

Equity and Health: The Role of the Private Sector

A Conversation with Elaine Menotti, Senior Technical Advisor in the Office of Population and Reproductive Health at USAID

Bea Spadacini: Hello and welcome to USAID's Bureau for Global Health podcast. My name is Bea Spadacini and I am a Senior Communications Advisor to the Bureau for Global Health at USAID and the host of our monthly conversations with global health experts. This month we are focusing on the topic of equity in health. Our guest today is Elaine Menotti, Senior Technical Advisor in the Office of Population and Reproductive Health at USAID. Elaine has been at USAID for the past 10 years, first with the Office of Infectious Diseases then with the Office of Population and Reproductive Health. Prior to joining USAID, Elaine was working with the Futures Group on a health policy initiative that provided technical assistance to countries in Latin America and the Caribbean region. Elaine is an accomplished technical author in public health, with a focus on expanding contraceptive access and choice to women in many parts of the world. She is a graduate of the University of Michigan and Duke University. So, Elaine, welcome to our monthly podcast. We are very happy to be here. Thank you for making time.

Elaine Menotti: Thank you for having me.

Bea Spadacini: So, this month's focus is the topic of equity, equity in health. In other words, how we promote greater access to health services for everyone. But before we dive into our monthly topic, we want our listeners to learn a bit more about you and your journey in global health. I have noticed that you spent quite a bit of time in Nicaragua and Honduras in your career. Can you tell me a little bit about that experience and how that shaped your journey in public health and your desire to make sure that health services are available to everyone?

Elaine Menotti: Great, so those experiences of living in those countries were when I was involved in direct service delivery and really working with local and international non-profits international organizations in the poorest parts of the country to deliver essential health services, work with communities, with community based health workers, work with mobile services to get those services out to the people who needed them the most and who wanted them but did not have, maybe there were geographically isolated or had language issues or various other financial barriers or other behavioral barriers so they weren't able to access the basic health system. I would say that equity, in order to be achieved really needs to be the focus of that organization or intervention to be able to be achieved a lot of times we see the government health system say, "well if we make services free and if we fund and support all of these health clinics...then therefore the people will come," and really what we see is that is that isn't always the case, that those that are vulnerable or have other barriers, they face difficulties in reaching those subsidies and those services so we try to make it easier for them and look at the barriers they're facing to try to remove those so they can seek the healthcare behaviors that we are hoping that they, see one of the things I noticed that the government of Nicaragua later when I went back there working with USAID is that they had decided to make community case management of childhood illness more accessible, but they knew they could not fund that

for all of their departments they looked at the ones with the poorest health outcomes and those communities that were the furthest away from a health center in that case, so they focused that particular intervention to work with community health workers to provide treatment of pneumonia, diarrhea and other illnesses to have those community health workers bring that treatment directly to the community so that's basically an example of geographic targeting in practice and that's how they were able to do that and close that equity gap and improve the health outcomes in that particular area.

Bea Spadacini: So, this is an example of government helping bridge that equity gap, what about the private sector; does the private sector have a role in bridging the equity gaps that exist and also help us define the private sector. You know, in my head I think of private sector as for-profit but that's a bit of a reductive definition, what is the private sector and does it have a role?

Elaine Menotti: Yeah, so I think the country I just mentioned has the majority of the health services are provided by the public sector, but in almost every country where we work the health systems are mixed in that the provision of healthcare, information, products and services is distributed across the private sector and the public sector. So when we talk about the private sector we are talking about a large umbrella of actors that are non-state so non-public actors so that includes yes, the for-profit, commercial health sector which would be both formal and informal so the drug sellers that we see or the drug shops in our business are often those that are embedded in the community they may be for-profit, but and they're maybe not a part of the formalized health system, but they are a player in providing ideally accurate information, high quality products and we will often try to work to improve that, but it also includes the not-for-profit sector which we often call NGOs or the faith-based organizations, in many countries they actually run health clinics, hospitals, they support community health workers. So we are looking at anything that is not in, that sort of, public health government health basket. So the private sector, do they have a role to play in equity? The answer is yes. There is a tension for the private sector if they are a for-profit to adequately reach those, for example, who are poor, we need to make that easier for them, in some way. And so one way we have done that is through social marketing. Social marketing often works with a non-for-profit organization. What we often will do is either donate health products to that health organization or make them available at a very subsidized price so they can extend that lower cost to those who have less ability to pay. And what we also do is encourage them to work with demand-side and social behavior change messaging. That is one way we have used the private sector because they will then use outlets like community health workers, pharmacies, or drug sellers, often who have outlets that are way out in communities, places where health clinics don't reach, and places where people go in their day-to-day affairs.

Bea Spadacini: So in a blog that you and another USAID colleague co-authored for the knowledge for health platform in early 2017, you spoke about a total market approach as a way to improve service delivery and accessibility for family planning. Can you tell our listeners what a total market approach means, beyond family planning but more in general? Is it related to social marketing or not necessarily related to that?

Elaine Menotti: So I would just clarify that the total market approach is an aspiration, it's a framework from which we see a health system. Like I said earlier, the reality in most of the countries we work is the health system is mixed. It is provided by public and private sector actors and so when we look at a total market approach, we are looking to best maximize the human resource capacity and the health system capacity we have to have the best reach and access and quality we can in a health system. We also want people to have choice. And then when we have multiple access points, there's some competition there, right, because they will sort of push each other to provide better quality that drives availability. And every country is different, there's no one-size fits all, so if I were to paint a picture of a total market approach intervention in country X, it would be different from country Y. There are different drivers, different challenges in the market place there that exist and really what you need to know, is you go into that country and need to understand each country. Who are the players? Who are the actors? Then, where are the gaps? Who's not being reached? And if we can really understand what our gaps and opportunities are, who can fill them; we can really have the health system working at its best for the people who live there.

Bea Spadacini: So in every country, there are populations that are hard to reach in terms of service delivery, can you share with us one or two examples where partnership with the private sector turned this around and made it possible to reach marginalized populations, and/or expand the range of services offered. Is political will a key factor in enabling this as well?

Elaine Menotti: One example is what I mentioned in Nicaragua. I worked with a local non-profit, which was Profamilia. What they did was mobile health services. They went out to communities and provided certain family planning and other reproductive services such as cancer screening. The women who weren't going into the health system, the public health system to seek those services, and then there was a partnership there so they would go back and forth between the public but they would bring clients for certain services and generate demand for those services in the communities and accompany the clients because the public sector in this case wasn't really equipped to be going out to the community to be raising awareness about services available to be bringing women by vehicle to the hospital where those particular services were offered. So they really worked in partnership and they appreciated each other's strengths.

Another example is social marketing in Afghanistan. When you look at the DHS, you can see the market share or the proportion of users that are really relying on social marketing, in this case, brands, but also for their family planning, for their contraception and it shows you that at the moment the public health system isn't really offering the range that they need to be or that they could be. But in this case, social marketing organization, which is a local Afghani organization is really filling an important role there, perhaps because they are able to offer anonymity by offering the products through pharmacies or shops or community health workers for women or couples who may not be able to be as mobile or be able to go to health clinics or maybe the health clinics aren't really offering a full range.

Bea Spadacini: And is political will of the government, the national government, a factor in expanding the players, the number of players and who they are?

Elaine Menotti: Absolutely. In a lot of cases, the government is skeptical or critical of the private sector and so and they often are charged with being the steward of the health system but may not be able to adequately regulate the private sector or they may not understand its potential.

Bea Spadacini: I know you have also written about vouchers as a tool for reaching the poor with critical health services. Can you tell us a bit about vouchers and whether the private sector has a role play when a health system decides to introduce vouchers to promote equity?

Elaine Menotti: The private sector can have any role to play in a voucher program in some cases they are maybe, involved in some of the governance aspects of it, maybe they are a verifying body or they're involved in some sort of aspect of their operation in some cases they are part of the service delivery the ones I'm most familiar with or have been most involved with involve a private sector not-for-profit organization that is running a voucher program but working in close concert with the government.

Bea Spadacini: Can you also explain what exactly a voucher is? What does it mean to have a voucher for health care services? How does it work?

Elaine Menotti: So really, when we set up a voucher program it is really out of necessity when we have barriers to seeking care that we can't really solve by other means, or this is the way we are looking at too, it is a demand side financing mechanism so it's putting the power in the purchasers hands or in the clients hands so what we do with a voucher is we have a printed ticket that is exchanged for goods or services in our case its almost always health services and its provided to clients who are often selected due to some requirement or means testing that they are in need of it so either they're poor or they're in a certain geographic area. So we give the client the voucher and they redeem it with a certain accredited provider. So the provider has to have been trained in how to receive vouchers in that they will eventually be reimbursed through the voucher program for providing those goods and services.

Bea Spadacini: So does the voucher serve as an incentive to seek the services?

Elaine Menotti: We have to be careful when we use the word incentive, but vouchers are used for safe delivery as well, but really it gives the choice to client so instead of investing in the supply side of the health system for example, and putting all of your investment in that part we are giving the subsidy to the client and the client gets to take that voucher and choose where he or she would like to redeem that voucher and it may be at a provider that she wouldn't able to otherwise pay for so that would be in a case where we work with private clinic within the voucher program. Some voucher programs are only private so they are only can be redeemed at private clinics or they may be for public and private.

Some people believe and I don't know if this has been proved yet, but the idea that yet, the idea of that that person who receives the voucher can redeem it any place that she would like to redeem it, where she deems the quality to be better. And so by therefore having clients vote with their feet, they can kind of stimulate competition among proven providers.

Bea Spadacini: Voting with their feet, meaning they can just go to where they think they can get the best services?

Elaine Menotti: Yes. That assumes that there's enough accredited providers in the voucher program that client can choose and the reality is that a lot of times there's only that's really close to where that client lives and then they are automatically going to go to there. But that's the idea, in some cases that it's a kind of tool to kind of encourage quality provision of that service. So ideally what we are also doing is not only accrediting or empaneling those providers into this network of, yes, you have the basic needs and basic expectations to participate in the voucher program but that we are making sure that they are providing a quality service. What I think we also hope that is that it's a stepping stone for a like a health insurance program and working with private providers or helping public providers also work with kind of an insurance mechanism.

Bea Spadacini: Well, thank you very much for giving us a glimpse of your everyday work and helping us understand what equity in health means. So thank you again.

Elaine Menotti: Thank you for having me.

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