

FIRM-LEVEL PERSPECTIVES ON PUBLIC SECTOR ENGAGEMENT WITH PRIVATE HEALTHCARE PROVIDERS: SURVEY EVIDENCE FROM GHANA AND KENYA

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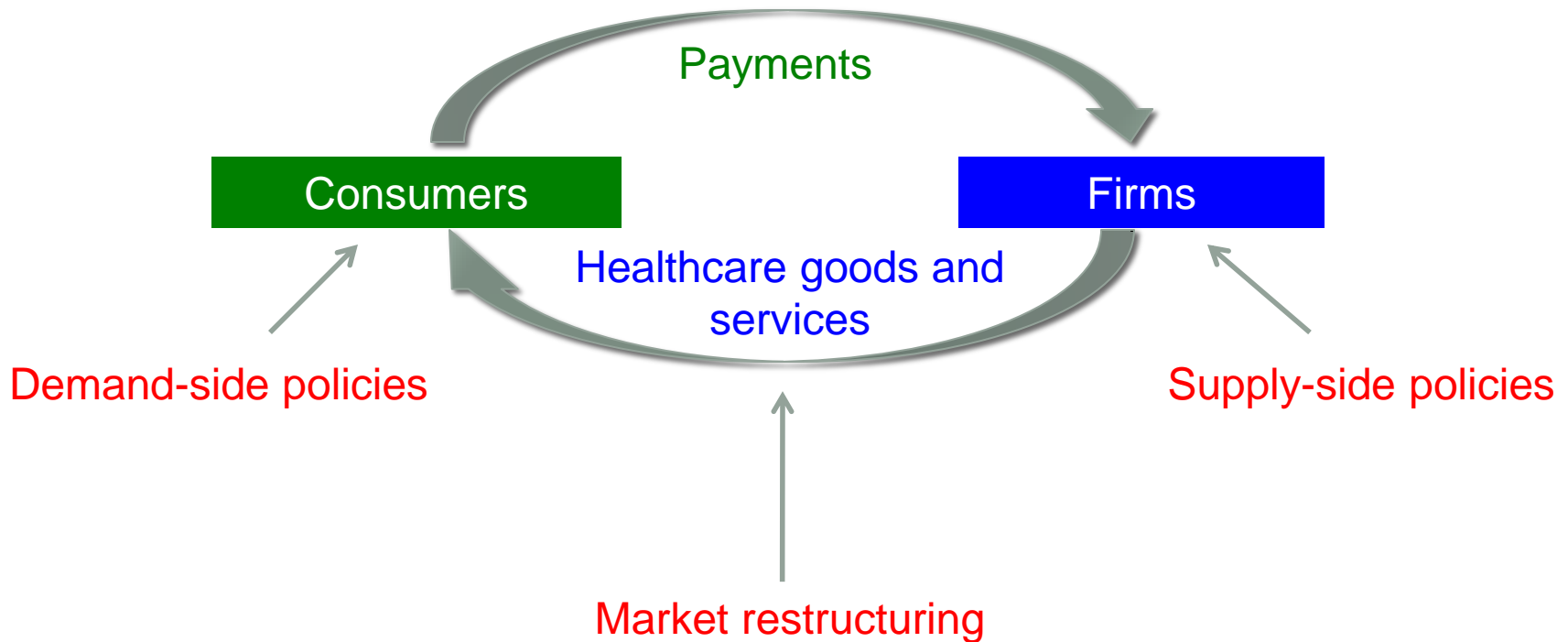
Connor Spreng, The World Bank

Understanding the Nature of Engagement with the Private Health Sector is Critical

- How should Sub-Saharan African governments engage with the PHS to achieve health goals?
 - Private providers account for as much as 50 percent of health care provision, potentially compensating for limited government resources
 - However, the appropriate role for the PHS remains controversial
 - : Consumers may perceive higher quality or responsiveness in PHS. But also concerns that the PHS limits access for the poor
- Need to understand the types of engagement policies governments currently are conducting and the way in which such policies are realized in practice

Our findings suggest there is untapped potential for greater engagement with the private health sector in SSA

What policy options do governments typically have to achieve their aims?



Study aim: examine a range of supply-side approaches 'on the ground' in SSA

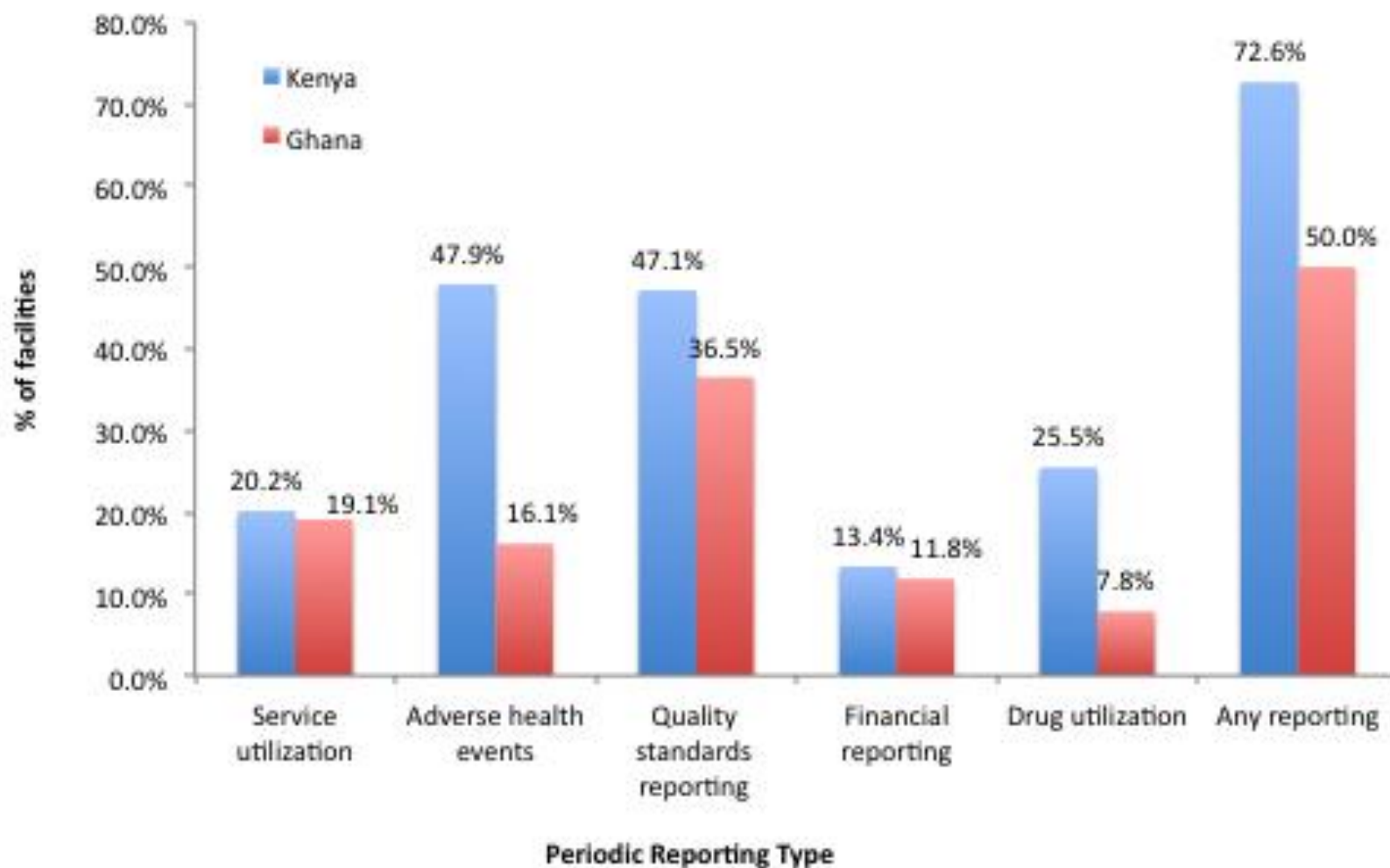
- **Information collection and dissemination**
 - Monitoring of provider activity
 - Provision of information to private providers
- **Developing capacity (inputs)**
 - Technical assistance
 - Financial assistance/subsidies
- **Influencing behavior (outputs)**
 - Performance-based incentives
 - Subsidies/direct purchase of goods and services
 - Regulation

The Health Provider Assessment Survey

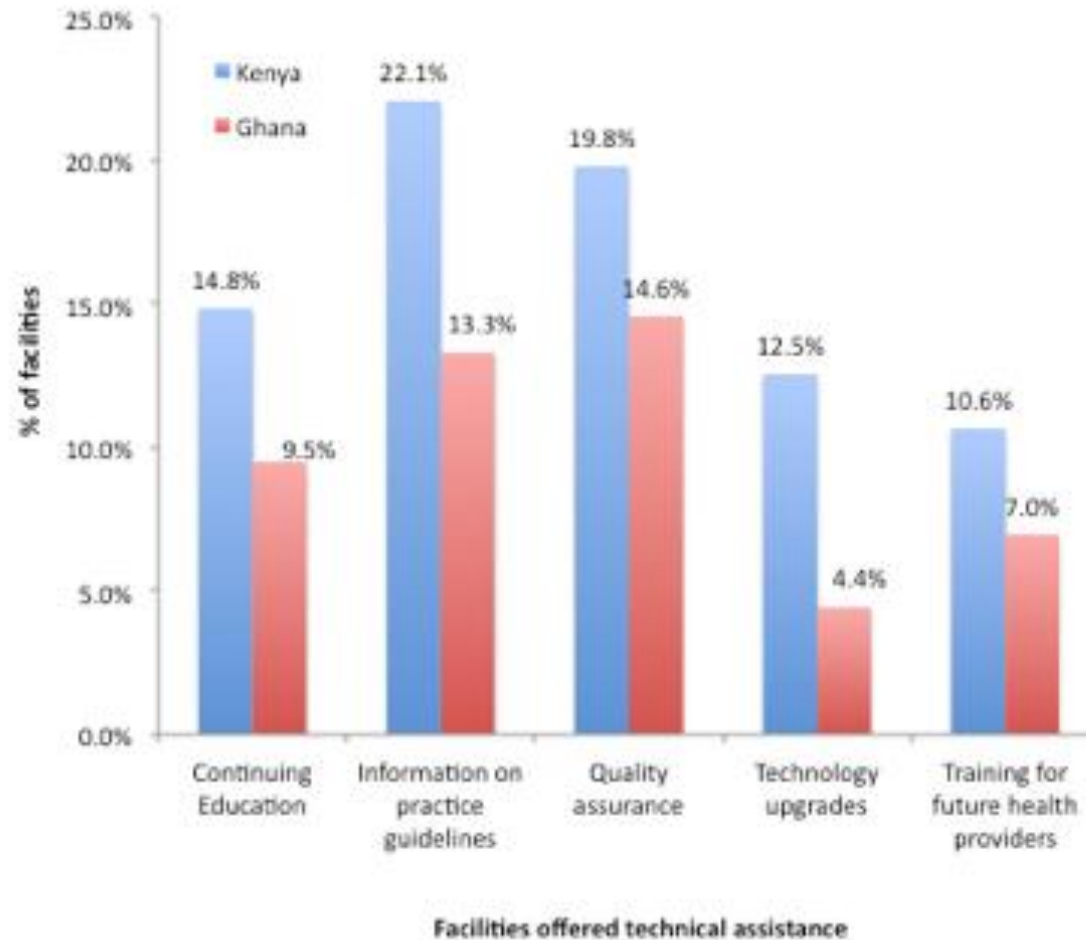
- 2010 survey administered to small private sector health facilities in Ghana and Kenya
- Sample includes 4 formally-registered private for-profit clinics and pharmacies
- Topics covered: the policy environment and interaction with the government, barriers and obstacles, financial characteristics, and business processes

	Clinics	Pharmacies	
Ghana	68	92	160
Kenya	112	151	263
	180	243	423

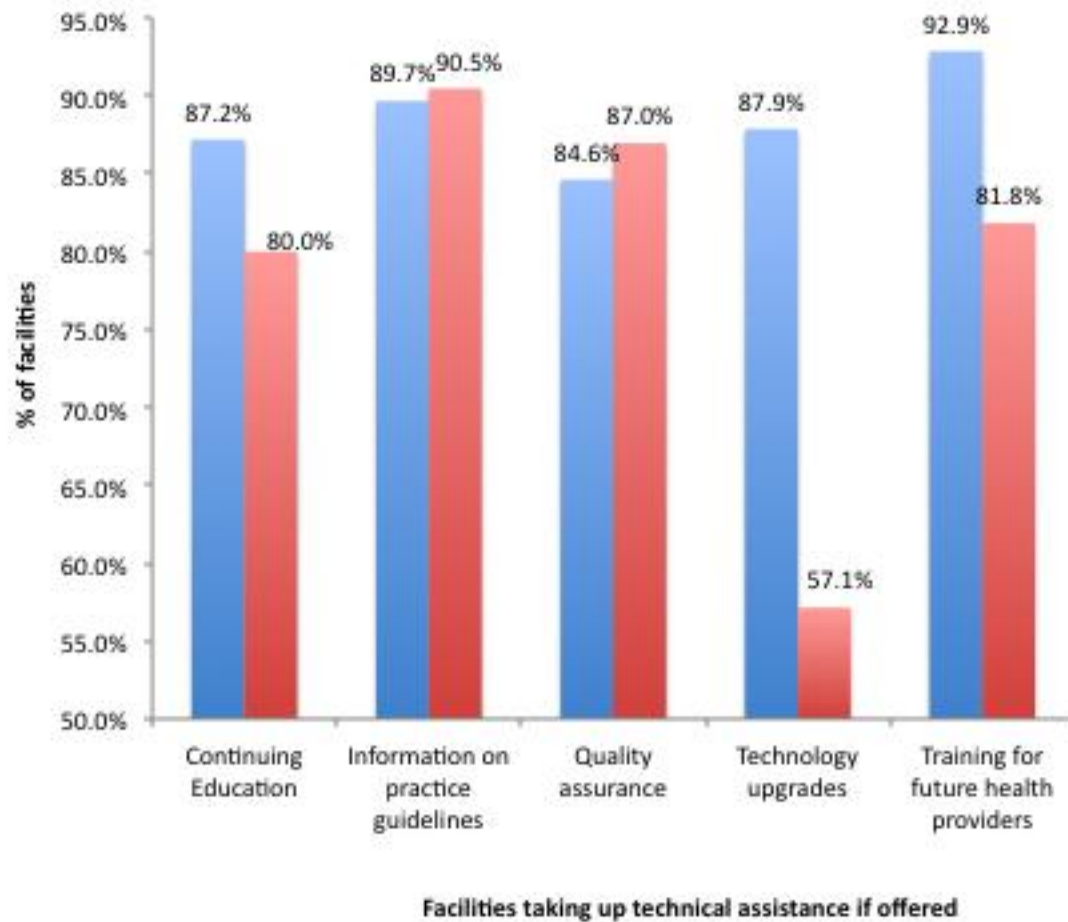
What information flows to governments?



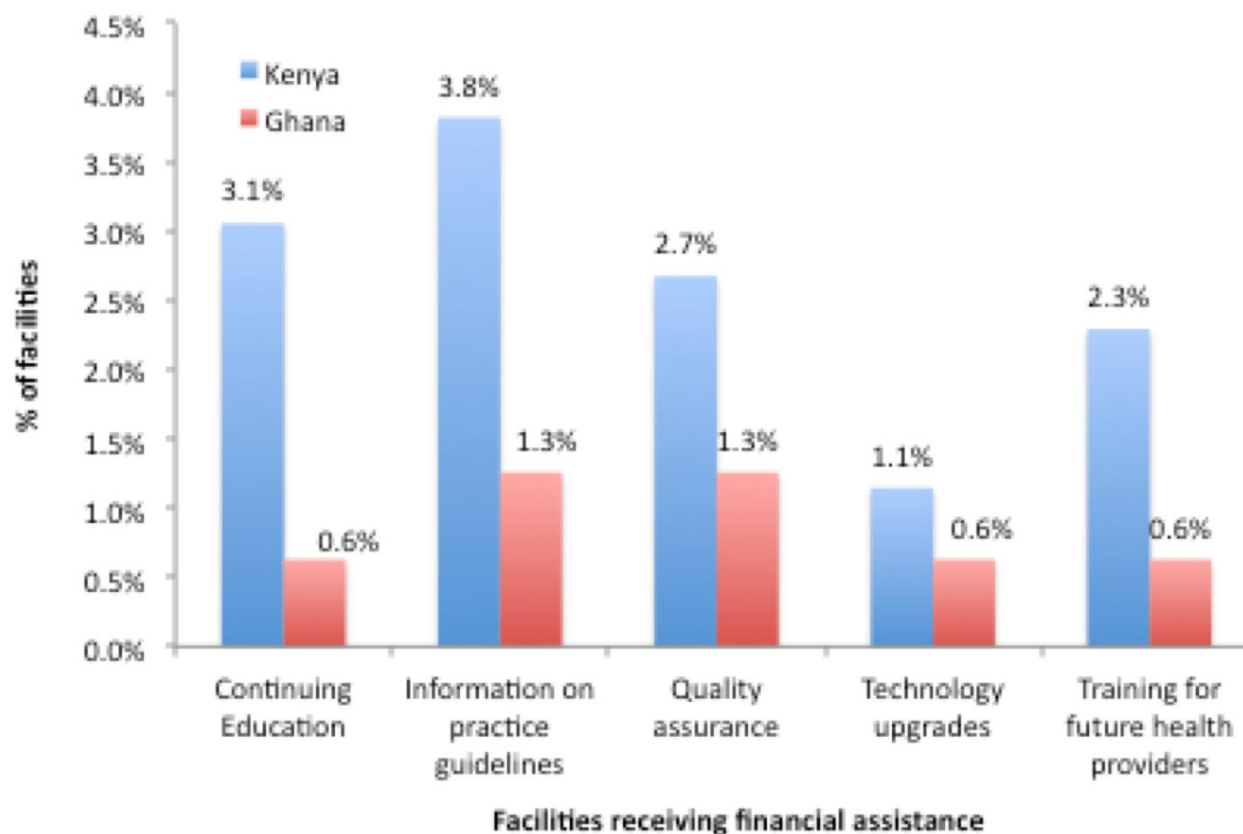
What type of technical assistance does the government provide for capacity building?



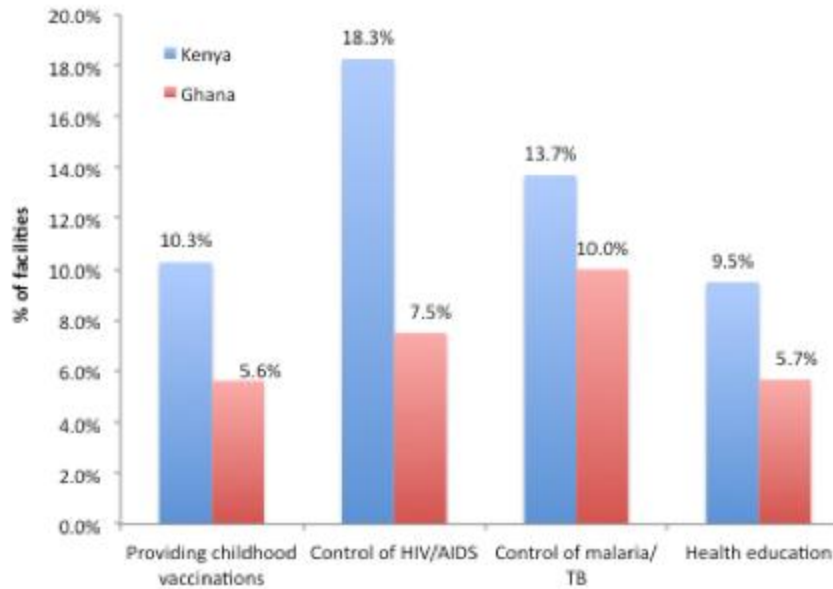
How do firms respond to supportive policies?



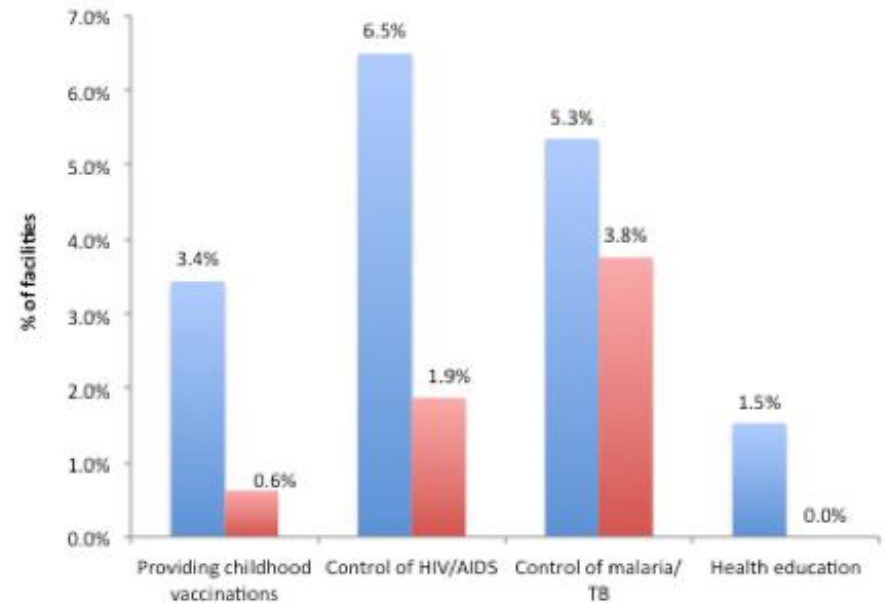
What type of financial assistance does the government provide for capacity building?



Does the government support private facilities' MDG-related activities?



Facilities receiving technical assistance

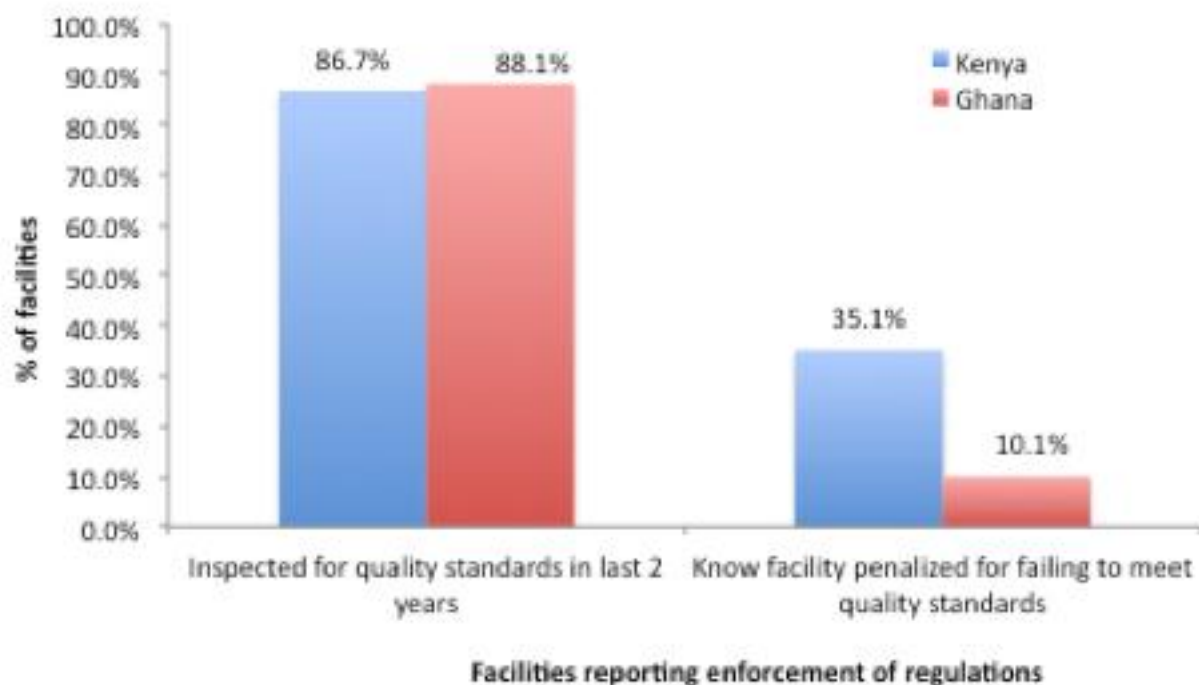


Facilities receiving financial support

How do governments try to promote firm behavior that supports equity/access?



Does the government provide active oversight?



What differences exist by firm type?

	Kenya				Ghana			
	Clinics		Pharmacies		Clinics		Pharmacies	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Service utilization (number and type of patients)	112	35.7%	151	8.6%	67	40.3%	90	3.3%
Epidemiological reporting: adverse events	112	59.8%	151	39.1%	66	24.2%	89	10.1%
Quality standards reporting	112	54.5%	151	41.7%	67	43.3%	89	31.5%
Financial reporting	112	13.4%	150	13.3%	66	10.6%	86	12.8%
Drug utilization (number and type of drugs)	112	19.6%	151	29.8%	66	7.6%	87	8.0%
<i>Any reporting</i>	112	75.9%	151	70.2%	67	59.7%	91	42.9%

What differences exist by firm type?

	Kenya				Ghana			
	Clinics		Pharmacies		Clinics		Pharmacies	
	N	%	N	%	N	%	N	%
<i>Facilities being offered technical support for</i>								
Continuing Education	112	25.0%	151	7.3%	68	13.2%	90	6.7%
Information on practice guidelines	112	40.2%	151	8.6%	68	20.6%	90	7.8%
Quality assurance	112	32.1%	151	10.6%	68	22.1%	90	8.9%
Technology upgrades	112	23.2%	151	4.6%	68	8.8%	90	1.1%
Training for future health providers	112	16.1%	151	6.6%	68	8.8%	90	5.6%
	Kenya				Ghana			
	Clinics		Pharmacies		Clinics		Pharmacies	
	N	%	N	%	N	%	N	%
<i>Facilities receiving financial assistance for</i>								
Continuing Education	111	6.3%	151	0.7%	67	1.5%	92	0.0%
Information on practice guidelines	111	6.3%	151	2.0%	67	3.0%	92	0.0%
Quality assurance	111	6.3%	151	2.0%	67	3.0%	92	0.0%
Technology upgrades	111	1.8%	151	0.7%	67	1.5%	92	0.0%
Training for future health providers	111	3.6%	151	1.3%	67	1.5%	92	0.0%

*Note: “Don’t know” and refusals are both coded as missing values

Conclusions

- Considerable room to expand engagement both by implementing new policies and strengthening existing ones
- A first-order concern : based on reporting, governments in both countries are likely to have a very incomplete picture of the private health sector
- In practice, firms report government interaction that seems seem focused on “command-and-control” approaches to quality rather than fostering expansion and capacity-building, even if this promotes access and equity outcomes.
- However, when offered support, firms are responsive
- Pharmacies report relative lack of government interaction, important given the fraction of consumers in SSA