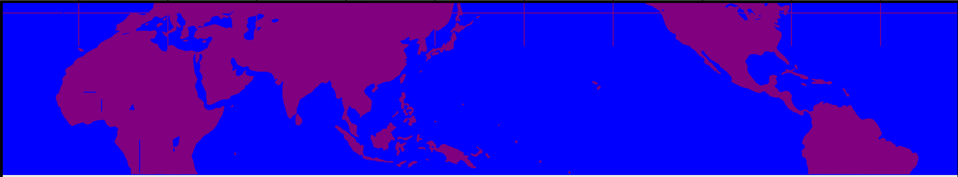
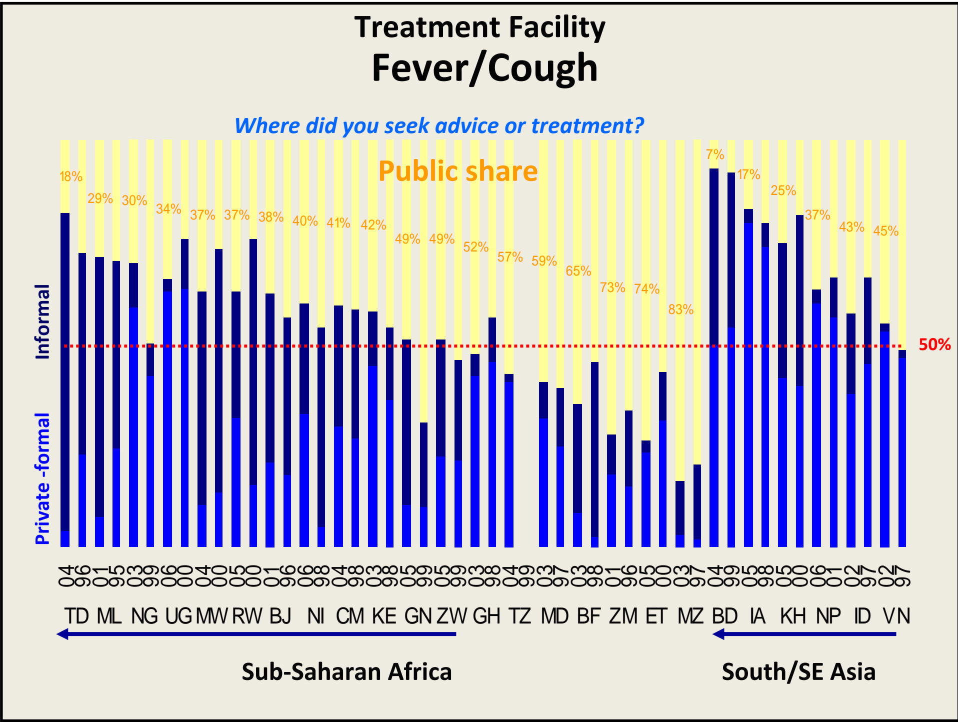


International experience with public-private collaboration and health development assistance:

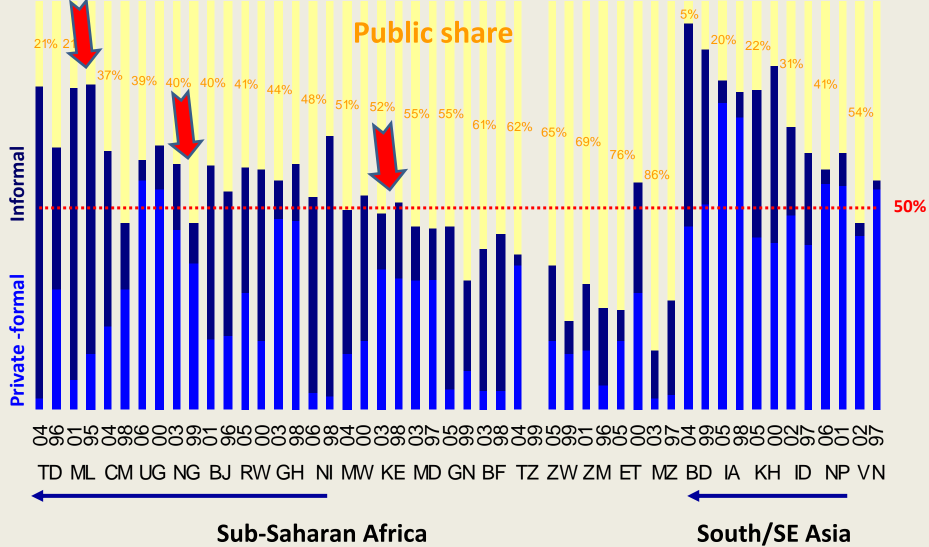
What we are doing. How can we do better?

April Harding
World Bank Group
Investment Climate and Advisory Services Department

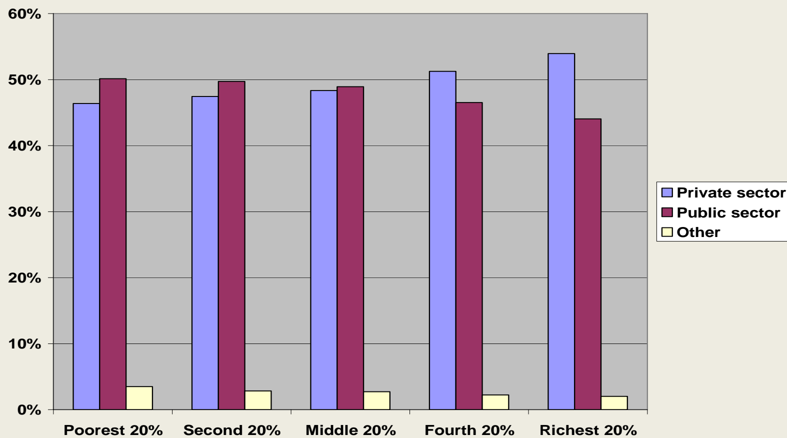


Treatment Facility

Diarrhea



Treatment of ARI and diarrhea in children under five, by type of provider and socioeconomic status



Source: Demographic and Health Surveys, 35 countries

Private sector role is clear, in the numbers, and on the ground…but

- Gov't doesn't play stewardship role vis a vis private sector (they omit from many policy considerations and service delivery funding)
- Often omitted from donor-supported program efforts (e.g. child health, malaria, TB) as well as disease surveillance and human resources planning.

Contracting: Evidence

Developed country health systems experience and health service research	Developing country health systems experience and health service research
Extensive evidence confirming effectiveness of contracted (vs integrated delivery)	Growing evidence confirming effectiveness of contracted (vs integrated delivery) SEE TABLE OF EVALUATIONS

Evidence for: PHC packages, urban and rural; nutrition services; district hospital services;

Insurance: Evidence

Developed country health systems experience and health service research	Developing country health systems experience and health service research
Extensive evidence confirming effectiveness of health insurance (with subsidized coverage for low-income people) vs. integrated public systems	Small, but growing, evidence confirming effectiveness of health insurance (with subsidized coverage for low-income people).

- Colombia expanded coverage of poor, and utilization or priority services which were causing high rates of maternal and child mortality
- PharmAccess pilots also showing positive results
- Rwanda, community insurance, nation-wide, Gertler found positive results both on utilization and health outcomes - forthcoming

Vouchers: Evidence

Developed country health systems experience and health service research	Developing country health systems experience and health service research
Evidence confirming effectiveness of vouchers for specific services or service/ product packages , such as family planning. Examples are the Taiwan and Korean national family planning voucher initiatives.	Growing evidence confirming effectiveness of vouchers in expanding access and use of priority services and products for specific, identifiable users.

- Insecticide-treated bednets
- STD treatment/ repro health services
- Delivery attendances

<u>Note this last experience confirms strong success of a much-needed strategy to reduce maternal mortality</u>

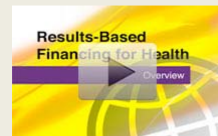
What about "paying for performance"?

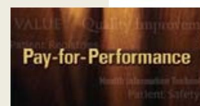
- Contracting, vouchers and insurance can all be used as a foundation to implement "paying for performance" - a well-established means to enhance performance, and achieve health related goals.
- There is good evidence for impact in the private sector, mixed for public sector.

Communication can be tough!

- Results-Based Funding – RBF (World Bank)
- Pay for Performance –P4P (US, CGD book, and many others)
- Output-based "Aid" – OBA (KFW, IFC – part of World Bank)
- Payment by Results – PbR (UK NHS)

All these terms refer to the same practice – tying funding or reimbursement partly to specific performance goals on the part of providers.





Financing approaches are critical, but…..other strategies are needed, and available to "lift supply" quality and productivity

From Ghana implementer:

how on earth can my municipal insurance organizations monitor quality of and contract with 800+ independent providers?…..often we are just stuck working with public facilities or blindly reimbursing.

Supply strategies: emerging evidence

- Accreditation - hospitals, labs, pharmacies, drug sellers.
- Training – pharmacies, drugsellers, private practitioners

  growing evidence (See next slide)
- Deregulation and consolidation - pharmacies, diagnostic labs

Modelled Cost effectiveness

	Early phase research programme	Estimated MOH district programme [a]	ITNs	WHO "attractive"
Cost per death averted	$505.92	$105.92	$ 219[b]	
Cost per DALY averted	$ 18.38	$3.85	$19-85[c]	<$ 25-30[d]

a –Kilifi study, Goodman et al 2006, b -Picard et al 1993,
c -Goodman et al 2000, d -WHO, 1996

Supply strategies: emerging evidence

- Social marketing (for family planning products, bednets, ORS)
- Social franchising (e.g. family planning, repro health services, now…TB and MCH)

  "Drugs for performance" for engaging private practitioners in TB Control programs

Other engagement strategies - evidence

- Food fortification public private partnerships (for micronutrient supplementation)

Healthcare PPP

A healthcare PPP involves the private sector in aspects of the provision of services and/or related infrastructure that have previously been provided by the government in an on-going or sustained fashion

This is usually a strategy to “lift” weak, or underperforming public services by involving private actors in their provision.

Healthcare PPPs - evidence

- Widespread positive evidence from OECD countries

  Australia, Germany, Spain, Sweden
- Now spreading in middle-income countries

  South Africa, Brazil, India, Lesotho

Developing country evidence is slow to emerge……..as few are fully implemented and even fewer evaluated.

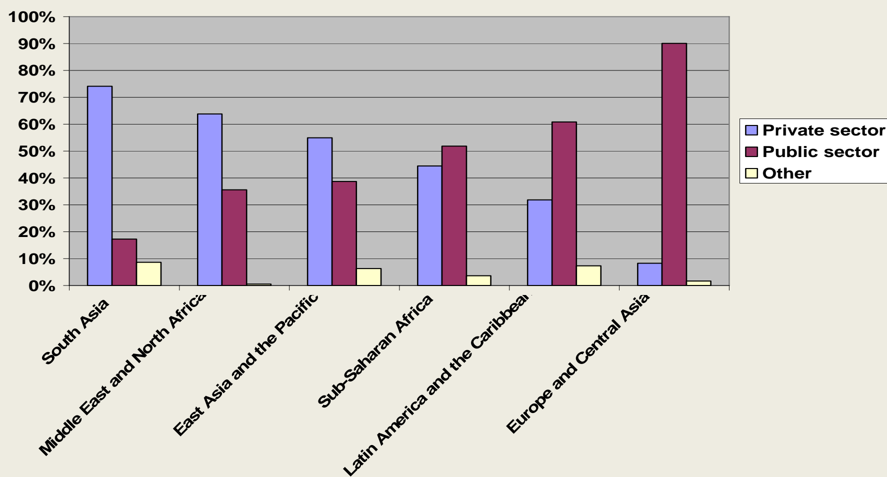
Lots can be done…but mostly isn't

India accounts for one fifth of the global TB incidence, topping the list of 22 high burden TB countries . TB kills more adults in India than any other infectious disease

Child health programs… missing many children

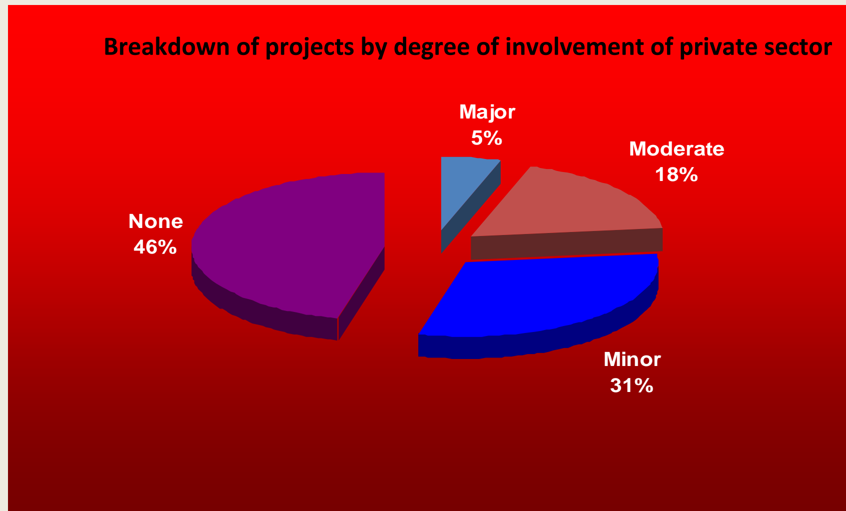
- Since late 90s – the Integrated Management of Childhood Illness (IMCI) is the main child health program
- It works almost exclusively via the public sector
- Training was successful in improving health worker practices
- Multi-country evaluation – found most programs had no population level child mortality reductions
- Undoubtedly partly because they missed many, often MOST children

Treatment in a facility of ARI and diarrhea in children under five, by type of provider and region)



Source: Demographic and Health Surveys, 51 countries

Even by the World Bank can't seem to support private sector when needed



Why the imbalance?

- They way we fund?
- The way we prepare our programs, and support?
- Are we "enablers"?
- Bad program metrics?
- A view from the field

"we are seriously constrained by poor capacity to implement policies to engage the private sector and have little support from funders and technical agencies to do so".

Summary?

- Private sector is extremely important – no matter how you measure it
- There is a large and growing evidence base on policies and program approaches to improve the private sector contribution
- Many of our aid dollars are not being used in a way that will improve access and quality in the places where people get healthcare

My query?

How can we provide development assistance that better reflects the reality of mixed health systems in developing countries?