

How do health sector plans deal with private markets? An experiment in textual analysis

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Private markets from research to national policy

- Mid-1990s attention, eg Bennett et al on private providers; and data emerging from National Health Accounts.
- 2006 WHO Bulletin ‘after decades of focusing only on the public sector, growing recognition of importance [of private providers] and ‘signs of a shift in attitude.’
- Signs of action, such as social marketing, but still contentious, eg 2009 Oxfam’s ‘Blind Optimism’
- The topic is still addressed mainly at meetings like this, global policy but to what extent are they in the mainstream of health policy discussions at country level?

Health Sector Plans as 'evidence'

- National comparisons possible
- 3-5 years, can examine over time
- Though there is no standard template, but we would expect their contents to be at least roughly comparable
- However, they are less than perfect as a subject of study
- Written by consultants, or for politicians. Just words to justify MOH budget. Sometimes unrelated to what really happens.

Methods

- We looked at 8 plans: Bangladesh, West Bengal, Vietnam, Cambodia, Ethiopia, Ghana, Kenya, Tanzania. Roughly 'paired'
- Marked the text where private for profit market was mentioned
- We identified 21 separate topics
- And grouped the topics into five categories
- Demand, Supply, Stewardship, Strategies, and Other
- Qualitative analysis

The 21 topics

A. Demand

1. Health-seeking behaviour
2. Out-of-pocket expenditure
3. Consumers' experience

B. Supply

4. Shops or peddlers selling drugs – unlicensed
5. Shops or peddlers selling drugs – licensed
6. Licensed service providers 100% private
7. Licensed providers in both sectors (dual practice)
8. Unlicensed providers modern medicine (quacks)
9. Traditional providers, eg herbalists

C. Stewardship of the private market

10. Quality of drugs sold by shops or peddlers
11. Quality of care given by private providers

12. Regulation & licensing of shops or peddlers
13. Regulation and licensing of providers
14. Professional or trade organisations
15. Collecting or analysing data on private market
16. Regular monitoring of private market

D. Strategies

17. Taking account of private market in plans
18. Involving private sector in the planning process
19. Management of private market by MoH staff
20. Training of private providers or shop-keepers
21. Strategies such as vouchers, contracting etc

E. Others

Financing, insurance, private ambulances etc

When a topic was covered (an 'item')

We asked ourselves

1. Are the for-profit market aspects addressed?
2. Is data about the for-profit market presented or analysed?
3. Do the strategies proposed include for-profit markets?
 - We scored our answers 0 (No), 1 (Partially) or 3 (Yes)
 - So a maximum of 9 marks per item

Five hypotheses

1. Plans with some data about private health markets will take them more seriously than plans with no data
2. Plans which mention out-of-pocket expenditure will be more likely to cover private markets
3. Plans which look at 'health-seeking behaviour' are more likely to cover private markets
4. Plans which look at health-seeking behaviour will cover consumers (demand), not just providers (supply)
5. Plans which cover 'demand' are more likely to refer to self-medication and shops, not just to services

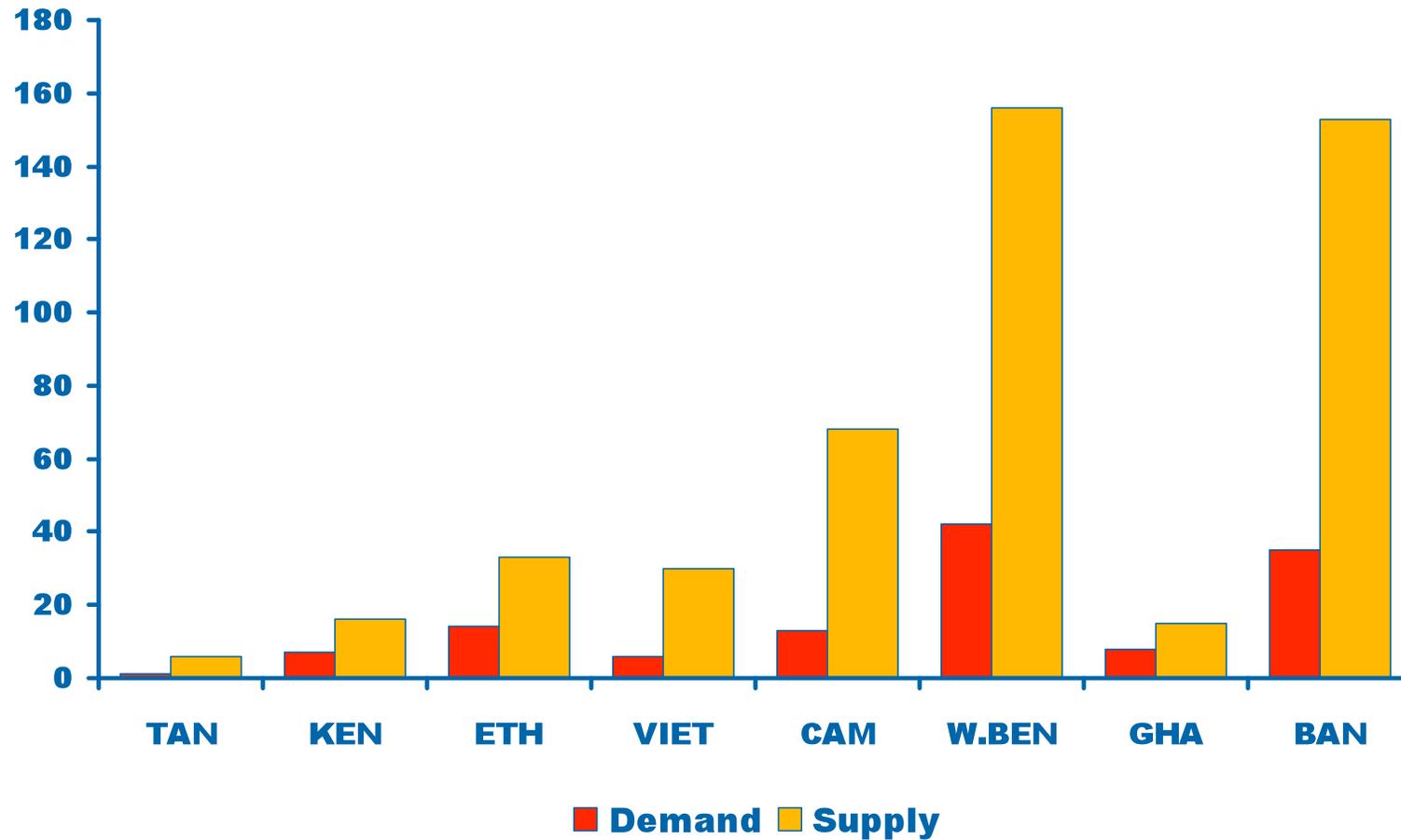
Results 1. Do the plans cover the private market?

Country	% OOP	No. of 'Items'	Total Score	Average score
Bangladesh	60	81	326	4.0
Ghana	51	73	288	3.9
West Bengal	70*	88	324	3.7
Cambodia	63	97	156	3.5
Vietnam	61	28	71	2.5
Ethiopia	33	98	226	2.3
Kenya	42	86	121	1.4
Tanzania	34*	32	43	1.3

Results 2. Item has some data, not just words

Country	Total Items	Items with some data	%
Bangladesh	81	25	31
Ghana	73	10	14
West Bengal	88	12	14
Cambodia	97	1	1
Vietnam	28	3	11
Ethiopia	98	5	5
Kenya	86	11	13
Tanzania	32	1	3

References to Demand .v. Supply



Common topics

Common Topics

- Private services
- Regulation
- Quality of private sector
- Involvement of private sector in planning
- Monitoring of private providers

Least Common

- Shops/ over the counter sales of medicines

Other observations

- Wide variety: the good plans (Bangladesh, Ghana) were substantially better than the poor ones (Kenya, Cambodia)
- Supports hypothesis that plans which have some data on health-seeking behaviour do cover the private market better. Though it is no guarantee
- Out-of-pocket expenditure features in most plans, but usually as a 'residual' category, and in the separate 'financing' section
- Some relationship between prevailing government ideology and mention of the private sector

Conclusions - Methodology

- An interesting and worthwhile exercise.
- ‘Textual analysis’ approach did yield some clear points, e.g. the absence of references to self-medication & shops, and for providers, the focus on regulation & quality
- Cross-national comparisons are questionable – more useful for comparing change in each country over time
- Scoring was too ambitious and difficult to standardise. ,
- And of course, plans are just plans.

Conclusions – what would improve things?

- There is still a long way to go before health sector plans reflect the reality and significance of private health markets
- Having some data about the health-seeking behaviour seems to force the issue onto the agenda
- Most countries have OOP data - but stuck under 'Finance'
- OOP's name makes it sound like an accounting category – we need a new name to 'personalise the pocket'



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