

# Effectively engaging the private sector to improve malaria case management

## Introduction

The private sector plays a critical role in delivering health services across the world—thus, engaging the private sector is crucial to malaria control. In many disease-endemic countries, the majority of febrile episodes are initially treated by private sector providers (PSPs). Because health care costs are a major drain on poor people’s resources, decision-makers in developing countries are increasingly taking note of the importance of PSPs in health care provision. However, managing PSPs is among the most complex tasks facing program managers—one that comes with a number of challenges, but also a number of unique opportunities.

This MalariaCare program brief aims to provide an overview of how program managers can engage and partner with the private sector to improve case management of malaria and other febrile illnesses. It is part of MalariaCare’s series of program briefs on strategies for achieving universal diagnosis and treatment of malaria. The brief describes the role of private providers in the fight against malaria as well as the relative roles of different players in the market. It presents specific examples from projects that are developing sustainable private sector partnerships to implement malaria control programs and offers strategies for program managers to engage with the private sector in their countries.



Photo: Society for Family Health

## Rationale for engaging the private sector

In many disease-endemic countries, the majority of febrile episodes are initially treated by PSPs. This is illustrated by data from the ACTwatch project (see Figure 1) on treatment-seeking behavior for children with fever. Nationally representative household surveys conducted in several African countries between 2008 and 2011 showed that in the Democratic Republic of the Congo (DRC), Madagascar, Nigeria, and Uganda, the most common initial step to deal with fever was to visit a private sector outlet.<sup>1</sup> Only in Zambia did caregivers most commonly initially seek treatment from the public sector. In Benin, caregivers were most likely to first treat a child at home, which is also a relatively

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common practice in the DRC, Nigeria, Uganda, and Zambia. However, when caregivers did eventually seek care outside the home in the DRC, Nigeria, and Uganda, they tended to turn to the private sector as the sole external source of treatment. The private sector was also the main source of antimalarials in DRC, Nigeria, and Uganda.

## Private sector providers

The term ‘private sector’ is used in this brief to describe all providers who exist outside the public sector, whether not-for-profit or for-profit. The commercial sector operates in a wide range of facilities, including hospitals, nursing and maternity homes, and clinics run by large and small companies. It includes facilities run by groups of health professionals, as well as individuals and shopkeepers.<sup>2</sup> Facilities may be staffed by health professionals or informal providers, including individuals who do not possess the required medical certification for the activities they undertake (some of which may be illegal—for example, selling prescription drugs without a required license).<sup>3</sup>

The not-for-profit private sector is typically represented by nongovernmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs). These organizations have become increasingly important providers, both in health care provision and in monitoring and accountability.

Different types of private sector providers (PSPs) have very different characteristics in terms of legal status, training, type of facility, and nature/complexity of service provided. These characteristics

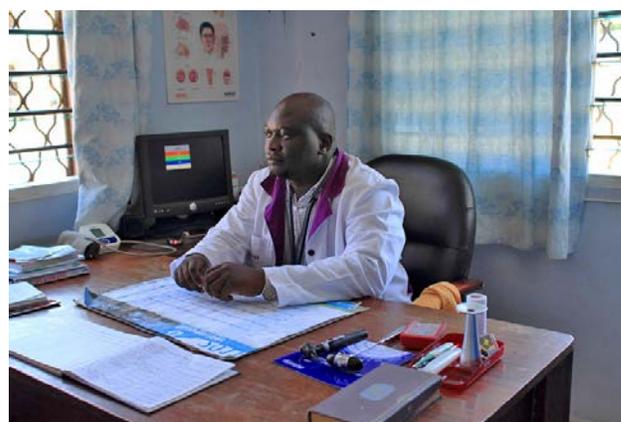


Photo: PSI

make them more or less visible to policymakers and affect the ability to work with them to improve coverage and quality as well as to control costs (see Table 1).

Finally, as users of health services, households and individual consumers represent key actors. Many factors influence the choice of provider, including historical patterns of use, convenience, cost, availability, severity of illness, and perceived quality of care.<sup>4</sup>

## Challenges

To harness the full potential of the private sector, a number of challenges must be addressed:

- A key issue is the inability of governments to enforce appropriate regulation frameworks—if such frameworks exist—as reflected by the unorganized nature of informal markets.
- The quality of services provided by the highly heterogeneous group of PSPs is variable,

Table 1: Visibility of private sector providers by type<sup>5</sup>

PSP characteristic	PSP visibility	
	More visible	Less visible
Legal status and training	Formal (trained and operating legitimately) Physicians, nurses, pharmacists	Informal (untrained and illegal) Shopkeepers, itinerant vendors
Size of facilities	Large hospitals and clinic networks (registered with licensing authorities)	Solo providers (often numerous shopkeepers, drug vendors)
Nature of service	Provide comprehensive clinical services	Sell single products such as drugs, insecticide-treated nets, condoms

especially with respect to the quality of diagnosis and dispensing of drugs. Problem areas include the quality, dosage, and appropriateness of drugs sold; the amount, accuracy, and quality of information given on how to take the medicines; drug sales to children; the lack of appropriate drug licenses; and the quality of clinical services provided.<sup>6</sup>

- Another key issue is a lack of knowledge in the public health sector on how private markets work, and the need for national malaria control programs to better understand the nature, role, and scale of the private sector's (potential) contribution.<sup>7</sup>

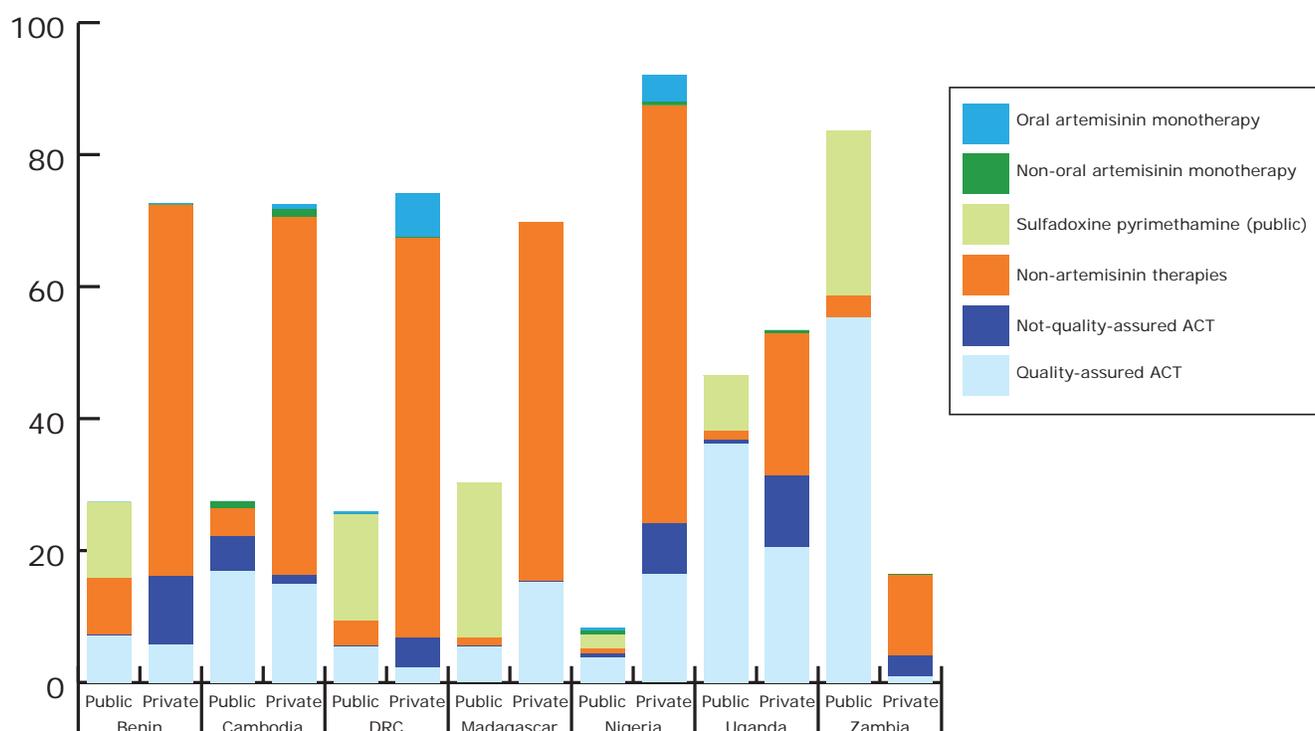
### Closing the knowledge gap: gathering evidence on fever case management through the ACTwatch project

ACTwatch is a Population Services International (PSI) research project conducted in partnership with the London School of Hygiene and Tropical Medicine that aims to provide a comprehensive overview of markets for antimalarial drugs and diagnostic tests to inform national and international decision-making on policies around fever case management. To do that, ACTwatch studies:

- Market share, price, and availability of antimalarial drugs and diagnostic tests in public facilities and private retail outlets.
- Provider knowledge and attitudes concerning appropriate case management of fever.
- Case management practices in the public and private sector.

The data generated by ACTwatch have underlined the importance of the private sector in the provision of antimalarials in diverse settings and different market contexts. In addition, ACTwatch data have informed key assessments within partner organizations, such as UNITAID market landscaping reports. ACTwatch methods were used to assess the impact of the Affordable Medicines Facility–malaria (AMFm) in pilot countries.<sup>8</sup>

Figure 1: Distribution of antimalarial market share by sector and antimalarial class, 2011



## Clinical social franchising in Kenya: The Tunza Family Health Network

In December 2008, Population Services International (PSI)/Kenya launched the Tunza Family Health Network, a fractional social franchise (i.e., the franchised services are added to existing businesses), to engage private health providers and empower low-income Kenyan women to avoid unplanned pregnancies through access to high-quality family planning services. The Tunza Family Health Network, primarily made up of nurses and clinical officers, now offers franchised services for family planning, sexual and reproductive health, HIV, and integrated management of childhood illness. Network providers are located in eight provinces, and are attached to 15 hospitals and 280 clinics. Under the African Health Markets for Equity (AHME) project, plans are underway to bring franchised services into additional hospitals. Prevention of mother-to-child transmission of HIV, cervical cancer screening and preventive therapy, and malaria rapid diagnostic testing were instituted in 2013. A total of 425,986 visits were recorded in 2012.



Photo: PSI

### Strategies to engage the private sector

Despite the challenges described above, engaging the private sector also provides opportunities: for instance, the private sector can act as an effective drug distribution channel to remote, rural areas and therefore contribute to improving malaria treatment. What can be done to ensure enhanced access to and supply of effective, quality-assured medicines—at prices affordable to the poor—through the private sector?

#### Market-based approaches

Market-based approaches include market-based incentives and marketing mechanisms such as social marketing and social franchising.



Photo: PSI

**Social marketing** is the application of marketing concepts and techniques to influence behavior among a target audience to benefit the target audience and society. The desired behavior can include use of a product or service (e.g., using a condom or getting tested for HIV) or not (e.g., abstaining from sex). Social marketing is based on the systematic collection and analysis of target audience data that guides the design, implementation, monitoring, and evaluation of each project. Social marketing is an effective way of motivating low-income and high-risk people to adopt healthy behavior, including the use of needed health products and services. Well-designed communications campaigns are intrinsically linked to social marketing programs. As such, social marketing is used to modify and improve consumer behavior.

**Social franchising** applies commercial franchising strategies to the nonprofit health sector to efficiently expand access to higher quality health care that is affordable to underserved communities. Social franchising works by creating a network of health care providers that are contractually obligated to deliver specified services in accordance with franchise standards under a common brand. Social franchising uses social marketing principles to improve access, quality, equity, and cost-effectiveness of health service delivery via the private sector.

## Stimulating a private sector market for rapid diagnostic tests

The availability of high-quality, inexpensive rapid diagnostic tests (RDTs) in the public sector has significantly improved and expanded diagnostic testing. In the private sector, however, RDTs either are not available or are more expensive than artemisinin-based combination therapy (ACT).<sup>10</sup> As a result, febrile illness is presumptively treated with ACT, leading to mistreatment of potentially life-threatening non-malaria febrile illnesses and to the overuse of ACT.

The UNITAID Private Sector RDT Project is working to stimulate the creation of a private sector market for malaria RDTs. The project is a partnership between Foundation for Innovative New Diagnostics, Johns Hopkins School of Public Health, Malaria Consortium, PSI, and the World Health Organization, funded by UNITAID.

The project analyzes motivators for changing behavior of consumers and providers to test before treating and to provide/adhere to appropriate treatment based on the RDT results. The project's activities include developing behavior change communication (BCC) plans based on evidence and using a marketing approach. The plans include common messaging, logos, and/or slogans presented across a range of communication channels to increase informed consumer demand for RDTs in private sector markets. Efforts to improve the appropriate use of RDTs through increasing adherence to test results focus on changing provider behavior, knowledge, competency, perceptions, and acceptability.



Photo: PATH/Laura Newman

## Legal and administrative approaches, including regulation and training

Recognition of the importance of PSPs by governments needs to be matched by an increase in the capacity to regulate them. In many countries, there is a need to review legislation and regulation in order to adequately facilitate the potential role of the private sector. Current limitations of the regulatory framework are barriers to constructive private sector engagement. In the case of qualified PSPs, working with professional bodies on issues such as continuous professional development, recertification, participating in clinical audits, and developing

clinical protocols is more likely to achieve results than a regulatory framework that is not enforced.

Regulation of informal PSPs is difficult due to the sheer number of outlets and their rapid turnover. In this situation, education of selected informal PSPs, linked to consumer education, is likely to have greater impact than trying to implement formal regulation.<sup>9</sup> One approach is to use public sector training curricula to train private sector providers, using government staff as trainers. PSI is implementing this approach in various countries, including Kenya and Madagascar.



Photo: PATH/Eric Becker

## Conclusion

The private sector is represented by a variety of stakeholders who greatly impact public health—and specifically malaria case management—both in the formal and informal health sectors. Engaging the private sector in malaria control programs will lead to increased coverage of key interventions, better reach in rural/remote areas, and increased choice for households. Several strategic options exist for decision-makers and program managers to work with PSPs and broaden private sector engagement.

## About MalariaCare

MalariaCare is a five-year partnership funded by the US Agency for International Development (USAID) under the US President's Malaria Initiative (PMI), with the goal of scaling up high-quality diagnosis and case management services for malaria and other febrile (fever-causing) illnesses. MalariaCare is led by PATH and is supported by three other organizations: Medical Care Development International (MCDI), Population Services International (PSI), and Save the Children US (SC US).

## Contact MalariaCare

For more information or to request technical assistance for engaging private health care providers, please email or call:

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Photo: PATH/Gabe Blenczycki

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