or product distributers at the retail level.
Rules, Regulations & Norms	Formal and informal determinants of who can participate in the market, and how
Market Information	Current market penetration and expansion opportunity for key health commodities and services

Finally, we present an overview of what existing data sources are and are not able to tell us about the state of the private health sector and discuss the future directions of this work for developing a deeper understanding of each of the four supporting market functions.

Methodology

To begin, we developed a set of key questions for each aspect of the market system that we would want to be able to answer with quality data. The questions are laid out below in Table 1 and are also presented at the start of the relevant sections throughout this report.

To identify data sources, this report draws inspiration from existing studies on measuring the private sector, particularly those included in the WHO's *Private Sector Landscape in Mixed Health Systems*.[4] We begin with this report as it plays an important role in shaping global thinking on the role of the private health sector in achieving UHC goals. It was commissioned by the WHO to inform a new strategy for governing mixed health systems and brings together insights from global experts on the private health sector including specific discussion of relevant data sources. Beginning with resources used in and suggested by these existing studies, the authors drew on recent private sector data research to add additional sources that could provide insights into the private sector. Using a snowball approach, we expanded our list of sources to include data sources referenced by any of the sources on our initial list.

In addition, we conducted targeted searches of organizations known to have an interest in the development of the private sector for relevant grey literature and references to data sources. Such organizations included the World Health Organization, including the regional offices, the World Bank and International Finance Corporation and relevant United Nations bodies. We also drew on the work produced by previous USAID projects interested in private health sector development, specifically the SHOPS and SHOPS Plus projects.

Finally, we undertook a scoping search of academic articles for any additional references to potentially useful data sources. Relevant academic literature was identified using specific search terms related to each of the market functions.

TABLE 2: KEY QUESTIONS

Relevant Aspect of the Market System	Key Question 1	Key Question 2
The Core (Supply and Demand)	What role does the private sector play in the country's health system?	
Demand	To what extent does the population use the private sector to meet health needs?	Which subsets of the population use the private sector to meet health needs and for which health needs are they most likely to seek care in the private sector?
Supply	To what extent does the private health sector contribute to the supply of quality health care products in a country?	To what extent does the private health sector contribute to the supply of quality health care services in a county?
Stewardship	To what extent do the public and private sectors collaborate to effectively and efficiently achieve health goals?	
Financing	Demand-side: How do individuals pay for health care goods and services?	Supply-side: How can providers of healthcare goods and services access capital?
Rules, Regulations & Norms	What are the externally imposed regulations which govern who can participate in the market, and to what extent?	
Market Information	What is the current market penetration and expansion opportunity for key health commodities?	What is the current market penetration and expansion opportunity for key health services?

Inclusion Criteria

Geography

The data sources highlighted in this report are representative of all or most LMICs. Truly global sources, however, are limited and as a result we include all identified sources which cover more than one LMIC. Single country studies, such as private sector assessments, are included where a similar study model has been repeated in more than one country.

Time

We are interested in data sources that can tell us about the current market conditions, so we have limited our search to data sources updated within the last 10 years. As state of the market is constantly changing due to policy changes, investments in market development and other factors, older data sources are unlikely to provide an accurate picture of the current market. Because of our focus on market dynamics, we are especially interested in data sources that are updated across time periods,

providing insight into possible changes in aspects of the market system. We have focused our attention on data sources that have been updated over time. However, we do include some data sources that focus on a single point in time; in cases where limited data is available, cross-sectional studies can provide a starting point for understanding these aspects of the market system that we otherwise know little about and give us a possible model for future data collection efforts.

Health Area

This search was intended to identify sources relevant to the private health market broadly speaking. Starting broadly provides important context as we begin to look at sub-markets such as the family planning market. In the course of our research, we found that data on the family planning market was quite developed, including broad geographic coverage, standardized data collection methodologies replicated over time, and publicly accessible. These data sources have been included and highlighted as they address a principal area of focus for FHM Engage and can serve as potential models for the type of data collection efforts that could be developed for other sub-markets.

Findings

In this section we will outline each of the data sources we have located in our search. In presenting each source, we discuss the features of the data source including its strengths and limitations, as well as what the data source can tell us about the market system. At the end of each section a table is provided to briefly summarize the data sources identified. A more comprehensive summary of each source is provided as an annex.

The Core

The core of a market comprises both supply of and demand for services and supplies in the public and private health sectors. Prior to delving to data specific to supply or demand, the overall significance of the private sector in the health market can be roughly estimated through information on

Key Question
What role does the private sector play in the country's health system?

categories of health expenditure. The WHO Global Health Expenditure Database pulls data from national health accounts to generate a dataset with comparable data across countries. Key indicators are: 1) domestic private health expenditure as a percent of current health expenditure; 2) domestic general government health expenditure as a percent of current health expenditure and 3) external health expenditure as a percent of current health expenditure. Together, these three indicators comprise all sources of health expenditure in a country. While an estimate, countries where a greater proportion of healthcare is obtained in the private sector tend to have lower levels of both general government and external health expenditure. Looking at domestic private health expenditure alone is misleading, as health systems with a high reliance on out-of-pocket payments for public sector services are also captured. The Global Health Expenditure database provides annual data and has extensive geographic coverage making it a valuable global source. In more limited cases, this dataset also provides a breakdown of domestic private health expenditure by health area so we can better see the relative importance of submarkets within the private health sector. For instance, we can see the extent to which

domestic private health spending is on preventive care compared to curative care. These data have more gaps but are still available for a large set of countries.

Demand

The demand for health services is reflective of the burden of health needs in a population, the population's access to health services, and their awareness and ability to seek care. To understand the burden of disease, the Institute for Health Metrics and Evaluation's (IHME) Global Burden of Disease tool is a useful starting point. However, the burden of disease on its own does not tell us the extent to which individuals seek care. To understand care seeking, and specifically care seeking in the private sector, large household surveys are useful. The Demographic and Health Surveys (DHS), funded by USAID, and the Multiple Indicator Cluster Surveys (MICS), funded by UNICEF, continue to be very important sources to gauge demand for private sector services and products. Strengths and weaknesses of the DHS and MICS for cross-country and standard data analyses have been described elsewhere.[5]

> **Key Questions**
>
> To what extent does the population use the private health sector to meet health needs?
>
> Which subsets of the population use the private sector to meet health needs and for which health needs are they most likely to seek care in the private sector?

Importantly, neither DHS nor MICS are simple off-the-shelf products. Getting the needed information out of these surveys requires time and skill. Some steps have been taken to make it easier to pull out relevant information from the DHS surveys. For instance, without downloading the full dataset for any given country, it is possible to gather summary statistics easily using the STATcompiler on the DHS website. The STATcompiler has limits to its functionality, but it does provide a simple overview of key information. Beyond the STATCompiler, the USAID SHOPS Plus program developed the Private Sector Counts Tool. This tool uses DHS data to create visualizations related to sources of care in the public and private sectors. This tool gives us the ability to not only get summary statistics, but to look at more specific aspects of the data. For example, instead of just showing the total proportion of women who obtain their modern contraceptive method in the private sector, users can easily look at how that proportion changes when considering urban versus rural populations or among the poorest versus the wealthiest quintiles. Narrowing in more specifically on family planning, the SHOPS Plus program also developed the Family Planning Market Analyzer. This tool also provides simple visualizations based on the DHS data including whether the source of family planning methods is the public or private sector. Both tools from the SHOPS Plus program can simplify the use of DHS data for specific purposes, however they require continuous upkeep and at the time of this report's writing are not currently being maintained. Data from MICS surveys have traditionally not been incorporated into these data synthesis efforts and would add valuable insight into the private sector.

Beyond the DHS and MICS, private sector assessments can also tell us about demand for health services and products. SHOPS and SHOPS Plus projects conducted assessments in over 30 countries, providing critical insight into the role of the private sector in these health systems. Though private sector health assessments are valuable at the country level, they have limitations as a global data source. Private sector assessments result in an in-depth report on a single country, but do not easily allow for cross-country comparisons as one must first review each individual assessment to pull out relevant data rather than referring to a single global database. In many cases the assessments are conducted at a single point in time so they provide us with a good snapshot of a point in time, but repeated studies would be needed to understand how the private sector changes over time. Second, while private sector

assessments tend to follow a similar approach, the scope of the assessment can vary depending on the country and what is asked by the donor. For instance, the 2017 Philippines assessment focused on family planning while the 2018 assessment in Madagascar looked at the private sector broadly.[6] [7] Finally, producing these in-depth reports with both qualitative and quantitative components is effort-intensive and requires in-country presence, making this model difficult to replicate and expand upon.

TABLE 3: SUMMARY OF DEMAND GLOBAL DATA SOURCES

Data Source	Geographic Coverage	Frequency of Updates	Health Area of Focus	Relevance to Understanding Demand
Demographic and Health Surveys - SHOPS Plus Private Sector Counts - SHOPS Plus Family Planning Market Analyzer	Surveys have been conducted in 90 countries	Approximately every 5 years	RMCH	To what extent do people seek care for RMCH in the private sector? Do people know when and where to seek care?
Multiple Indicator Cluster Surveys	Surveys have been conducted in 118 countries	Approximately every 5 years	RMCH	To what extent do people seek care for RMCH in the private sector? Do people know when and where to seek care?
Private Sector Assessments	30+ countries	Single point in time studies	Varied	To what extent are health commodities and services sought in the private sector?

Supply

The other central aspect of the market system is supply. Under the United Nations right to health framework, a government is concerned with four essential care elements: availability, accessibility, affordability, and quality.[8] Together, these four elements comprise the supply of healthcare. When looking at supply, we can consider sources that examine the supply of services and the supply of products including sources specific to the family planning sub-market.

> **Key Questions**
> To what extent does the private health sector contribute to the overall supply of quality health care goods in a country?
> To what extent does the private health sector contribute to the supply of quality health care services in a county?

Many sources provide data relevant to either the supply of services or products, but private sector assessments conducted by the USAID SHOPS and SHOPS Plus projects in individual countries can also provide important information on supply of services and, and products. However, the use of private sector assessments to understand supply in the private sector faces the same limitations as using them to understand demand, as discussed above.

The remaining sources on supply are divided into those which provide information on the supply of services and those that provide information on the supply of products.

Supply of Services

We identified several sources that can provide information, as well as identified gaps in global data availability. To start, it is useful to understand the supply of private health facilities and providers in the market. A report from the WHO Eastern Mediterranean regional office (EMRO), one of the WHO's six regional offices, collected relevant data, including the number of private sector doctors and nurses per 100,000 population, and the number of private hospitals, hospital beds, healthcare clinics or centers, pharmacies, and diagnostic facilities.[9] This report is limited in that it covers a single region and point in time. But it serves as a useful model of the type of data collection efforts possible. The WHO recently announced an initiative to generate a global health facilities database based on member state health facility master lists, however it is not yet available. As a first step towards a global database, Metrics for Management has documented if and where such data is available at the individual country-level for each of the 69 FP2030 countries (see: Data availability assessment: Mapping of data availability to measure the overall size of the private sector across FP2020 focus countries and comparison of existing estimates for FP market size).

Two key survey datasets are the DHS Service Provision Assessments (SPA) and the WHO Service Availability and Readiness Assessments (SARA). These assessments look at both public and private facilities and collect information on the service availability, presence and functionality of equipment and supplies, and health workforce. The SPA surveys focus particularly on RMCH care, while the SARA surveys take a broader view that also includes facility readiness to address malaria, tuberculosis and noncommunicable diseases. Both the SPA and SARA provide important information on supply, and the quality of the supply, in the private health sector. DHS has completed a SPA in only 13 countries and repeat surveys have only been conducted in 6 of those countries. The SPA is currently being redesigned to make the information more useful and easier to collect. Such a change may encourage more countries to complete a SPA moving forward. Like the SPA, the SARA also has limited geographic coverage. In their 2019 report on private sector metrics, Chakraborty, Sprockett and Baba found that since 2010 only 11 countries have conducted a SARA. [10]

Supply of Products

Additional sources such as the ACTWatch and FPWatch outlet surveys, the Performance Monitoring for Action (PMA) retail audits, and the Consumer's Market for Family Planning (CM4FP) project also provide useful information on supply of products in the private sector. ACTWatch outlet survey gathers data on outlets that provide relevant commodities, diagnostic tests and antimalarials and FPWatch collects information on family planning supplies. Unlike the SPA or SARA, these surveys also look at shops and other informal providers, which helps extend our knowledge of supply beyond the formal sector. ACTWatch outlet surveys have been conducted in 12 countries, with repeated surveys in all except Thailand and Laos. FPWatch outlet surveys have been conducted in five countries and were not repeated.

The PMA retail audits collect data on the range of contraceptives offered by service delivery points, as well as the percent of service delivery points experiencing stock-outs of different contraceptive options. Data is broken down by public and private sector service delivery points. As with FPWatch and

ACTWatch, the geographic coverage of the PMA surveys is limited with data only available for 11 countries. In addition, data collection focuses on large cities rather than the country as a whole.

Finally, the CM4FP project involved both outlet studies and household surveys. The outlet studies provide valuable information on availability of family planning methods broken down by sector. It is possible to analyze the private sector as a whole and by sub-categories including NGOs, for-profit organizations, community-based organizations, and faith-based organizations. In addition to information on the availability of family planning methods, the study design allows collection of information about the accessibility and acceptability of family planning services. The project includes 1) information on where women obtained their most recent family planning method; 2) why they selected that outlet; and 3) how far it was from their home. The CM4FP studies are limited to family planning; they have been conducted in a limited number of sites in Nigeria, Kenya, and Uganda. Within those countries, the CM4FP focused on local markets and was not designed to be nationally or sub-nationally representative.

TABLE 4: SUMMARY OF SUPPLY GLOBAL DATA SOURCES

Data Source	Geographic Coverage	Frequency of Updates	Health Area	Relevance to Understanding Supply	Services or Products?
WHO Regional Office for the Eastern Mediterranean. Analysis of the private health sector in countries of the Eastern Mediterranean: exploring unfamiliar territory [9]	Eastern Mediterranean Region	Single point in time study	General	How many private sector providers and facilities are present in each country?	Services
DHS Service Provision Assessment	13 countries	Repeat studies have been conducted in 6 countries (1-8 years apart)	Broad	What services and resources are available in the private sector? What is the quality of available services and facilities?	Services
WHO Service Availability and Readiness Assessment	11 countries	Single point in time studies	Broad	What services and resources are available in the private sector? What is the quality of available services and facilities?	Services
FPWatch/ACTWatch	5 FPWatch 12 ACTWatch	FPWatch not repeated	Family Planning/Malaria	How many relevant outlets, both formal and informal, provide	Products

				the relevant commodities?	
PMA Outlet Surveys	11 countries	Multiple rounds for some countries, but not others	Family Planning	How many private service delivery points are what is the quality of their services?	Products
CM4FP	Regions in 3 countries	Quarterly updates over study period	Family Planning	Do private facilities have a variety of contraceptives in stock and are they accessible and acceptable to clients?	Products
Private Sector Assessments	30+ countries	Single point in time studies	Generally broad, but focused on specific areas for certain countries	How many private sector providers exist and what services do they offer? To what extent are essential commodities available in the private sector?	Services and products

The Supporting Functions

While supply and demand make up the core, a full understanding of the market requires an understanding of the supporting functions that influence the behavior of market actors. In this report, we focus on the four key market functions of 1) stewardship; 2) financing; 3) rules, regulations, and norms; and 4) market information. The definitions and scope of each of these market functions continues to be refined. In the following sections we outline existing global data sources as they relate to these market functions.

Stewardship

Stewardship is an important organizing function in mixed health systems where both the public and private sector have essential roles to play. Stewardship is concerned with "what is done" or "what should be done" to ensure that the health system supports good / improved health

Key Question

To what extent do the public and private sectors collaborate to effectively and efficiently achieve health goals?

outcomes. This includes key aspects of governance, such as assuring communication and stakeholder engagement, as well as leadership in setting a vision and associated policies.[11] While not an assessment of stewardship directly, the World Bank's Governance Indicators provide information on government skill and/or will to be an effective steward of the market. Indicators in this series include government effectiveness and control of corruption. This set of indicators is global and frequently updated making it useful for providing an up-to-date picture of each country's potential for effective private sector stewardship.

TABLE 5: RELEVANT WORLD BANK GOVERNANCE INDICATORS[12]

Indicators
1. **Government Effectiveness:** Government effectiveness captures the perceptions of the quality of public services, the quality of civil service and the degree of independence from political pressures, the quality of policy formulation and implementation, and the credibility of the government to implement such policies.
2. **Control of Corruption:** Control of corruption captures perceptions of the extent to which public power is exercised for private gain, including both petty and grand forms of corruption, as well as "capture" of the state by elites and private interests.
3. **Regulatory Quality:** Regulatory quality captures the ability of the government to formulate and implement sound policies and regulations that permit and promote private sector development.

While not telling us about stewardship in the health sector broadly, the Contraceptive Security Indicator Survey (CSIS) can give us some insight into stewardship in a specific health area.

With a focus on family planning, the CSIS was first implemented under the USAID/DELIVER project and is now carried out by the Global Health Supply Chain-Procurement and Supply Management project. For 2019, the most recent year with available data, 43 countries were included in the survey. The survey collects data relevant to understanding relationships between the public and private sectors. For example, the survey asks about the existence of a contraceptive security committee, whether the committee actually meets, and who participates in the committees should one exist. Where such a committee is active and has participation by both public and private sector actors, relationships between different market actors are being enabled to work towards a more coordinated market. Similarly, the Track20 Family Planning Effort Index collects data on whether there is a national family planning action plan in place and if it includes a role for the private sector in achieving its objectives.

Likewise, the CSIS survey probes whether countries have in place a logistics management information system and to what extent it covers public and private sector facilities (including NGOs and social marketing). This can indicate how effectively countries are using technology to foster communication across sectors.

TABLE 6: SUMMARY OF SUPPLY GLOBAL DATA SOURCES

Data Source	Geographic Coverage	Frequency of Updates	Health Area	Relevance to Understanding Stewardship
World Bank Governance Indicators	Global	Approximately Annual	None - more general	Does the government have the skill and will to serve as a steward of the market?
Contraceptive Security Indicator Survey	43 countries in 2019	Annual 2010-2015, Biennial since 2015	Family Planning	Do committees exist to facilitate communication across sectors? To what extent is technology (ex. LMIS) used to facilitate communication across sectors?
Family Planning Effort Index	90	Approximately every 5 years	Family Planning	To what extent is the private sector incorporated into national planning?

Financing

Assessing financing aspects of market functioning requires information on both demand and supply. Demand-side financing tells us about affordability and accessibility of care while supply-side financing tells us about the extent to which health service suppliers can access loans to support capital investments and/or working capital to maintain their operations during times of volatility and cash-flow disturbance.[3]

Demand-Side Financing

Key demand-side financing indicators include information on out-of-pocket expenditure, household ability to pay for health services, and whether health expenditure is overly burdensome. The World Health Organization's global health expenditure database provides several different measures of out-of-pocket (OOP) expenditures including estimated per capita, and as a percent of current health expenditure. Data on catastrophic and impoverishing health expenditures are also available. These indicators are outlined in Table 6.

TABLE 7: WHO AND WORLD BANK OOP INDICATORS

Indicators
Increase in the poverty gap at $1.90 poverty line due to OOP health care expenditure
Increase in the poverty gap at $3.20 poverty line due to OOP health care expenditure
Proportion of the population spending more than 10% of household consumption or income on out-of-pocket health care expenditure
Proportion of the population spending more than 25% of household consumption or income on out-of-pocket health care expenditure

OOP expenditure indicators can provide a useful indicator of the extent to which the burden of health financing falls on patients and the risks for constraining access due to costs, particularly for low-income populations. While indicative of market activities, OOP is, nevertheless, an imperfect measure of overall health markets because OOP expenditures in many countries include fees, informal payments, required commodity purchases, and other costs associated with public sector services and not normally included in an assessment of markets.

There are additional sources which can augment WHO's OOP indicators to help inform an overall understanding of demand-side financing. First, the Reproductive Health Supplies Coalition's Commodity Gap Analysis includes data on whether care sought in the private sector is subsidized or not. The Performance Monitoring for Action Surveys include information on whether fees were paid to obtain family planning services, as well as the percent of private service delivery points that charge fees.

Lastly, insurance coverage data provides critical insights into demand-side financing. Insurance may serve as a means of protecting against catastrophic health expenditures. Insurance coverage can increase overall demand, improve market efficiency due to insurers' negotiating power, and often as a means of protecting against catastrophic health expenditures. Insurance coverage tends to be low in LMICs, but

there are important differences across countries. While comprehensive global data on health insurance coverage does not exist, the DHS surveys ask respondents if they are covered by health insurance and what type. The WHO Global Health Expenditure database also includes data from national health accounts on voluntary health insurance schemes.

TABLE 8: SUMMARY OF DEMAND-SIDE FINANCING GLOBAL DATA SOURCES

Data Source	Geographic Coverage	Frequency of Updates	Health Area	Relevance to Understanding Demand-Side Financing
World Health Organization & World Bank Data	Global	Approximately annual	General	Where is OOP expenditure, including catastrophic health expenditure, high indicating a lack of affordability?
RHSC Commodity Gap Analysis	Global	At least every 8 years	RMCH	To what extent is private care subsidized?
PMA Surveys	11 LMICs	Varies by country	Family Planning	To what extent are fees charged to access private family planning care?
DHS	90 countries	Approximately every 5 years	RMCH	To what extent are people covered by insurance to help finance care?
WHO Global Health Expenditure Database	Global	Approximately annual	General	How much is being spent on voluntary insurance schemes that may protect from high OOP costs and catastrophic health expenditures?

Supply-Side Financing

Global indicators of supply-side financing include a country's investment rating, availability of financing, and donor contributions. Investment ratings from international credit ratings agencies, such as Moody's, Fitch, and Standard and Poor's, can provide an overview of the general investment environment in a country and access to credit on the global market. Credit ratings are updated frequently to account for any changes that may impact the creditworthiness of a country. Ratings are available for most LMICs from at least one of the three major ratings agencies, but they are not specific to the health sector. While national investment ratings influence local credit availability, other factors matter as well. The World Bank's indicator of domestic credit to the private sector can provide a picture of domestically accessible credit. This measure is globally available and updated annually for most countries, but as with credit ratings, it is not specific to the health sector. Previous studies have suggested that commercial banks may be more hesitant to lend to the private health sector than to other sectors.[13]

The private health sector may benefit from financing arrangements with the public sector; public-private partnerships or contracting arrangements with the public sector can serve as important sources of financing for the private health sector. The CSIS from the USAID Global Health Supply Chain Program collects data from countries about whether public-private partnerships have been established to expand

access to private family planning services and supplies. This survey is specific to family planning, but it offers insights into public sector openness to financing partnerships with private providers. The CSIS also provides insight into international financing and joint ventures between multinational pharmaceutical companies and local contraceptive manufacturers. The Family Planning Financing Roadmap from the USAID Health Policy Plus program, also provides information on whether there is contracting out to private providers and if family planning is included in the services that are contracted out.

Access to financing may also come from international agencies and organizations, although many donors do not disaggregate country financing by public/private recipient. The RHSC Global Family Planning Visibility and Analytics Network (FP VAN), for example, provides useful information on donor financing of family planning products, but does not provide a breakdown of what proportion of those products go into the public versus private sectors. The Global Fund is an exception and provides data on disbursements by disease area and partner type, including the private and community sectors.

TABLE 9: SUMMARY OF SUPPLY-SIDE FINANCING GLOBAL DATA SOURCES

Data Source	Geographic Coverage	Frequency of Updates	Health Area	Relevance to Understanding Supply-Side Financing
Moody's, Fitch and Standard and Poor's Global Credit Ratings	Global	Quarterly or as major changes affecting creditworthiness occur	Not health specific	In general, is credit available to the private sector?
World Bank Domestic Credit to the Private Sector	Global	Approximately Annual	Not health specific	In general, is credit available to the private sector?
The Global Fund	50+ countries	Annual	Malaria, HIV, TB	To what extent does donor funding support the private sector?
Contraceptive Security Indicator Surveys	43 countries as of 2019 survey	Biennial	Family Planning	Do public-private partnerships exist? Are there joint ventures between international and national contraceptive manufacturers?
Family Planning Financing Roadmap	33 countries	Varies by country	Family Planning	Does the public sector contract out to the private sector?
RHSC Global FP VAN	136 countries	Varies by country	Family Planning	To what extent are donors providing supply-side financing?

Rules, Regulations, and Norms

Rules, regulations, and norms shape who can participate in the market and how.[3] Global data sets that specifically examine the rules, regulations, and norms for the private health sector are limited. Private sector assessments can serve as useful source for this information, especially if they have been conducted recently. In addition, data sources that relate to the private sector more broadly

may provide relevant insights. The World Bank's Global Development Indicators include measures of the cost of business start-up, the regulatory environment, the presence of rules-based governance, and the ease of doing business for a large set of countries. Most of these indicators are updated annually. In addition, the World Bank's World Governance Indicators, previously mentioned as useful for understanding stewardship, can also provide indicative information on national rules, regulations, and norms. Relevant indicators include the presence of rule of law, government effectiveness, and regulatory quality. As with the World Development Indicators, the geographic coverage of the Governance Indicators is extensive, and most are updated frequently.

Given the limited global data on rules, regulations, and norms within the health sector, specifically, we include two cross-sectional studies that contain relevant data. First, Doherty outlines the formal rules and regulations governing the for-profit health sector in eight Eastern and Southern African countries, as well as analyzes the extent to which these formal rules and regulations are implemented in practice.[14] Second, focusing on the Eastern Mediterranean, a WHO report outlines the private sector governance in the countries in the region including the extent to which the regulatory system is actually implemented.[9]

Finally, the CSIS can provide insight into rules, regulations, and norms specific to the family planning market. Examples of relevant questions included in this survey are included in Table 9.

TABLE 10: EXAMPLES OF RELEVANT QUESTIONS FROM THE CSIS (2019)

Survey Questions
D2. What is the lowest-level provider allowed to sell/dispense contraceptive methods in the private sector?
D3. Are there laws/regulations/policies that increase or decrease access to FP services among sub-populations?
D4. Are there operational or cultural practices that increase or decrease access to FP services among sub-populations?
D5. Are FP commodities subject to duties?
G2a. Are wholesalers required to report to the government their sales and services?

This survey does not provide information on all LMICs, but the number of countries responding to this survey has grown, increasing from 36 in 2017 to 43 in 2019. As noted earlier, it focuses exclusively on family planning.

TABLE 11: SUMMARY OF RULES, REGULATIONS AND NORMS GLOBAL DATA SOURCES

Data Source	Geographic Coverage	Frequency of Updates	Health Area	Relevance to Understanding Rules, Regulations, and Norms
Private Sector Assessments	30+ countries	Single point in time studies	Generally broad, but may focus on specific health areas in some countries	What is the current regulatory framework and how does it help or hinder the development of the private sector?
World Bank Global Development Indicators	Global	Annual for most indicators	None	How friendly is the country to private business?
World Bank Governance Indicators	Global	Annual for most indicators	None	How capable is the government of regulating the private sector?
Doherty, JE. Regulating the for-profit private health sector: lessons from East and Southern Africa. *Health Policy and Planning.* 2015;i93-i102.[14]	Botswana, Kenya, Namibia, South Africa, Tanzania, Uganda, Zambia, Zimbabwe	Single point in time study	For-profit private health sector broadly	What legislation exists to regulate the for-profit health sector and to what extent is such legislation enforced?
WHO Regional Office for the Eastern Mediterranean. Analysis of the private health sector in countries of the Eastern Mediterranean: exploring unfamiliar territory[9]	Eastern Mediterranean region	Single point in time study	Private health sector broadly	What does the regulatory system look like for the private health sector and to what extent is it enforced?
Contraceptive Security Indicator Survey	46 countries in 2019	Biennial	Family Planning	Are there rules or norms that impact access to family planning?

Market Information

Market information for products can be defined as an understanding of the penetration of one or more commodities, their possibilities for expansion, competitor products, or even if there are gaps in product categories. Market information for health services includes these broad market categories as well as current accessibility and coverage of health services, and possibility for expansion when considering unmet demand. In this section we focus on global

> **Key Question**
> What is the current market penetration and expansion opportunity for key health commodities and services?

data sources that provide market information for commodities. We take this narrower focus because we have separated out supply and demand, which may be considered key pieces of market information, into their own sections within this report. Sources of market information for services are already

covered in these sections of the report while others, such as master facility lists, are not available as a global data source so are beyond the scope of this report. Information on the availability of up-to-date master facility lists at the country level can be found in the FHM Engage report entitled Data availability assessment: Mapping of data availability to measure the overall size of the private sector across FP2020 focus countries and comparison of existing estimates for FP market size.

There are several global data sources related to market information of commodities, many pay-to-access. Data on pharmaceutical sales can be readily purchased. In the MIDAS database, for example, IQVIA collects and combines total manufacturer sales by therapy area and channel of distribution. The database includes over 90 countries, but data availability is somewhat more limited for LMICs, especially in Sub-Saharan Africa. Where data is collected in LMICs it is often less granular than in OECD countries and so it can be difficult to separate things like private sector sales from total sales.

FitchSolutions (formerly BMI) also provides market intelligence on the pharmaceutical and health sectors and has a focus on emerging and frontier markets. As a result, their database appears to include a wider range of LMICs including countries in Sub-Saharan Africa. The exact indicators available through FitchSolutions vary, but pharmaceutical sales data in aggregate, broken down by categories, are available for most countries. For a set of markets including Bangladesh, Ethiopia, Indonesia, and Nigeria and others, the FitchSolutions data also includes a series of measures on country and industry risks, such as lack of respect, or not, for patents, and forecast information such as population growth and sector value growth. As with IQVIA MIDAS data, however, FitchSolutions data must be purchased for access. Summaries of pharmaceutical sales data and the economic footprint of the pharmaceutical sector from BMI for past years are available in the International Federation of Pharmaceutical Manufacturers and Associations Facts and Figures reports, however, these data are not broken down by sales to the public and private sectors.

The Economist Intelligence Unit (EIU) produces Healthcare Market Outlook reports for purchase that 1) analyze the current market for pharmaceuticals, biotechnology, and generic drug sectors; 2) provide information on the business environment relevant to these sectors; and 3) forecast the long-term market outlook. The EIU reports focus primarily on high-income countries, however reports are available for 24 LMICs.

Freely accessible sources that can provide market information include the annual World Investment Report from the United Nations Conference on Trade and Development, and DKT International's Social Marketing Sales Statistics. The World Investment Report includes data on new foreign direct investment in pharmaceuticals and health services. These reports also include data on new foreign direct investment in other sectors allowing us to understand the extent to which international companies are interested in the health sector compared to other sectors. This source captures announced investments, so it is possible that all investments do not proceed as planned, but it can give an approximate forecast of market strength.

DKT International provides annual data on contraceptive sales by social marketing programs. These data are broken down by country, social marketing organization and product, and reports have been produced annually since 1992 allowing for the analysis of trends over time. The data do not exclusively consider private sector sales, but public sector sales are heavily discounted in their calculations. For-profit private sector sales from non-social marketing organizations are not included. The focus on

contraceptives makes these data especially useful for understanding the family planning market, particularly in countries where subsidized contraceptives make up an important part of the overall market.

TABLE 12: SUMMARY OF MARKET INFORMATION GLOBAL DATA SOURCES

Data Source	Geographic Coverage	Frequency of Updates	Health Area	Relevance to Understanding Market Information	Source Accessibility
IQVIA MIDAS	34 LMICs, but less than 50% allow for breakdown of sales by sector- in many cases only retail sales are available	Annual	Broad-pharmaceutical sales	How large is the market for pharmaceuticals for different health conditions?	Pay-to-Access
FitchSolutions Country Risk and Industry Research: Pharmaceuticals and Healthcare	Broad geographic coverage of LMICs, exact coverage varies by indicator	Annual	Healthcare and pharmaceutical sector broadly speaking	What are current market conditions and what are opportunities and risk for the future?	Pay-to-Access
Economist Intelligence Unit Healthcare Market Outlook Reports	24 LMICs	Annual	Healthcare sector broadly speaking	What are current market conditions and what is the outlook for the healthcare sector?	Pay-to-Access
UNCTAD World Investment Report	Global	Annual	Pharmaceuticals and health sector broadly speaking	How much foreign direct investment is there in the pharmaceutical and health services sectors?	Freely Accessible
DKT International Contraceptive Social Marketing Statistics	Extensive coverage of LMICs	Annual	Family Planning	What is the market for varied family planning methods?	Freely Accessible

Summary

The data sources described above are summarized in Tables 12 and 13. Table 12 summarizes data sources that are not specific to family planning while table 13 summarizes the family planning sources. As seen, several data sources, including the DHS and MICS reports, and private sector assessments are

useful to understand many aspects of national and regional health markets. For some aspects of the market, such as the core (supply and demand) and financing, several global data sources are available. For others, such as stewardship and rules, regulations and norms, global data sources are extremely limited, and a country-by-country search must be conducted. An extended version of the tables notes benefits and limitations of the data sources for use in market assessment and is included in Annex 01. Annex 02 summarizes data source by which LMICs they cover while Annex 03 summarizes the data sources by which of the USAID FP/RH priority countries it covers.

TABLE 13: SUMMARY OF NON-FAMILY PLANNING-SPECIFIC DATA SOURCES

Data Source	Supply	Demand	Stewardship	Financing	Rules, Regulations and Norms	Market Information
WHO Global Health Expenditure Database	x	x				
Demographic and Health Surveys		x				
SHOPS Plus Private Sector Counts		x				
Multiple Indicator Cluster Surveys		x				
SHOPS Plus Private Sector Assessments	x	x		x	x	
WHO Regional Office for the Eastern Mediterranean Report	x				x	
Demographic and Health Surveys Service Provision Assessments (SPA)	x					
WHO Service Availability and Readiness Assessments	x					
ACTwatch	x					
World Bank Worldwide Governance Indicators			x		x	
WHO and World Bank Global Monitoring Report of Financial Protection in Health				x		
Moody's Sovereign Credit Ratings				x		
Fitch Sovereign Ratings				x		

Data Source	Supply	Demand	Stewardship	Financing	Rules, Regulations and Norms	Market Information
Standard and Poor's Sovereign Risk Indicators				x		
World Bank World Development Indicators				x		
The Global Fund Disbursements Data				x		
Regulating the for-profit health sector: lessons from East and Southern Africa					x	
IQVIA MIDAS						x
FitchSolutions Country Risk and Industry Research: Pharmaceuticals and Healthcare						x
Economist Intelligence Unit Healthcare Market Outlook Reports						x
UNCTAD World Investment Reports						x

TABLE 14: SUMMARY OF FAMILY PLANNING SPECIFIC SOURCES

Data Source	Supply	Demand	Stewardship	Financing	Rules, Regulations and Norms	Market Information
Family Planning Market Analyzer		x				
Fpwatch	x					
Performance Monitoring for Action	x					
Consumer's Market for Family Planning	x					
USAID Contraceptive Security Indicators Survey			x		x	

[Track20 Family Planning Effort Index](#)			x		
[Reproductive Health Supplies Coalition Commodity Gap Analysis](#)				x	
[Family Planning Financing Roadmap](#)				x	
[RHSC Global FP VAN](#)				x	
[DKT International Contraceptive Social Marketing Statistics](#)					x

Conclusion

This report sought to identify existing global data sources that could be used to understand the size and scope of the private health market in LMICs. Relevant data sources for understanding the core functions and each of the supporting functions within the private health market were identified. In addition to the private health sector broadly, we also draw attention to sources that provide insight into the family planning sub-market. The sources identified rely on a variety of types of data including nationally representative surveys, outlet surveys, private sector assessments, pharmaceutical sales data, and market intelligence reports.

This review identified several shortcomings in the data. Few truly global data sources are available for drawing cross-country comparisons. In most cases, the existing data sources focus on a subset of LMICs rather than all of them. This is true, for example, of health facility surveys such as the DHS SPA and the WHO SARA, and private sector assessments. Expansion of private sector assessments and facility surveys is likely to remain limited, as these study types are time consuming and require significant political will and resources. Private for-profit data sources developed for investors commonly exclude smaller and low-income countries.

Many data sources identified are infrequently updated or not updated at all. For example, in most cases, DHS or MICS surveys are updated on five-year cycles. Many other sources we identified are associated with donor funding, and data collection or consolidation efforts have either ended or are likely to with the end of project funding.

Finally, data sources for some market functions were scarcer than for others. Data on stewardship, for example, was difficult to locate. We were able to identify sources that were either very broad, looking beyond the health market to the private sector generally speaking, or very narrow, focused on a sub-market, family planning, within the private health sector. As a result, global data sources provide less

complete understanding of this market function than of others. Rather than relying on global data sources, local data sources will likely be essential for understanding stewardship.

While this report sought to create a comprehensive catalog of relevant global data sources, we also recognize that additional data sources may exist. The search was conducted in English and while most global sources are likely available in English, it is possible that data sources with relevant information to specific regions, such as Latin America and Francophone West Africa, may not have been identified.

There are additional data sources that may be able to be used to infer issues of market functioning. For example, IHME's Global Burden of Disease estimates can be used to provide insight into the predominant causes of morbidity and could identify gaps in coverage or aid efforts. Without examples of use for this purpose, we have excluded IHME data from this review. In addition, the DHIS2 platform is used by 73 countries to collect and analyze health data. While such data is country specific, it is somewhat standardized and further analysis of DHIS2 data may prove useful for furthering our understanding of the private health sector. To this point, few countries make their DHIS2 data publicly accessible and current research by WHO indicates that private sector data within DHIS2 is highly incomplete in almost all countries.[10]

Market function specific briefs define each function in accordance with the overall project definitions being developed and will delve more deeply into the data availability for each function, as well as data questions raised by key stakeholders. Understanding the types of global information sources available, as well as their sub-market specificity, coverage, and whether or not they lend themselves to data extraction for future harmonization will assist the FHM Engage team in enhancing the Market Development Approach, and refining models for market diagnosis in each country. We will continue to build on the findings of this report by looking more deeply at each of the four market functions: stewardship, financing, rules, regulations and norms, and market information.

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Annex 1. Summary of Global Data Sources

Annex 1 has been submitted as a separate electronic annex.

Annex 2. Country Coverage by Data Source

Annex 2 has been submitted as a separate electronic annex. Exact country coverage of the WHO SARA could not be identified at this time due to ongoing updates to the WHO SARA database, so this source is excluded from the table.

Annex 3. USAID FP/RH Priority Country Coverage by Data Source

Annex 3 has been submitted as a separate electronic annex.