Integrating the Private Sector into National Child Health Programs and Reporting
Session One: Lessons from Ethiopia

8 September, 2022

Image credit: MCHIP NET

CHILD HEALTH TASK FORCE

Webinar Series

- **Session One:** Lessons from Ethiopia in Delivering Quality Child Health Services and Data Reporting by the Private Sector

- **Session Two:** The importance of incentivizing private sector reporting into HMIS for child health – Ghana case study

- **Session Three:** Quality of care for private sector facilities delivering child health services – case study TBD

Co-hosted by the Private Sector Engagement, Monitoring and Evaluation and Quality of Care subgroups

Today's Speakers

Dr. Maraki Fikre Merid
Private Sector Engagement Consultant
CHS Advisory

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Country lead
Burden of Disease Collaborative EPHI-IHME Initiative
Senior Researcher and Advisor
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Health Institute

Private Sector Engagement and HMIS Reporting

Case Study: Ethiopia

by
Maraki Fikre Merid, PhD, MPH

September 8,2022

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Setting the Stage:

Why is Private Sector In Health Data Important?

[Dr. Maraki Merid]

Why is PS data reporting important ?

Most Health care systems are mixed Health care systems

More than 55% of health services in Africa are delivered in Private sector

DHIS data indicate that low as well as high income groups switch between Private and Public sector

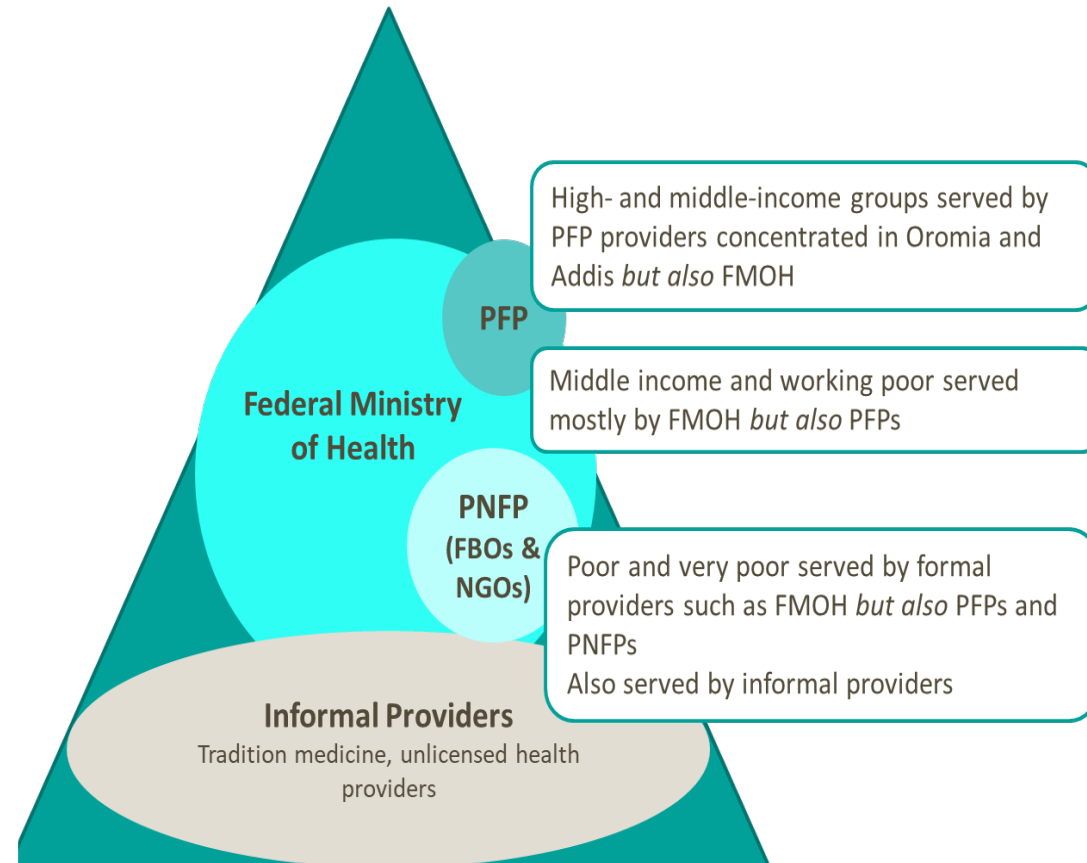**Private Sector data is the first foundation for structuring Private Sector Engagement**

In Ethiopia, although public sector is dominant, PS owns and manages a wide range of health facilities across all levels of care

The private health sector owns and manages a wide range of health facilities offering diverse health services products.

The private health sector is present across all levels of care.

Private for-profit providers mostly serve high- and middle-income groups in urban areas.....but they also serve the poor.

The FMOH subsidize the middle-and upper-income groups who can afford to pay for healthcare in the private sector

High- and middle-income groups served by PFP providers concentrated in Oromia and Addis *but also* FMOH

Middle income and working poor served mostly by FMOH *but also* PFPs

Poor and very poor served by formal providers such as FMOH *but also* PFPs and PNFPs
Also served by informal providers

PFP

Federal Ministry of Health

PNFP (FBOs & NGOs)

Informal Providers
Tradition medicine, unlicensed health providers

FBO-faith based organization
NGO-non government organization

LEGEND: PFP-private for profit
PNFP-private not for profit

FMOH-federal ministry of health

Ethiopia: Private Sector Role Depends on Type of Health Service ....

## Use of private health across selected health services
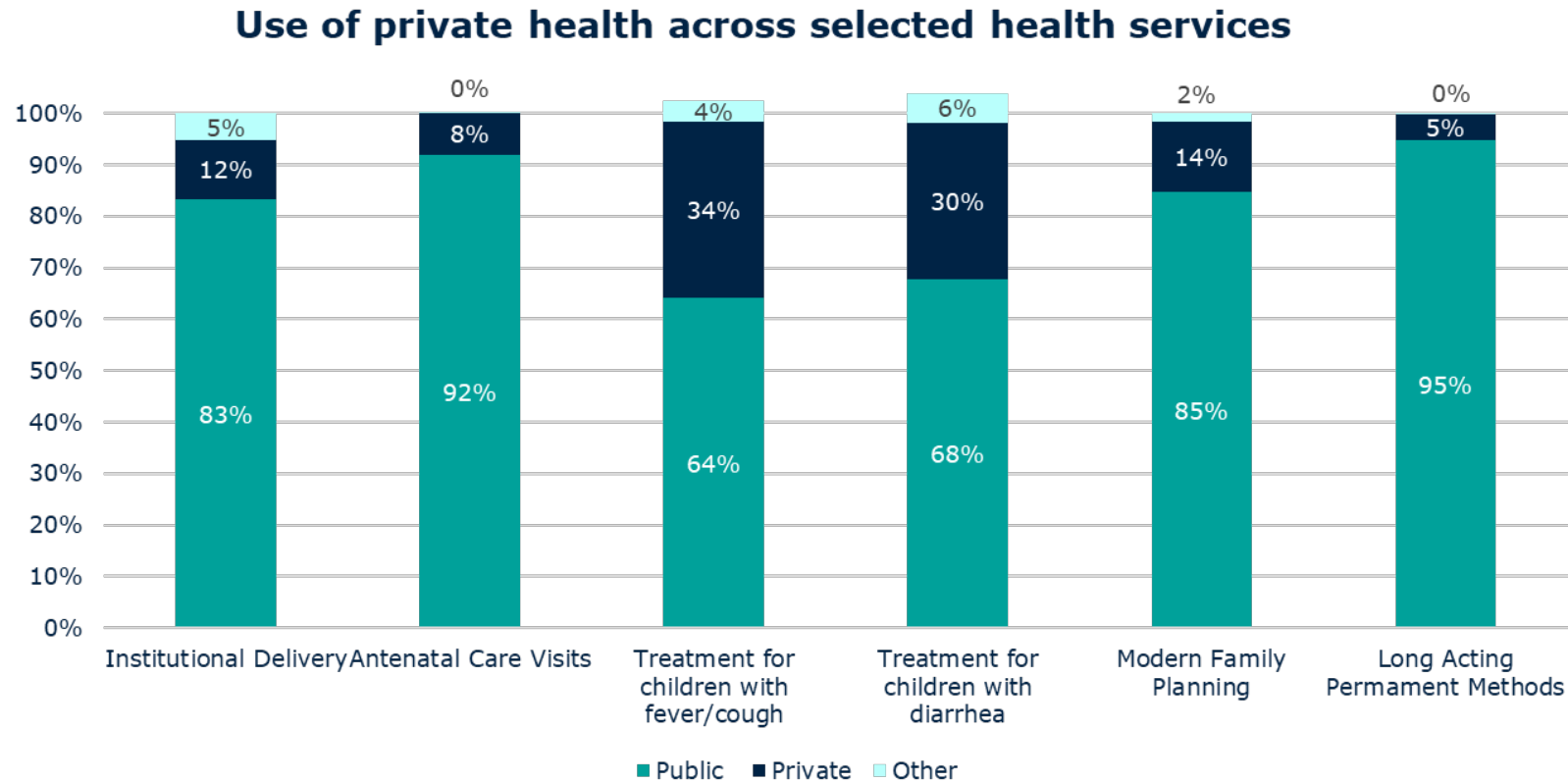
EDHS, 2016. *Note: Please note that categories may not add up to exactly 100% due to rounding errors*

- FMOH is the primary health provider for all types of health services
- Greater use of private providers for childhood illnesses and modern family planning
- Opportunity to harness private sector in these health areas as well as expand access through the private sector in other health areas such as maternity services

The private health sector is an important source to treat childhood illnesses: 1/3 children with diarrhea and/or fever are treated by a private provider.

Figure 4.13 Diarrhea Treatment by Source and by Income Group
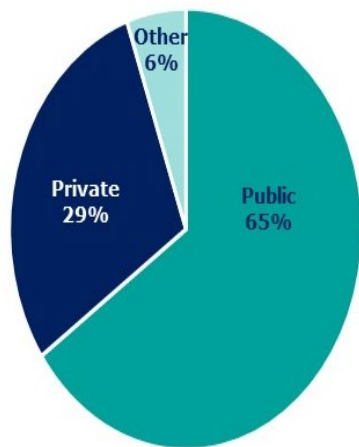
Source: EDHS, 2016.
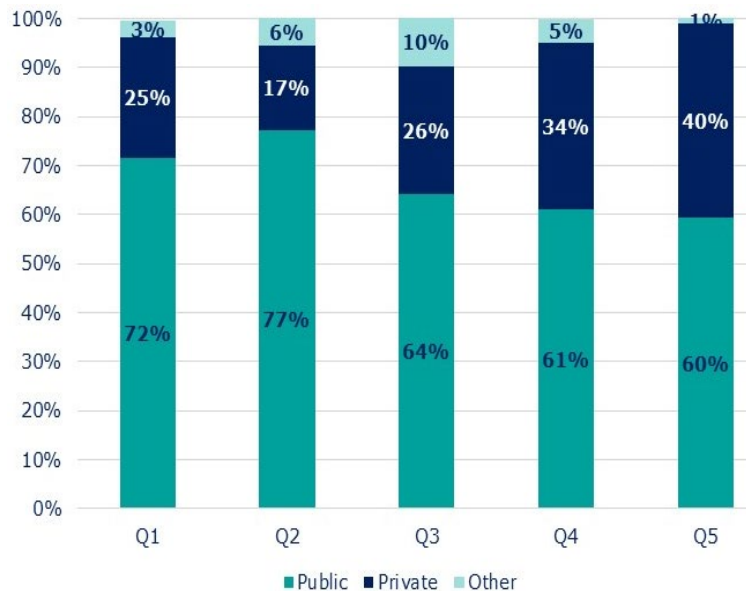
The private health sector is an important source to treat childhood illnesses: out of three children with diarrhea and/or fever are treated by a private provider.

Mothers with sick children seek treatment from frontline providers – pharmacists and drug sellers.

The private sector is also an important source of locally manufactured products needed for child health – bed nets, ORS, zinc, nutritional supplements.

The poor rely more on public services compared to the wealthy.

HMIS is the foundation for effective oversight but yet few countries have galvanized routine reporting from private sector

Diagnose **Assess** **Design** **Implement** **Measure**

Pathway processes are inclusive and consultative throughout

Data underpins every phase in the process including public-private dialogue and consultation

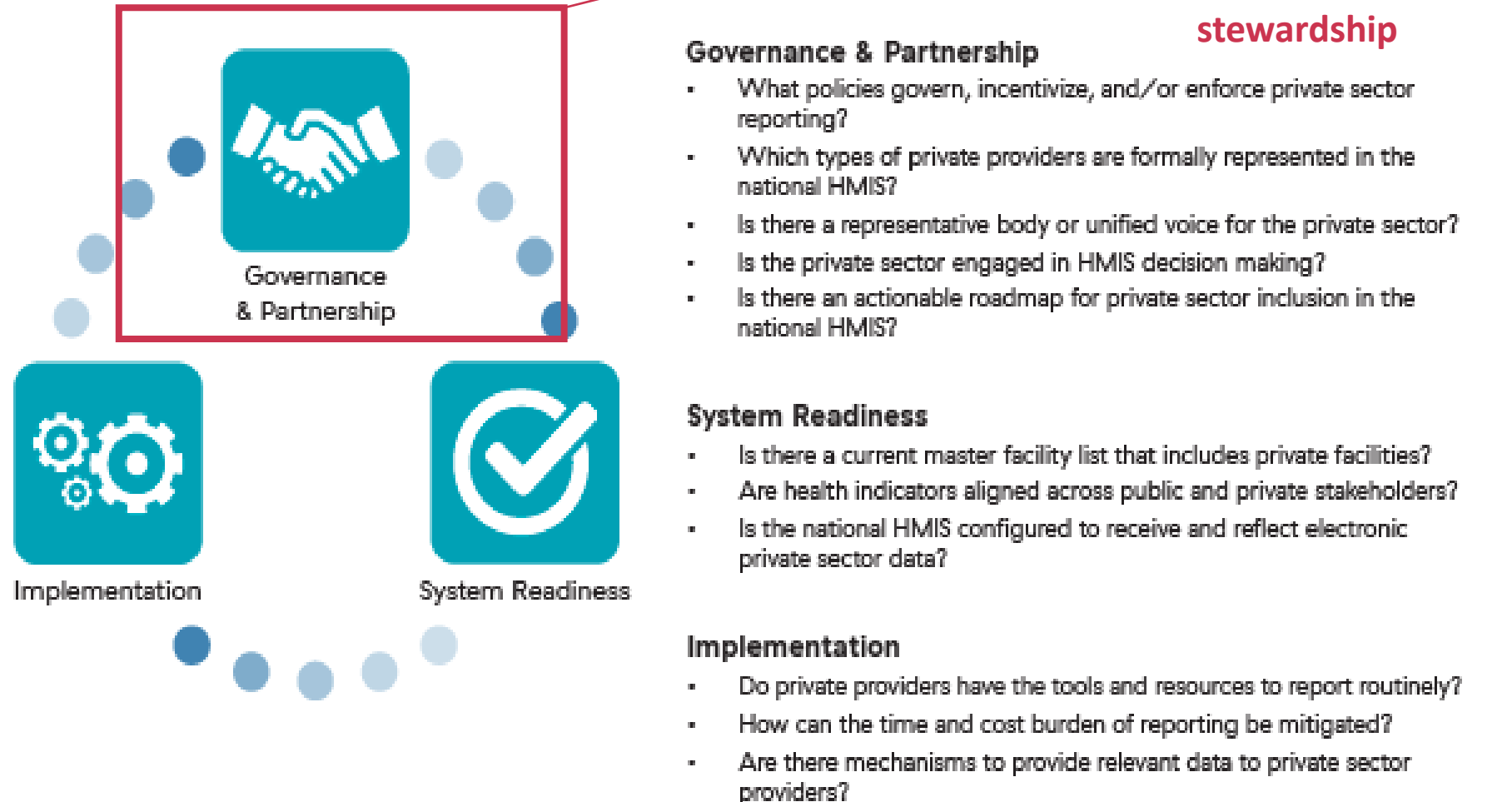# What do you want the private health sector to do in Ethiopia?

OPTIONS

Grow	Harness	Transfer
Govt. encourages the private health sector to expand to increase access and/or size of overall health sector	Govt. channels private health sector activities to perform specific activities / functions	Govt. shifts from delivering to purchasing services Govt. transfers delivery to private health sector

Prerequisites to any of these strategies
- Knowledge on the private health sector role in health
- On-going dialogue between public and private stakeholders; and
- Strategic use of policy instruments to shape the private sector role

Adapted from Harding & Preker, Private Participation in Health Services, 2003.

Dev Partners have provided for frameworks to effectively engage

Governance and Public Private Dialogue and Trust is the first foundational element for better stewardship

Figure 2. A framework to assess and enable private sector reporting

Governance & Partnership

Implementation

System Readiness

Governance & Partnership

- What policies govern, incentivize, and/or enforce private sector reporting?
- Which types of private providers are formally represented in the national HMIS?
- Is there a representative body or unified voice for the private sector?
- Is the private sector engaged in HMIS decision making?
- Is there an actionable roadmap for private sector inclusion in the national HMIS?

System Readiness

- Is there a current master facility list that includes private facilities?
- Are health indicators aligned across public and private stakeholders?
- Is the national HMIS configured to receive and reflect electronic private sector data?

Implementation

- Do private providers have the tools and resources to report routinely?
- How can the time and cost burden of reporting be mitigated?
- Are there mechanisms to provide relevant data to private sector providers?

Several governments engage private sector but simplistically

Old thinking

Private sector is bad ➔ Write more regulations

More old thinking

Private sector is there ➔ Contract with NGOs/FBOs

Reasons why to change "old" thinking about the private health sector

New thinking

- Unable to **achieve UHC** without involving all stakeholders

- No longer a question of public vs. private

- What is the **best and most efficient mix** given the context

- Quality can be variable in both private sector and public sectors

- Health outcomes vary by sector

- **Strategies needed to influence quality in both groups** to improve care delivery and outcomes for all (but particularly the poor)

- Govt. may have insufficient capacity to deliver services to entire populations… private sector can complement/add to govt efforts

Case Study: Ethiopia

Perspectives of Government and Availability and Use of PS data in HIS

Dr Awoke

Integrating the Private Sector into National Child Health Programs and Reporting: The perspective of data system and evidence generation

Awoke Misganaw (PhD)

Country Lead, EPHI-IHME collaborative burden of disease initiative
Senior Researcher and Advisor, National Data Management and Analytics Center (NDMC), EPHI
Clinical Assistant Professor of Health Metrics Science, University of Washington

Objectives of the session

- To highlight the relevance of integrating private sectors data on child health services in the national health data system for reliable evidence driven decision making

- To share Ethiopia's experience on national data management system focusing on child health data repository, analysis and translating evidence to decision making

- To highlight implementation challenges and future directions on integrating private sector data and data system

Background about NDMC, EPHI

1.Data Repository https://rtds.ephi.gov.et/public/

2. Data Analytic and Visualization https://vizhub.ephi.gov.et/

3. Burden of Disease https://ndmc.ephi.gov.et/burden-of-disease/

4. Evidence Translation https://ndmc.ephi.gov.et/evidence-for-action/

Data Access and Sharing with multiple data sources
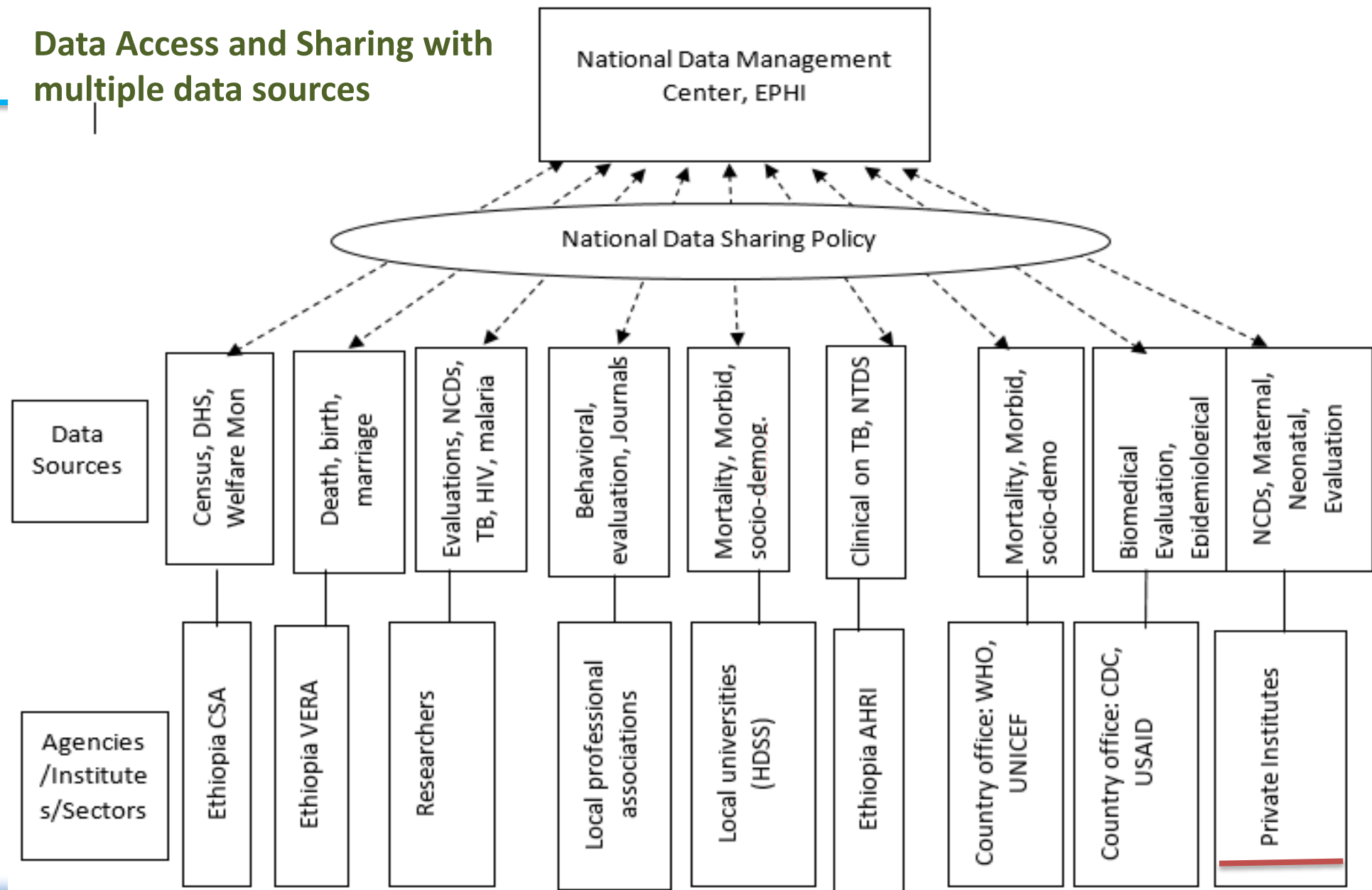
Data Repository Unit: continuously map and archive data from multiple data sources

- Currently > 450 datasets
- Data sharing for a more open research landscape, improved research integrity, innovation and discovery

VERSION I

NATIONAL HEALTH DATA
ACCESS AND SHARING GUIDELINE

Addis Ababa, Ethiopia

Ethiopian Public Health Institute

Ethiopian Public Health Institute |
Health Data Repository and Research Tracking System

Home   Keywords   Dataset   Data Sharing   Survey   Publication ▼   Login
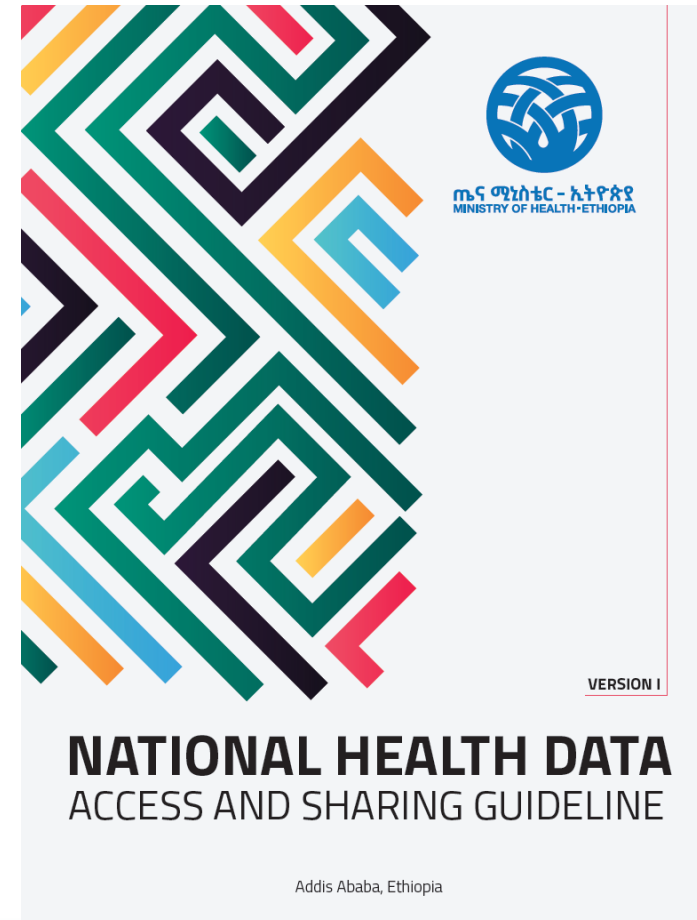
1. Data archiving

2. Datasets with metadata

3. Data catalogue by keywords

4. Automated data sharing and access

5. Tracking ongoing surveys/researches

Link: https://rtds.ephi.gov.et/public/

Contains four chapters

Chapter 1: **Mortality and fertility dynamics**

- Adult mortality

- Total Fertility

- Socio-demographic Index

Chapter 2: **Causes of morbidity and mortality**

- Causes of death

- Causes of premature mortality

- Causes of morbidity/disability

Chapter 3: **Risk factor attributable mortality and disability**

– Child and maternal malnutrition
– Air pollution
– Unsafe water, Sanitation and Handwashing
– Dietary Risk
– High systolic blood pressure

Chapter 4: **Life Expectancy**

– Life Expectancy at birth
– Healthy Life expectancy

HSTP key indicators
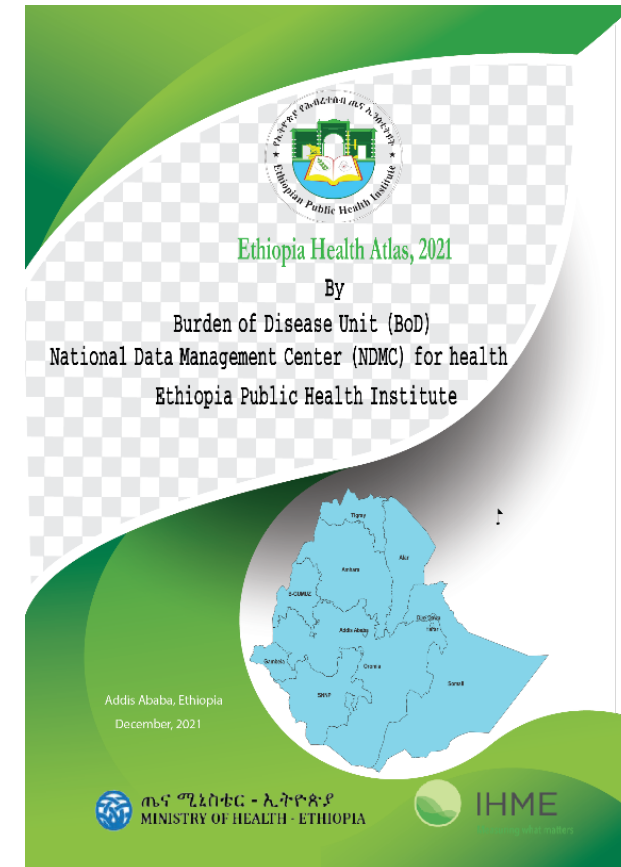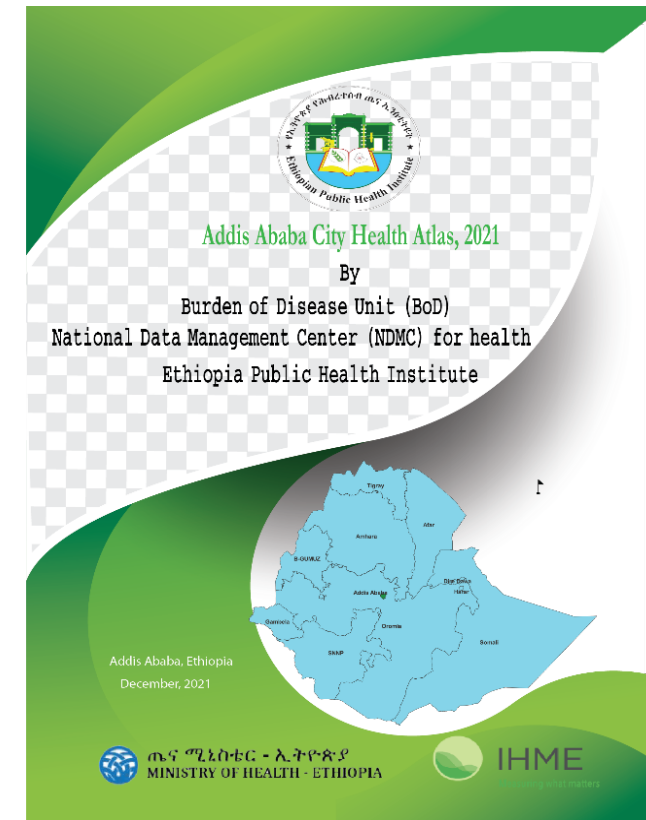
National and Regional Health Atlas

Source: https://ndmc.ephi.gov.et/health-atlas/
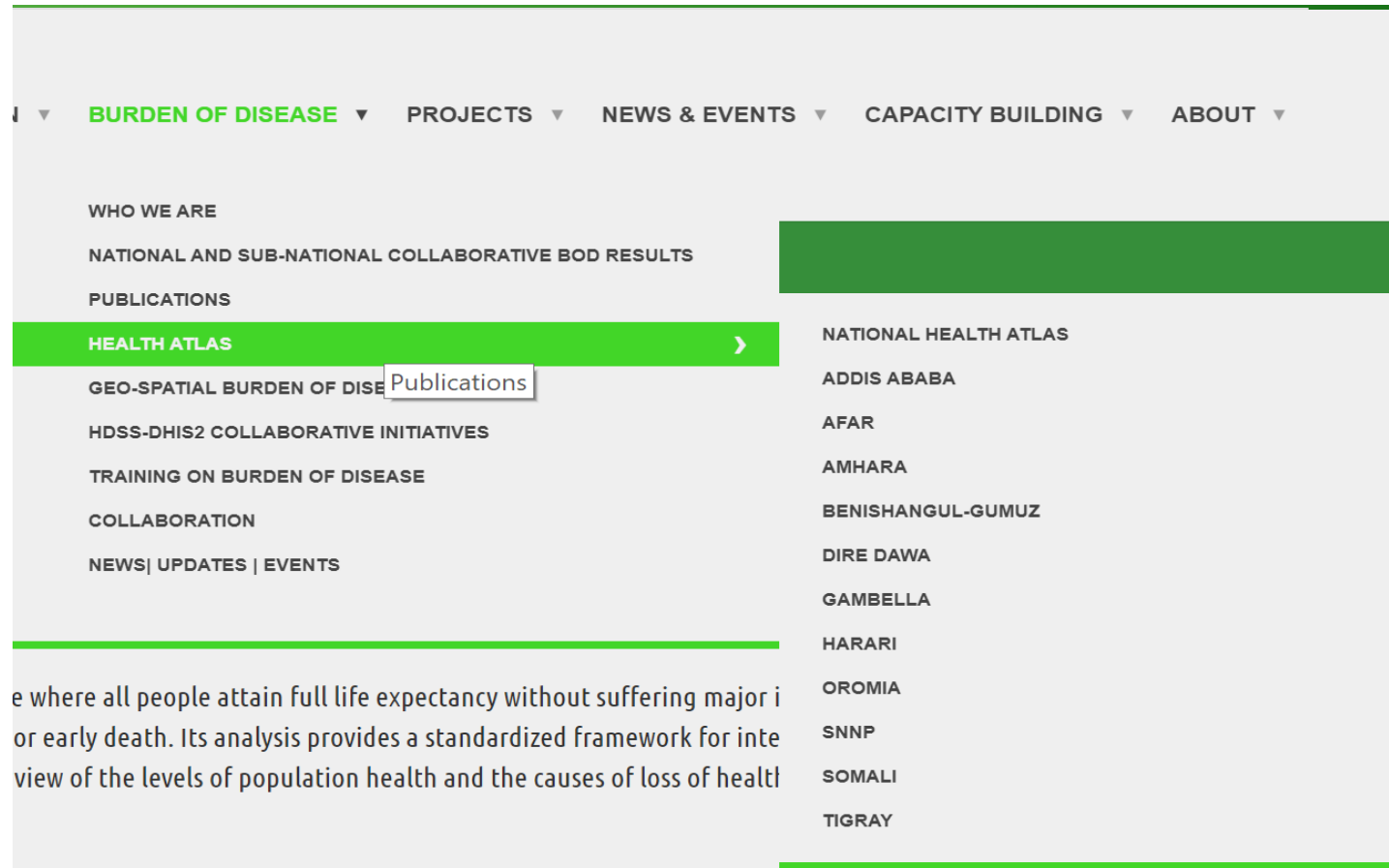
Use of data in policy

Current evidence support

"health in all policy" and

"National health insurance package" development

Use of data in policy

Evidence briefs (40+)

Challenges and strategies

Limited private sector data system integration in this platforms

Quality of data???

Challenges and strategies

National Data Week (March 14-18,2022)

B/Gumuz

Federal

Gambella

Addis Ababa

Future Directions

- Health sector policy and strategies supports the integration of private sector that includes data but there are implementation challenges

- There is a need to develop implementation guidelines and standards, create strong collaboration with private sectors, implement systems such as DHIS-2 and monitoring the data quality

- Promote data exchange, monitor and strengthen evidence informed private child health care interventions

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Thank you!

CHALLENGES & REFLECTIONS

How can Ethiopia strategically engage with private sector in health in HIS and Data reporting?

[Dr. Maraki Merid]

Ethiopia PSA identified Key data challenges encountered -

Weak	Moderate	Strong

Human resources
▪Incomplete (do not track private sector HRH)
▪Out-of-date
▪Classification not comparable
▪Total # private sector HR underreported
▪Large # not licensed
	Facilities
	▪Classification not comparable
	▪Private sector data:
	  –Scarce,
	  –Fragmented
	  –Limited
		National health accounts
		▪Consistently present public-private mix
		▪Definition varies from year to year

Medical Training Institutes ▪Out-of-date ▪Large # not licensed	**Pharma** ▪Good data on private pharmacies, incomplete public ▪But data decentralized ▪Incomplete (no data on mfg., importers, distributors)	
	MOH reporting ▪Inconsistent reporting on public-private data ▪Inconsistent definition of private sector MOH reports	

Barrier : Incomplete data but with recent initiatives to improve

- **No standard definition:** Understanding of private sector is mainly limited to the "for profit" entities and no standard definition is applied across the MOH;

- **Inconsistent reporting:** Private sector data reporting not consistent from one report to another or across time (e.g. sometimes detailed for NGO and recently not)

- **Data is fragmented**: Licensing authority has some private sector data, all regional health bureaus capture other private sector data, while others believe it is policy and planning department's responsibility to collect data; details not consolidated to level of FMOH

- **Data quality:** Data is relatively scarce (at least in reporting even if available) for private sector and deemed questionable (for both public and private sector)

- **Data systems out-of-date:** Facility licensing, HRH certification and CPD are all paper-based (new initiative to digitalize and integrate)

- **Limited capacity:** MOH has limited capacity to collect and interpret data on private sector

- **Low priority given limited resources:** Generally low priority given to investing resources to collect private sector data in ongoing projects (e.g. master GPS, registry of all health professionals, cost data on public and private health services, etc.)

- **Under-reporting:** Difficulties in engaging private sector to report to HMIS due to fears of taxation, sanctions or closures; also MOH reporting requirements are cumbersome;

- **New initiatives:** the related data MOH directorates have organized platforms to "dialogue" and engage private sector on HMIS; there is a new information system integration effort

" .. We do need private sector data to better understand the health situation in our country and even if we have to force them to give us. And we will!!

We do no know who they are and how to get in touch with them….too many associations and not representative…

Barrier: Lack of trust due to limited engagement but promising initiatives

- **Limited capacity of existing mechanism(s) as a platform for PPD:** FMOH dialogues with private sector in various forums but no mechanism that address sector-wide issues. MOH making efforts to address gaps.

- **Fragmentation:** Private sector is still fragmented but formed nascent private sector umbrella organization; still struggling to be representative

- **Ad hoc engagement**: Irregular consultation (although improving recently); inviting the private sector is sometimes last minute or completely forgotten; engagement is based on personal relationships and level varies across MOH department

- **Prejudicial perceptions of each other:** FMOH considers that "private sector is only motivated by money" while private sector thinks "public sector is motivated by position, power and control". These opinions, if not addressed, will maintain the divide.

- **New initiatives on both sides:** MOH committed to strengthen public private dialogue. MOH established an interim dialogue structure and private sector formed an umbrella body. Key MOH departments holding monthly meetings with related private sector stakeholders to engage them on new policies and strategies

"I believe both parties have to try harder…we cannot blame one side or other for lack of dialogue"

"We do not know how to find the private sector and vice versa. There is no point person for the FMOH…it is mostly through individual relations and contacts

Very difficult to engage them (private sector)…we even forget to include them

ETHIOPIA: Challenges Identified for PSE and HIS data reporting

- **No common vision of challenges in the health sector** => Public and Private sector need to work together to identify solutions that are priority - *The COVID 19 example showcases the feasibility of such alignment*

- **Under reporting: Barriers** reported are

  ✓ Fears of taxation, sanctions and closures

  ✓ Cumbersome MOH reporting requirements (too many indicators etc.)

  ✓ Expensive for small clinics and pharmacies as need to retain staff to do the reporting

  ✓ Private sector data not included in MOH report and not shared with PS

ETHIOPIA: MOH Initiatives to respond to identified challenges

- **The MOH Policy and Planning Directorate** has organized a platform to engage the private sector on increasing reporting to the HMIS;

- **The MOH Health IT Directorate is procuring IT services** to digitize MOH paper files and to create a web-based platform integrating the different data systems;

- The MOH Health IT Directorate will include all private health facilities by the end of this year in the **Master Facility list** and

- The MOH Human Resource and National Health Professionals Competency Assessment and Licensure Directorates are creating a registry of all – including private sector - health professionals. Even though the MOH acknowledge the need to collect data on the private health sector, many public stakeholders interviewed stated they would like assistance to better understand what data is critical for key MOH policy and planning functions as well as routine MOH reports to reflect the private sector contribution in health.

ETHIOPIA: Opportunities to Strengthen Data reporting, collection and analysis

- **Review MOH data requirements on private health sector** (e.g. licensing, quality, DHIS, etc.) to develop comprehensive list of government data needs and assess level of private sector reporting;

- **Conduct series of consultative meetings** with the private health sector to understand reasons for underreporting and co-develop a strategy to address these concerns;

- Use the consultative meetings to **agree on basic set of core indicators** that the private health sector is willing to routinely report on and strategies to facilitate reporting; and

- Identify MOH and private sector champions to help increase private sector reporting

- Include private sector representatives in data analysis and dissemination

Data underpins every phase in the process including public-private dialogue and consultation

MOHS Policymakers

- Informs dialogue
- Strengthen policy / planning and implementation
- Enhances stewardship and oversight capacity
- Rationalizes investments and partnerships

Private Health Businesses in Ethiopia

- Acknowledges private sector contribution
- Sends market signals (e.g. MOHS directions, investment priorities)
- Provides important market information

Local and International Investors

- Sends market signals
- Provides important market information
- Facilitates investment

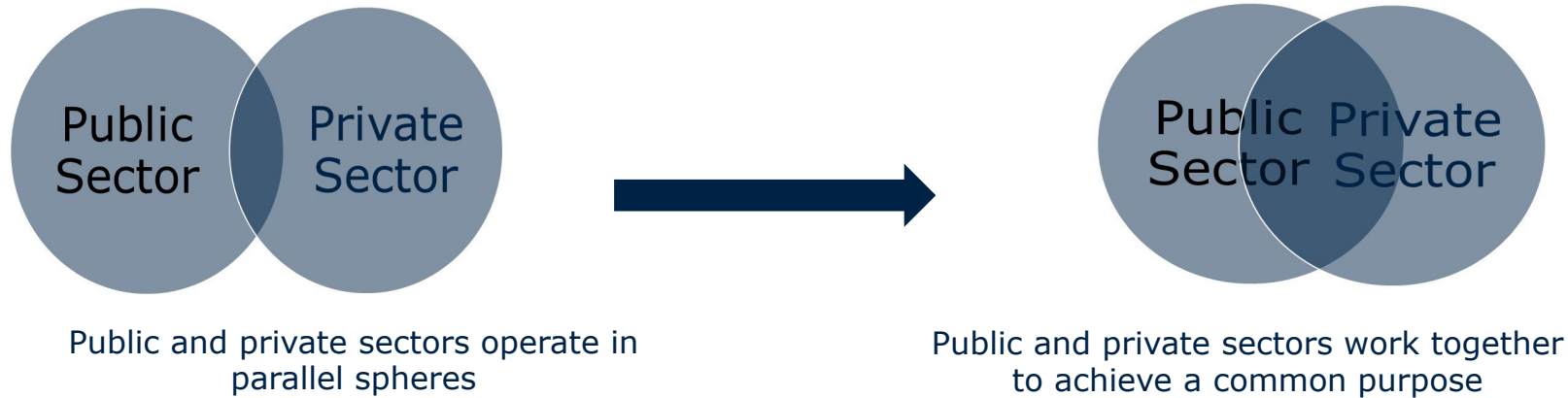# What is role of Policymaker with private sector data?

Policymaker

What can you do to improve data collection on the private sector?

- Understand the data on the private health sector
- Share the private health sector data with your team
- Facilitate your team's capacity in collecting and analyzing private health data
- Champion strategies to improve data collection and strengthen analysis

How can you use private health sector data?

- To improves sector-wide policy in your directorates
- To strengthen planning (e.g. avoid duplication, increase efficiency and improve coordination of resources)
- To inform day-to-day decisions
- To accelerate achievement of UHC through strategic partnerships

Success will look like….

Public and private sectors operate in parallel spheres

Public and private sectors work together to achieve a common purpose

To achieve success, each sector is empowered to play their respective role

▪**Govt. actively engages the private health sector (PPD)**
  ▪Systems established place to govern, incentivize and partner with the PS
  ▪Govt. staff with higher technical capacity to engage the PS and manage PPD
  ▪Policies and incentives in place (with input from PS) to grow and harness the PS
  ▪Govt. uses wide range of policy/HF instruments and partnerships models

▪**PS actively collaborates and partners with the public secto**r
  ▪PS is organized and speaks with one voice
  ▪PS enthusiastically participates in policy and planning
  ▪PS seeks to partner with govt. in varies types of PPPs
  ▪PS invests in health sector for improving services for patients with various levels of income

Partnership to Improve Diarrhea Treatment – Ghana Example of Tool of Government to HARNESS the Private Sector

The government worked with the private sector to compliment Ministries efforts to treat acute pediatric diarrhea. The Ministry focused on front line providers in communities such as private pharmacists, drug retailers and over the counter medical sellers (OTCMS). With USAID's assistance, the Ministry, in partnership with the Ghana Pharmacy Council, trained the frontline providers in treatment guidelines for acute diarrhea. They also trained private providers such as doctors, nurses and midwives in the new diarrhea protocols. The Ministry reinforced knowledge through supportive supervision and text messaging. To ensure a sustained supply of quality, affordable ORS and Zinc, the Ministry partnered with M&G Pharmaceuticals to manufacture locally and distribute the zinc product - ZINTAB. Finally, the Ministry carried out extensive IEC campaigns to educate consumers about diarrhea treatment and ZINC.

Promising Approach to Modernize Regulatory Systems-Uganda Example of Social Regulations Tools of Government to GROW the Private Health Sector

The four health professional councils, with support from USAID, are updating and modernizing professional certification and facility licensure using technology. The Councils have created a web-based platform that enables all healthcare professionals to reapply and pay for their professional certification and for private businesses to apply for facility licenses. The new system will:

- Develop a single, uniform application and process to be used by all Councils

- Collect consistent and standardized information that clearly delineates public, private-for-profit an and dual practices among professionals and facilities

- Centralize all data collection and reporting

- Align and apply MOH facility classification across all sectors, and

- Streamline facility inspection using a web-based tool.

In addition, the councils are developing a single, universal tool common to all councils and regulatory authorities to inspect facilities. The linked continuous professional development (CPD) hours to clinical standards and developed a system to track and issue CPD hours.

In addition, the Ministry of Health and private sector developed a self-regulatory quality tool. It is a simple web-based tool that can be self-administered by private facilities. The tool gives a quality "score" that can be ranked with other facilities. The MOH and Councils approved the tool and it is now a requirement for professional certification and facility licensure. The Uganda Healthcare Federation is training its member associations to use the tool while the Ministry is training its District Health Officers to apply SQIS and other tools with private providers and facilities.

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Connect with the us

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Access webinar recordings and presentations (including this series) here: *www.childhealthtaskforce.org/events*

Join the Child Health Task Force here: *https://bit.ly/joinchtf*

Follow us on LinkedIn: *www.linkedin.com/company/child-health-task-force*

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