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14b

IMPROVE ACCREDITATION, REGULATION, AND QUALITY STANDARDS...

FOR EQUITABLE CARE AMIDST RAPID GROWTH AND URBANIZATION

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THE CHALLENGE

Urbanizing countries can struggle to ensure uniform minimum standards of care quality—particularly when the private sector grows quickly but unevenly, with limited government capacity for robust oversight and regulation and limited consumer ability to differentiate between high-and low-quality care. Accreditation and reaccreditation standards in the public sector sometimes do not extend to the private sector, while private sector accreditation bodies can be of mixed quality and subject to abuse. The lack of evidence-based care protocols can also lead to overtreatment, particularly in the context of rising incomes and parallel increases in health-seeking behavior. New approaches are needed to create and apply more universal quality standards while enabling patients to make educated choices about where to seek care.

PRIVATE SPENDING, PROVIDERS, FACILITIES, AND MEDICAL SCHOOLS ARE PROLIFERATING...

Between 2000 and 2016, private health expenditure in middle-income countries more than doubled—and the market is growing quickly to meet consumer demand.[i] In India, the number of private hospitals and medical providers grew at rates of 12% to 13% per year between 2000 and 2010; in urban areas, the private sector now provides 79% of ambulatory treatment and 68% of inpatient care.[ii] Private sector growth also extends to medical education; in many large middle-income countries (MICs), including Bangladesh, India, Indonesia, and Brazil, more than half of all medical schools are now private.[iii].”[iv]

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...But Governments Are Struggling to Ensure Quality Amidst Rapid Expansion

Countries can struggle to ensure equitable care when the private-sector grows very quickly but does not conform with uniform quality standards. At times, public accreditation and reaccreditation standards when they exist) may not extend to the private sector, creating gaps in quality oversight.[v] In India, where private spending accounts for almost three-quarters

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of overall health expenditure,[vi] the private sector has less qualified health providers; nonetheless, these private providers typically exert more effort and thus offer better care than their more knowledgeable public sector counterparts.[vii] However, the lack of consistent private sector standards and qualifications can prove problematic for care of more complex conditions, particularly when it leads to poor treatment. In Mumbai, for example, most private general practitioners in a slum neighborhood are unable to write an appropriate prescription for drug-sensitive tuberculosis.[viii] The challenge can also extend to medical education. In Indonesia, one-third of private medical schools lacked any accreditation, while three-quarters fell short of the highest accreditation standards.[ix] Patients often lack tools to distinguish high-quality care from inappropriate treatment.

Urbanizing countries can struggle to ensure uniform minimum care standards when the private sector and demand grow quickly but government oversight capacity and consumer understanding are limited.

THE PATH FORWARD: TOWARD UNIVERSAL AND APPROPRIATE QUALITY STANDARDS

Expand Public Sector Accreditation and Regulatory Systems to Private Institutions

Countries can expand existing accreditation and reaccreditation standards to private-sector institutions through legal channels or private-sector partnerships (PPPs). Thailand, for example, legally mandated that all medical school graduates pass a common national licensing exam, with re-licensing every five years.[x] Similarly, Tanzania's accredited drug dispensing outlet (ADDO) program is a PPP to improve access to quality medicines in retail drug outlets.[xi] Evidence on the effectiveness of such approaches is promising but limited. A Cochrane review on public-sector stewardship for private sector providers found a handful of studies from MICs; overall, regulatory approaches (sometimes combined with training interventions) appear helpful in improving private-sector quality, but the certainty of the evidence is low.[xii]

Offer Accessible Public Reporting on Quality or Accreditation Status

Publicly available reporting on how different providers perform can help patients become more discerning consumers of health care; it may also induce positive changes in health worker performance to protect their reputations or to attract patients. Rigorous studies of public reporting systems are mostly limited to high-income settings, but systematic review evidence suggests that they are associated with consistent and significant reductions in overall mortality.[xiii] With increasing mobile phone and internet access, web-based quality databases may be more applicable in middle-income countries; for a low-tech solution, performance data can also be posted on bulletin boards or in other public spaces. In China, such reporting has been shown to help reduce antibiotic prescriptions[xiv] and improve rational use of medicines.[xv]

Social franchising can help providers highlight quality assurances and access support. Pakistan's Greenstar Network visits in-network providers monthly so they can receive training, learn about new practices, and discuss difficult cases.

Leverage Social Franchising as an Additional Layer of Oversight

Social franchising allows in-network providers to adopt branding that identifies them as offering quality-assured services or commodities. The Janani franchise in Bihar, India, for example, repaints signs and wall advertisements for in-network providers on a yearly basis. Franchisees who are expelled or choose not to re-enroll do not get their signage repainted.[xvi] Social franchising's emphasis on uniform care can also help introduce a common set of

standards across multiple providers. The Greenstar Network in Pakistan provides monthly visits to in-network providers during which they can discuss difficult cases, receive one-on-one training, and learn about new clinical practices.[xvii] Similarly, the Planned Parenthood Federation of America independently evaluates and re-certifies its local affiliates every four years.[xviii] A systematic review of clinical social franchising in low- and middle- income countries found that social franchising was positively associated increased client satisfaction, but that its effects on health care utilization and outcomes relative to other models of care were mixed.[xix]

SPOTLIGHT

Accredited Drug Dispensing Outlet Program

- Tanzania's Accredited Drug Dispensing Outlet (ADDO) program used supply- and demand-side interventions to improve the quality of medicines sold at retail drug shops in urban and peri-urban areas. On the supply-side, ADDO focused on helping elevate retail drug shops to accreditation standards via provider training on appropriate medicine use and referral, as well as best practices for improving drug storage and management. The ADDO program ran as a pilot program in one region and eventually rolled out nationwide. *In the pilot region, the proportion of unregistered medicines fell from 26 percent to 2 percent,*[xx] *and after national rollout 93 percent of samples passed quality tests.*[xxi] Nonetheless, some research suggests that dispensers may still be overprescribing some antibiotics.[xxii]

  The success in the initial pilot prompted a nationwide scale-up; by 2013, the program was active in all regions. It also inspired Tanzania's Ministry of Health and Social Welfare to make an official policy decision (as of 2009) to phase out unaccredited drug stores. *Similar initiatives have also been rolled out in Uganda and Liberia; initial results there show a decrease in illegal distribution of injections in Uganda and a reduction in expired, damaged, or counterfeit drugs in Liberia*.[xxiii]

The Greenstar Network

- The Greenstar Network in Pakistan is a large network of private providers that receive subsidized supplies, signage, and socially branded contraceptives, as well as training and monthly check-ins to discuss difficult cases. Providers are invited to join the network via the Pakistan Medical Association.[xxiv]

  By mid-2017, the network included 7,000 franchised clinics and 70,000 retail outlets. Greenstar Social Marketing (the network's coordinating body) reports that it has provided 25.5 million couple-years of protection through its network of providers, accounting for 53% of all private-sector contraceptive distribution.[xxv] *A review of the program found that it was associated with an increased number of family planning clients and greater access to family planning among the poor.*[xxvi] *However, the review also documented variations in quality-of-care and the pricing of some family planning methods* across in-network providers.

ENDNOTES

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