



August 2008 – SUPPORT Summary of a systematic review

Can working with private for-profit providers improve utilization and quality of health services for the poor?

Concern regarding the technical failures of care provided by the private for-profit sector (i.e. private commercial providers) has led to the development of interventions aimed at addressing these limitations. The interventions implemented within the private for-profit sector and reviewed by the paper include social marketing, the use of vouchers, the pre-packaging of drugs, franchising, training, regulation, accreditation and contracting-out.

Social marketing is the application of the tools and concepts of commercial marketing to social and health problems. A *voucher* is a form of demand-side subsidy that the recipient can use as payment for a product or service from identified providers. *Pre-packaging* involves packaging drugs in pre-defined doses adequate for the targeted population and treatment length. A *franchise* is a contractual arrangement between a health service provider and a franchise organisation. *Accreditation* is a strategy to improve and control service quality at organisational or facility level through oversight by an independent quality control evaluation body. *Training* interventions can include formal training sessions, vendor-to-vendor education and the distribution of guidelines. *Regulatory* interventions aim to set up and ensure adequate technical quality of the services provided through binding regulations. *Contracting-out* is a purchasing mechanism used to acquire specified services of a defined quality at an agreed price from a specific private provider and for a specific period of time.

Key messages

- **Only low quality evidence is available on the effectiveness of interventions for working with the private for-profit sector to improve the utilization and quality of health services for the poor.**
- **This evidence shows that many interventions involving the private for-profit sector can be implemented successfully in poor communities.**
- **Positive equity impacts can be inferred from interventions involving providers who are predominantly used by poor people.**
- **However, stronger evidence of the equity impacts of interventions for working with the private for-profit sector is needed for more robust conclusions to be drawn.**



Who is this summary for?

People making decisions concerning the use of private for-profit providers to achieve public health goals.

! This summary includes:

- **Key findings** from research based on a systematic review
- **Considerations about the relevance of this research** for low- and middle-income countries

X Not included:

- Recommendations
- Additional evidence not included in the systematic review
- Detailed descriptions of interventions or their implementation

This summary is based on the following systematic review:

Patouillard E, Goodman CA, Hanson KG, Mills AJ. Can working with the private for-profit sector improve utilization of quality health services by the poor? A systematic review of the literature. *Int J Equity Health* 2007;6:17.

What is a systematic review?

A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse data from the included studies.

SUPPORT – an international collaboration funded by the EU 6th Framework Programme to support the use of policy relevant reviews and trials to inform decisions about maternal and child health in low- and middle-income countries. www.support-collaboration.org

Glossary of terms used in this report: www.support-collaboration.org/summaries/explanations.htm

Background references on this topic: See back page.

Background

Growing concern regarding the technical failures of care provided by the private for-profit sector has led to the development of interventions aimed at addressing these limitations, which simultaneously take advantage of the potential for involving the private for-profit sector to achieve public health goals.

This summary of a systematic review published in 2007 by Patouillard et al., focuses on the effects of private for-profit sector interventions on expanding access to quality health services for poor and disadvantaged populations. The authors used two approaches to determine whether an intervention reached the poor. First, interventions were deemed to have reached the poor if they benefited generally poor areas based on the study site information provided in the original papers. Secondly, interventions were deemed to have reached the poor if the socioeconomic distribution of benefits favoured the most disadvantaged groups within a given population.

How this summary was prepared

After searching widely for systematic reviews that can help inform decisions about health systems, we have selected ones that provide information that is relevant to low- and middle-income countries. The methods used to assess the quality of the review and to make judgements about its relevance are described here:

www.support-collaboration.org/summaries/methods.htm

Knowing what's not known is important

A good quality review might not find any studies from low- and middle-income countries or might not find any well-designed studies. Although that is disappointing, it is important to know what is not known as well as what is known.

About the systematic review underlying this summary

Review objective: To assess the effects of interventions working with the private for-profit sector to improve the utilization and quality of health services for the poor.

	What the review authors searched for	What the review authors found
Interventions	Studies of changes over time (pre-post), or comparing an intervention area with a control area (controlled), or comparing changes over time in an intervention area with changes over time in a control area (pre-post with control), with or without randomisation	52 studies were identified which had employed either a pre-post, controlled or pre-post with control design, with or without randomization.
Participants	Only general information on target population was provided, such as country or town of residence or income level	
Settings	All studies conducted in low- and middle-income countries	
Outcomes	Utilization and quality of care for the poor. Quality refers to technical and perceived dimensions of quality as assessed through observation of provider behaviour, physical attributes of the practice, and patients' perceptions	Only five studies provided data on the distribution of benefits across socioeconomic groups For most of the studies, only general information on the urban / rural settings was available.

Date of most recent search: November 2007

Limitations: This was an exhaustive review of English and French literature, but there were few evaluations of impact that allow robust conclusions to be drawn; especially as many of the interventions were not set up as research projects.

Patouillard E, Goodman CA, Hanson KG, Mills AJ. Can working with the private for-profit sector improve utilization of quality health services by the poor? A systematic review of the literature. *Int J Equity Health* 2007;6:17.

Summary of findings

The systematic review identified 52 studies on working with private for-profit providers in low- and middle-income countries. These interventions concerned training (26), social marketing (14), pre-packaging of drugs (2), provision of vouchers (4), contracting-out (3), franchising (6), regulation (2), and accreditation (1).

The quality of the evidence across all of the interventions reported below was low, and the review authors did not provide enough information to produce GRADE summary of findings tables.

1) Social marketing and pre-packaging

Social marketing is the application of the tools and concepts of commercial marketing to social and health problems, in order to increase population coverage of effective and affordable interventions. Social marketing interventions may include a combination of promotional activities, branding, labelling, pre-packaging and subsidy of public health products.

Fourteen social marketing studies were identified, with two of them also including pre-packaged treatments. Two of the studies provided data on the impact on equity.

- All studies showed significant increases in the utilization of programme commodities and services, though of differing magnitudes across interventions. For example, social marketing increased condom use among women in urban Cameroon from 58% to 76%.
- A project in Tanzania which distributed branded insecticide-treated mosquito nets and net treatment kits through retail outlets led to a significant increase (of 51%) in household net ownership among the poorest income quartile in the social marketing area compared to 32% in the control area.

2) Provision of vouchers

A voucher is a form of demand-side subsidy that the recipient can use as part or full-payment for a product or service from identified providers. The distribution of vouchers can be targeted to improve access for an identified population group such as the poorest households or pregnant women. Vouchers can either be competitively redeemed, where they are exchangeable at a number of different providers, or non-competitive where they are assigned to one particular provider.

Three studies focused on vouchers alone and a fourth one also included social marketing.

- The studies showed significant increases in the utilization of services, and positive changes in the ratio of utilization in the lowest compared to the highest socioeconomic quintiles (i.e. the equity ratio). For example, vouchers for free insecticide-treated mosquito nets and net treatment (integrated into a mass measles vaccination campaign) increased the equity ratio for net coverage from 0.66 to 1.19 in urban Zambia.

About the quality of evidence (GRADE)

⊕⊕⊕⊕

High: Further research is very unlikely to change our confidence in the estimate of effect.

⊕⊕⊕○

Moderate: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

⊕⊕○○

Low: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

⊕○○○

Very low: We are very uncertain about the estimate.

For more information, see last page

3) Regulation

Regulatory interventions aim to set up and ensure adequate technical quality of the services provided. They take the form of rules, enforcement systems and sanction mechanisms, and can be applied at the levels of the healthcare provider, organisation or facility. At the provider level, regulation may include requirements for pre-service training, continuing education, licensing and certification of providers. At the organisational or facility level, regulation may aim to control the location of facilities, their registration and minimum complement of staff or facilities. Pharmaceutical market regulation aims to limit the availability of harmful drugs and unregistered products, minimize drug misuse, control the sale of specific drugs through prescriptions, and regulate drug manufacture and importation.

Two studies were identified; one on banning a drug and its combination products (Nepal) and the other assessing the effects of a regulatory intervention to improve the quality of private for-profit pharmacy services (Lao People's Democratic Republic).

- **Banning a drug and its combination products led to a drop in the proportion of retail outlets stocking the drug from 96.5% at baseline to 0% after sixteen months.**
- **The second study compared districts with intensified regulation of private for-profit pharmacy services with control districts. Whilst it could not be established that the intervention had a greater effect than routine regulation, moderate but significant improvements in quality were observed in all districts, with mean availability of essential materials increasing by 34% and mean order (including the presence of advertisements, and whether drugs were stored in their original packaging away from sunlight) in the pharmacy increasing by 19%.**
- **Neither of the two studies provided information on the socioeconomic status of study populations and so impacts on equity could not be assessed.**

4) Training

Training interventions can take various forms, including formal training sessions, vendor-to vendor education, distribution of guidelines and job-aids. Training is often integrated into other interventions, such as franchising, accreditation and social marketing.

Twenty six studies on training were identified, covering different types of private for-profit providers: doctors (4), midwives (2), pharmacy workers (8), drug retailers (6), and a mix of provider types (6). Training aimed to improve the quality of treatment for a range of different conditions, including childhood illness (7), sexually transmitted infections (5), reproductive health services (5) and malaria. Only one study provided data on socioeconomic status.

- **The training of private for-profit practitioners led to improvements in treatment quality for a range of different conditions. For instance, an intervention in Ghana to improve the management of sexually transmitted infections in private for-profit pharmacies found that when offered treatment, 38% of simulated clients received appropriate medication at intervention pharmacies compared with 18% at control pharmacies.**
- **Training private for-profit practitioners on the management of childhood illness in Pakistan benefited a generally poor population.**

5) Franchising

Franchising refers to a contractual arrangement between a health service provider and a franchise organisation, which aims to improve access to quality- and price-controlled services. Franchisees are trained in standardized practices for which prices are predefined, and benefit from advertising of the logo or franchise name. The franchisees are monitored by the franchise organisation, which in public health is generally a government or donor-sponsored non-governmental organisation which subsidises the network.

Six interventions were identified in Pakistan (2), Ethiopia (1), India (1), Nepal (1) and Madagascar (1). Franchised services included reproductive health and family planning, diagnosis and management of sexually transmitted infections, and HIV counselling.

- **Both the effectiveness of the interventions and their impact on poor and disadvantaged populations were mixed.**
- **Clients were significantly more satisfied with the quality and quantity of franchised private for-profit services in some countries and less satisfied in others.**
- **Franchising benefited relatively poor groups in Nepal, Ethiopia, and India. However, in urban Pakistan wealthier groups were more likely to use franchised services.**

6) Contracting-out

Contracting-out is a purchasing mechanism used to acquire specified services of a defined quality at an agreed price from a specific private for-profit provider and for a specific period of time. Governments may purchase clinical or non-clinical services from private for-profit providers to complement public provision.

Three studies were identified: contracting-out of hospital services in South Africa (1), and primary healthcare services in South Africa (1) and Lesotho (1). The primary care studies provided data on the socioeconomic status of the study populations.

- **Public hospitals had better structural quality of care but contracted hospitals had better quality of nursing care. No significant differences were found in mortality rates between contracted and public hospitals.**
- **The primary care study in South Africa showed that patients with hypertension were less likely to have their blood pressure recorded when they sought care at contracted practices than at public health facilities. However, the study in Lesotho found the quality of services of contracted providers to be similar to that of public providers.**
- **The contracted primary care services were used by very poor communities.**

7) Accreditation

Accreditation refers to a strategy to improve and control the quality of services provided at organisational or facility level through oversight by an independent quality control evaluation body which may be the government or a non-governmental organisation. It may include training providers in standardised practices. While accreditation is similar to franchising, the nature of the relationship between the provider and the accreditor is often voluntary, compared with the contractual relationship between the franchisee and the franchise organization.

One accreditation study was identified which aimed to improve access to affordable and quality medicines and pharmaceutical services through the training and supervision of outlet dispensing staff; inspections of outlets; marketing; and public education.

- **The proportion of unregistered drugs decreased by 92% in the intervention and 66% in the control areas.**
- **No information was provided on the socioeconomic status of the participants and so impacts on equity cannot be assessed.**

Relevance of the review for low- and middle-income countries

→ Findings

▷ Interpretation*

APPLICABILITY

→ Information about relative equity improvements was provided by very few studies. For these, the socioeconomic distribution of impacts was mixed, with positive equity effects shown in some but not all programmes.

→ The private for-profit sector interventions in this review were implemented in a wide range of settings and addressed a variety of different health problems. In addition, varying (but generally not very rigorous) methods of impact evaluation were used, as many of the interventions were not set up as research projects.

→ Without knowing more about the specific features of the interventions and study contexts, one can speculate that by targeting private for-profit providers, the potential impact on the poorest is lessened. Positive equity effects might require targeting those providers predominantly used by poor people.

▷ *Factors that need to be considered to assess whether the intervention effects are likely to be transferable to other settings include:*

- *the availability of routine data on who might benefit from the intervention;*
- *resources to provide supervision, monitoring and evaluation of private for-profit providers;*
- *the availability of competent private for-profit providers, and the private for-profit sector regulatory mechanisms in the given country.*

▷ *Evidence of impact is needed from appropriately designed studies, preferably randomised controlled trials.*

▷ *Formative research is needed to identify which providers are used by poor people and why, focusing on various dimensions of accessibility (geographic, social and financial).*

EQUITY

→ Only five of the 52 studies provided data on the socioeconomic status of the source populations, but it is evident that many of the interventions worked successfully in poor communities.

▷ *Given the indirectness of the evidence on the impact of private for-profit sector interventions on equity, the challenge for the future is to design evaluations and report results in ways that can assess this clearly, and indicate how equity can be enhanced.*

ECONOMIC CONSIDERATIONS

→ This review summarised findings from programmes based in various low-income settings, but it does not provide evidence that investment in private for-profit providers is better in improving access to health services by the poor than investment in the public sector or private not-for-profit providers.

▷ *An outcome that favours the poor does not on its own imply that such interventions are good value for money; investments in improving quality of care in the private for-profit sector need to be compared with the return from investment in the public sector, including the ability of such investments to switch use away from low quality private care to better quality public services.*

MONITORING & EVALUATION

→ Most of the private for-profit sector interventions were focused on very specific health issues.

→ Consumer participation in the planning and implementation of the private for-profit sector interventions was rarely described.

▷ *Where private for-profit sector interventions are implemented for a wide range of health issues, robust mechanisms of monitoring and evaluation should be built into the programme, because this sector is often resistant to external monitoring.*

▷ *If consumer participation is seen as important to programme success, considerable resources may need to be invested in this process.*

*Judgements made by the authors of this summary, not necessarily those of the review authors, based on the findings of the review and consultation with researchers and policymakers in low- and middle-income countries. For additional details about how these judgements were made see:

<http://www.support-collaboration.org/summaries/methods.htm>

Additional information

Related literature

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Conflict of interest

None declared. For details, see: www.support-collaboration.org/summaries/coi.htm

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Keywords

All Summaries: evidence-informed health policy, evidence-based, systematic review, health systems research, health care, low- and middle-income countries, developing countries, primary health care.

About quality of evidence (GRADE)

The quality of the evidence is a judgement about the extent to which we can be confident that the estimates of effect are correct. These judgements are made using the GRADE system, and are provided for each outcome. The judgements are based on the type of study design (randomised trials versus observational studies), the risk of bias, the consistency of the results across studies, and the precision of the overall estimate across studies. For each outcome, the quality of the evidence is rated as high, moderate, low or very low using the definitions on page 3.

For more information about GRADE:

www.support-collaboration.org/summaries/grade.htm

SUPPORT collaborators:

The Alliance for Health Policy and Systems Research (HPSR) is an international collaboration aiming to promote the generation and use of health policy and systems research as a means to improve the health systems of developing countries. www.who.int/alliance-hpsr

The Cochrane Effective Practice and Organisation of Care Group (EPOC) is a Collaborative Review Group of the Cochrane Collaboration: an international organisation that aims to help people make well informed decisions about health care by preparing, maintaining and ensuring the accessibility of systematic reviews of the effects of health care interventions.

www.epocoslo.cochrane.org

The Evidence-Informed Policy Network (EVIPNet) is an initiative to promote the use of health research in policymaking. Focusing on low- and middle-income countries, EVIPNet promotes partnerships at the country level between policy-makers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the best scientific evidence available. www.evipnet.org

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