Public-Private Partnership in Southeast Asia's Dual Setting Health Service

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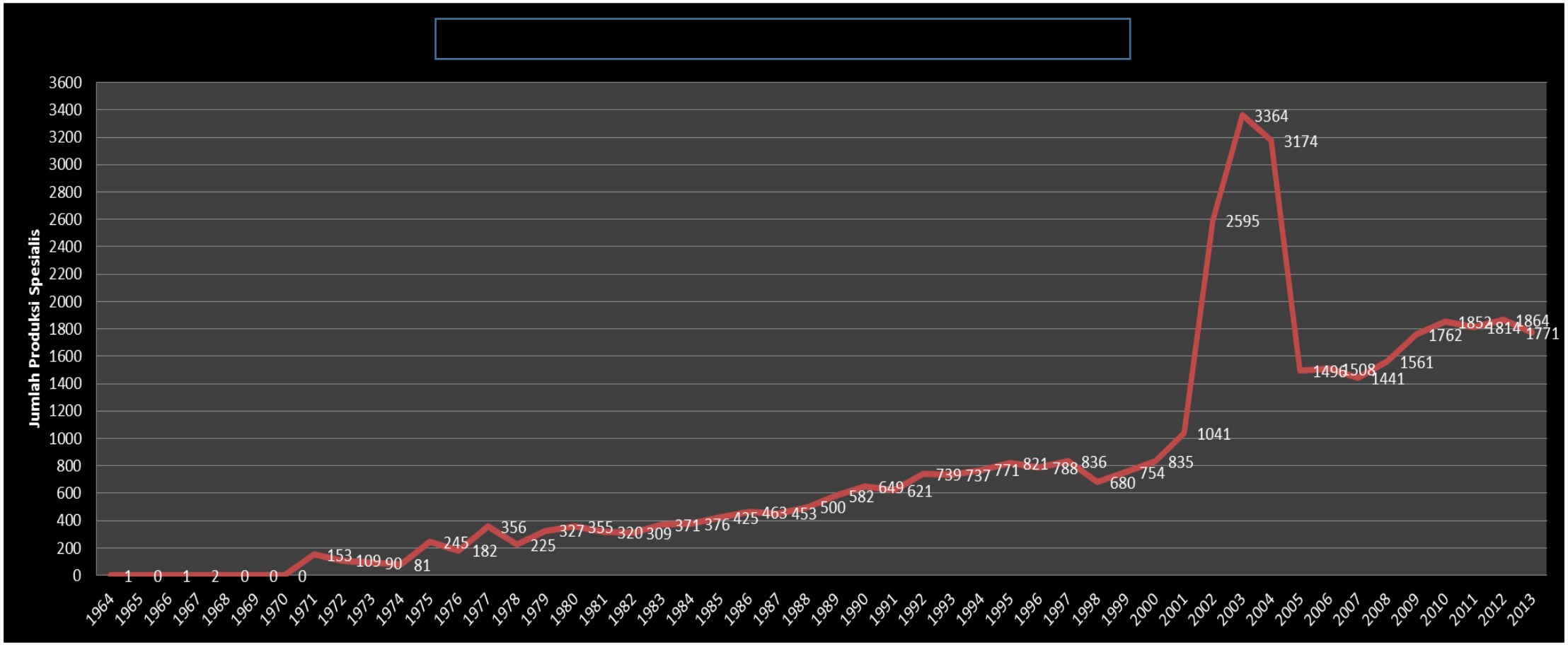
Background

- What can we see behind the phenomenon of public-private partnership ?

- Is dual practice can be identified as an implementation of Public-Private Partnership or Public-Private Competition?

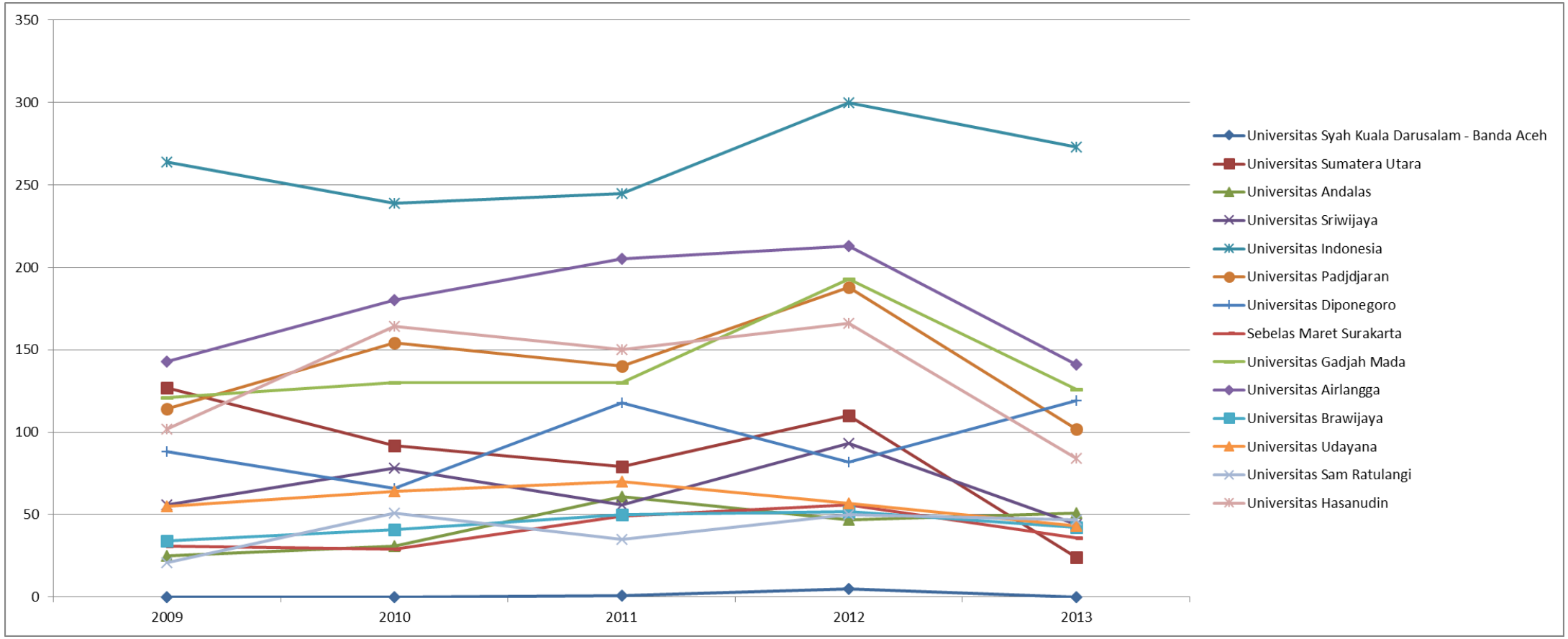
Production & Availability

Production: Thai Specialist (1964-2012)



Courtesy of Dr Piya Hanvoravongchai

Production (2): Indonesian Medical Specialist



(Sources: AIPKI, 2013)

Ratios

	Population (millions)	Number		Density per 1000 population			Gap in health workers*†	Ratio of nurses and midwives per doctor†
		Doctor	Nurse and midwife	Doctor	Nurse and midwife	Combined		
Brunei	0·4	400	2120	1·1	6·1	7·2	..	5·3
Singapore	4·4	6380	18710	1·5	4·4	5·9	..	2·9
Malaysia	26·6	17020	43380	0·7	1·8	2·5	..	2·5
Thailand	63·9	31855	140404	0·5	2·2	2·7	..	4·6
Philippines	88·0	90370	480910	1·2	6·1	7·3	..	5·3
Indonesia	231·6	56938	387458	0·2	1·7	1·9	83652	6·8
Vietnam	87·4	43292	77233	0·5	0·8	1·4	78747	1·8
Laos	5·9	1863	5363	0·3	0·9	1·2	6226	2·9
Cambodia	14·4	2047	11125	0·2	0·9	1·1	19660	5·4
Myanmar	48·8	17791	49341	0·4	1·0	1·4	44132	2·8
ASEAN	571·4	266301	1248117	0·5	2·2	2·7	..	4·7
Global	6659·0	8404351	17651585	1·3	2·8	4·1	..	2·1

Population data and health professional statistics for 2000–07 are from reference 7; data for health professionals from Thailand,[8,9] Indonesia,[10] Vietnam,[11] and Laos[12] are from country sources. ASEAN=Association of Southeast Asian Nations. *Number of additional health workers needed to achieve the WHO threshold of 2·28 doctors, nurses, and midwives per 1000 population; the total number of additional health workers needed in these five critical shortage countries is 232 417 (for the ASEAN region overall, there is no shortage). †Authors' calculation.

Table 1: **Basic health professional statistics for countries in southeast Asia**

(Source: Kanchanachitra et al. 2011)

Availability (WHS, 2013; BPPSDM, 2012)

Country	Health Workforce per 10,000 populations				
	Physician	Nurse & Midwife	Pharma cist	PH profes-sionals	CHW
Indonesia	2.0	13.8	1.0	1.8	--
Malaysia	12.0	32.8	3.1	--	--
Brunei	13.6	70.2	1.0	--	--
Vietnam	12.2	10.1	0.7	--	--
Singapore	19.2	63.9	3.9	--	--

Health Professional	Numbers	Ratio to 100,000 population
Specialist Doctor	29.452	12,00
General Practitioner	117.808	48,00
Nurse	387.785	158,00
Midwife	184.075	75,00
Pharmacist	29.452	12,00
Assistant Pharmacist	58.904	24,00
Public Health	29.452	12,00
Nutritionist	58.904	24,00
Sanitarian	36.815	15,00
Technician	22.089	9,00

Where are they?

Public vs Private Distribution

	Doctors per 1000 population	Doctors		Nurses per 1000 population	Nurses	
		Public (%)	Private (%)		Public (%)	Private (%)
Thailand	0.4 (2000)	78.4% (2005)	21.6% (2005)	2.8 (2000)	87.8% (2005)	12.2% (2005)
Singapore	1.5 (2003)	54.8% (2009)	45.2% (2009)	4.5 (2003)	68.5% (2009)	31.5% (2009)
Malaysia	0.7 (2002)	60.1% (2008)	39.9% (2008)	1.8 (2002)	71.2% (2008)	28.8% (2008)

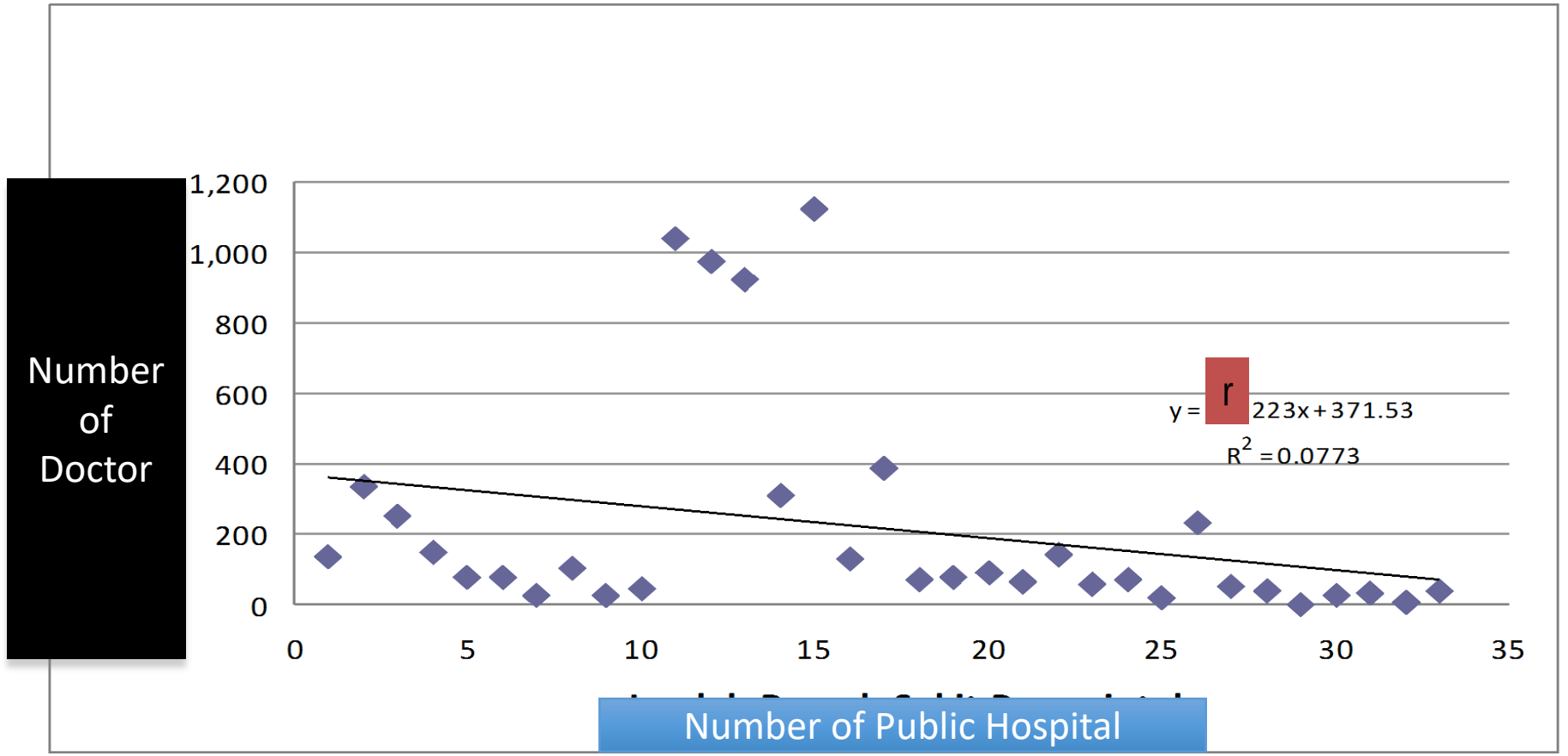
	Hospitals		Beds		Beds per 1000 population	Primary care clinics	
	Public (%)	Private (%)	Public (%)	Private (%)		Public	Private
Thailand	67.9% (2007)	32.1% (2006)	69.3% (2006)	30.7% (2006)	2.2 (2002)	80.5% (2007)	19.5% (2006)
Singapore	63.6% (2009)	36.4% (2009)	80.6% (2009)	19.4% (2009)	3.2 (2007)	1.5% (2005)	98.5% (2005)
Malaysia	40.6% (2008)	59.4% (2008)	77.9% (2008)	22.1% (2008)	1.8 (2007)	32.1% (2008)	67.9% (2008)

Case of Indonesia

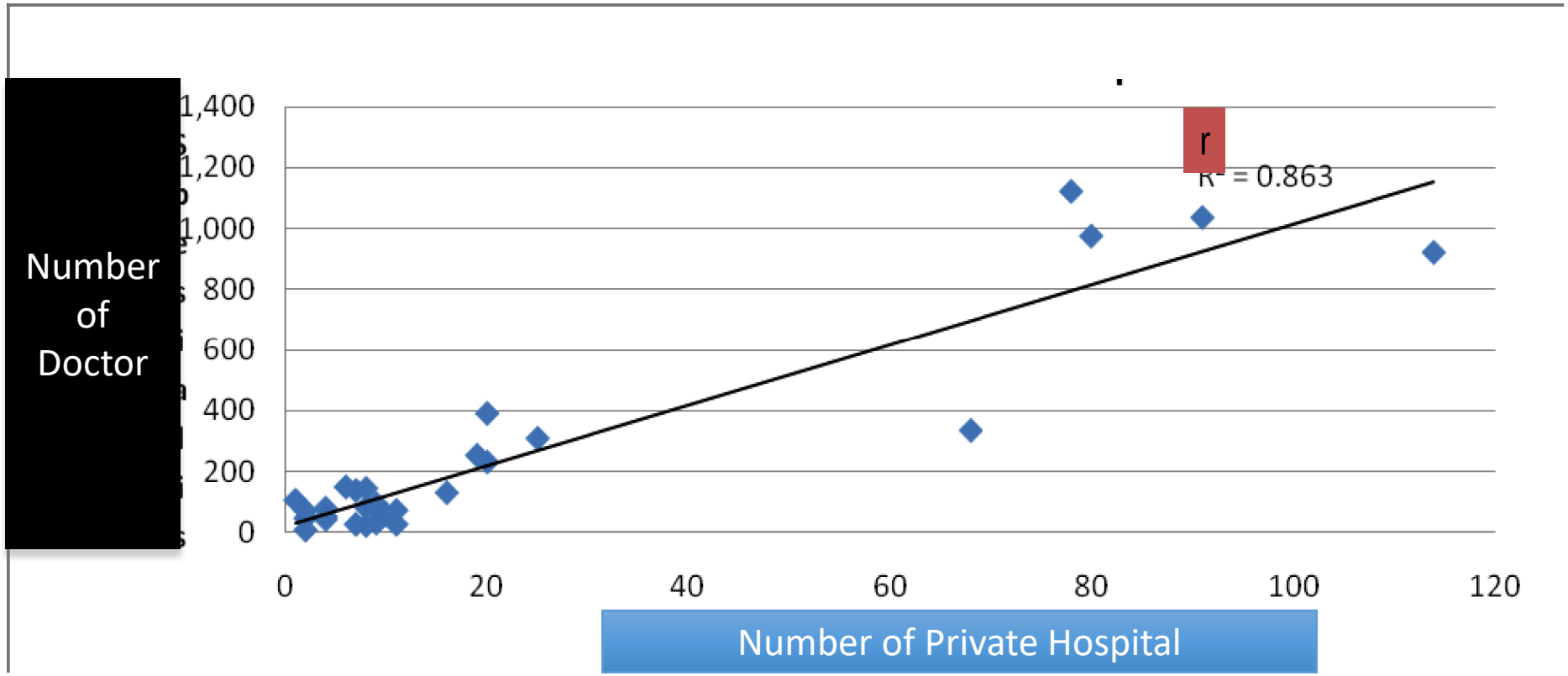
- Private is dominant and there are more 65% of private hospital out of 2300 hospital (2014)

Source: Herberholz & Supakankunti, 2012

Indonesia: Public hospitals & Specialist doctors (2013-2014)



Indonesia: Private Hospitals & Specialist Doctors (2013-2014)



Brain Drain Issues

Brain Drain from Public to Private

- Case of Thai:
  - To provide services for international patients, highly specialised staff such as cardiologists, neurologists and neurosurgeons, intervention radiologists, and oncologists are needed in both, public and private institution
- Case of Malaysia:
  - the argument that medical tourism could actually reduce external brain drain, but notes for the case of Malaysia that "*this is beneficial for the country as a whole only if expertise in the private sector is accessible to the population at large, which is not the case in the current dual system of healthcare*" (Chee 2008: 2152)

Source: Pocock & Phua, 2011
(Source: Kanchanachitra et al. 2011)

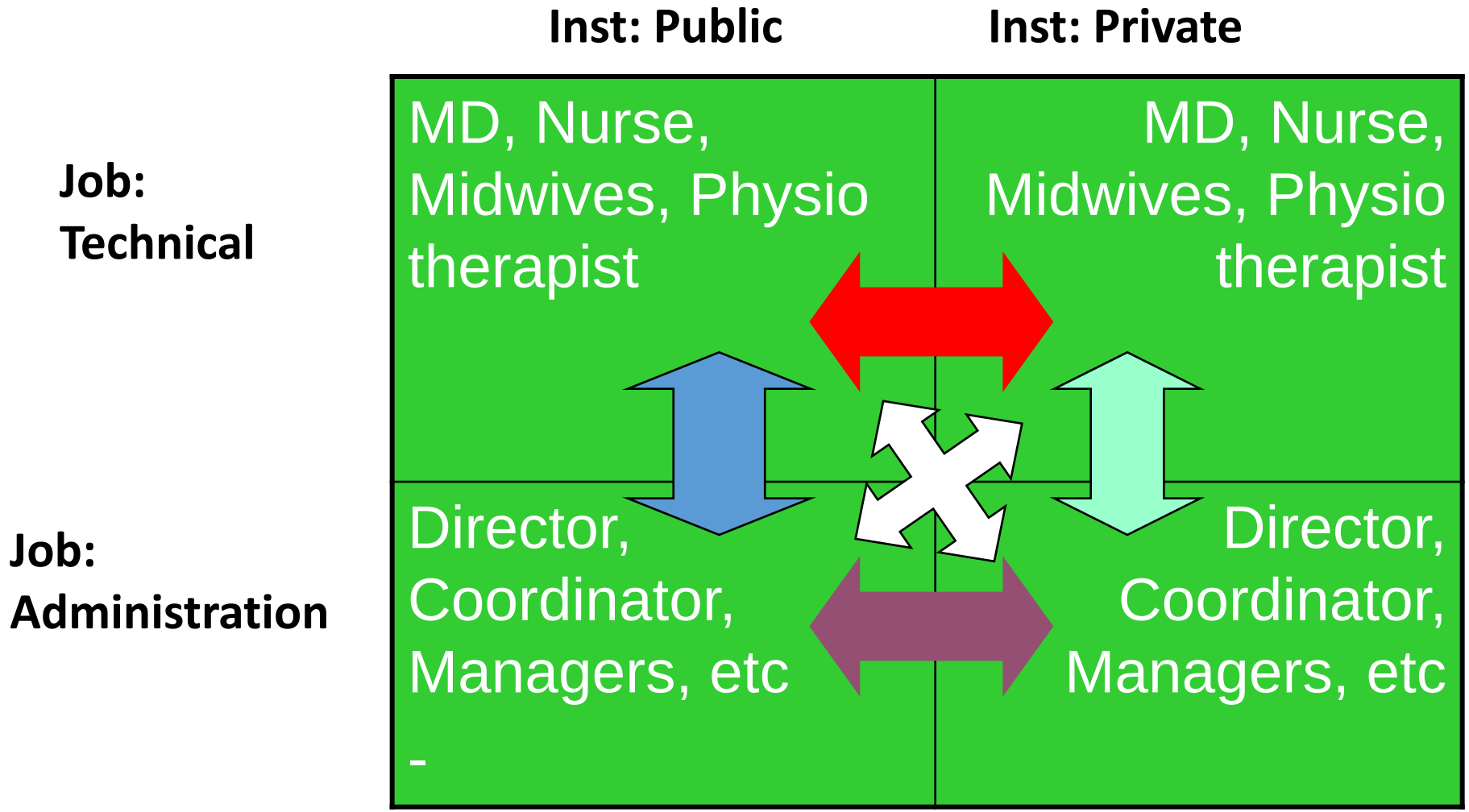
Indonesia: Dual Practice in Practice

Specialist	Hospital		Private Practice	Total
	State	Non-State		
Specialist 01	1	2	2	5
Specialist 02	1	1	1	3
Specialist 03	1	2	1	4
Specialist 04	1	1	1	3
Specialist 05	1	3	1	5
Specialist 06	1	5	1	7
Specialist 07	1	3	1	5
Specialist 08	1	2	-	3
Specialist 09	1	2	2	5
Specialist 10	1	3	1	5
Specialist 11	1	4	1	6
Specialist 12	1	1	2	4
Specialist 13	1	4	-	5
Specialist 14	1	3	-	4
Specialist 15	1	1	1	3

Case of Indonesia: Licensing Issues & Compliance to Medical Act (3 location max.)

Code for Specialist	Hospital		Private Practice	Total	L	No L
	State	Non-State				
Sp 01	1	2*	2	5	3	2
Sp 02	1	1	1	3	3	0
Sp 03	1	2	1	4	3	1
Sp 04	1	1	1	3	3	0
Sp 05	1	3*	1	5	3	2
Sp 06	1	5***	1	7	3	4
Sp 07	1	3*	1	5	3	2
Sp 08	1	2	-	3	3	0
Sp 09	1	2	2*	5	3	2
Sp 10	1	3*	1	5	3	2
Sp 11	1	4**	1	6	3	3
Sp 12	1	1	2*	4	3	1
Sp 13	1	4*	-	5	3	2
Sp 14	1	3	-	4	3	1
Sp 15	1	1	1	3	3	0

Health Workforce Multi Job Holding



Compensation

Source of Income & Proportion: GP

Fixed salary as a Civil Servant	**19.4**
Incentive (Public Hospital)	7.2
Private Salary (Private Hospital)	9.0
Private Incentive (Private Hospital)	**29.0**
Private Practice	**19.5**
Incentive from Pharmaceutical Ind., Lab, etc	**1.3**
Lecturing Fee	2.2
Insurance 1	**3.9**
Insurance 2	**0.3**
Others	**8.3**

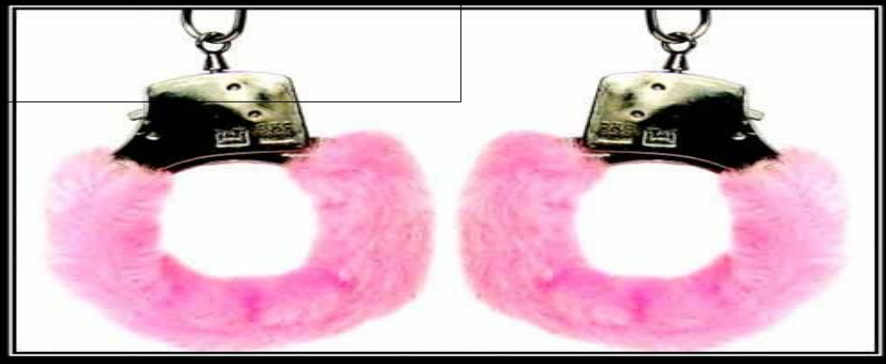
Source of Income & Proportion: Internal Medicine Specialist

Fixed salary as a Civil Servant	10,2
Incentive (Public Hospital)	5,2
Private Salary (Private Hospital)	16,2
Private Incentive (Private Hospital)	44,8
Private Practice	14,7
Incentive from Pharmaceutical Ind., Lab, etc	1,7
Lecturing Fee	0,5
Insurance 1	0,0
Insurance 2	0,0
Others	6,8

Regulation & Dual Practice

PUBLIC Business Hours:
07:30 – 15:00

PRIVATE Working Hours:
12:00 – 12:00



Regulations

Health Promotion

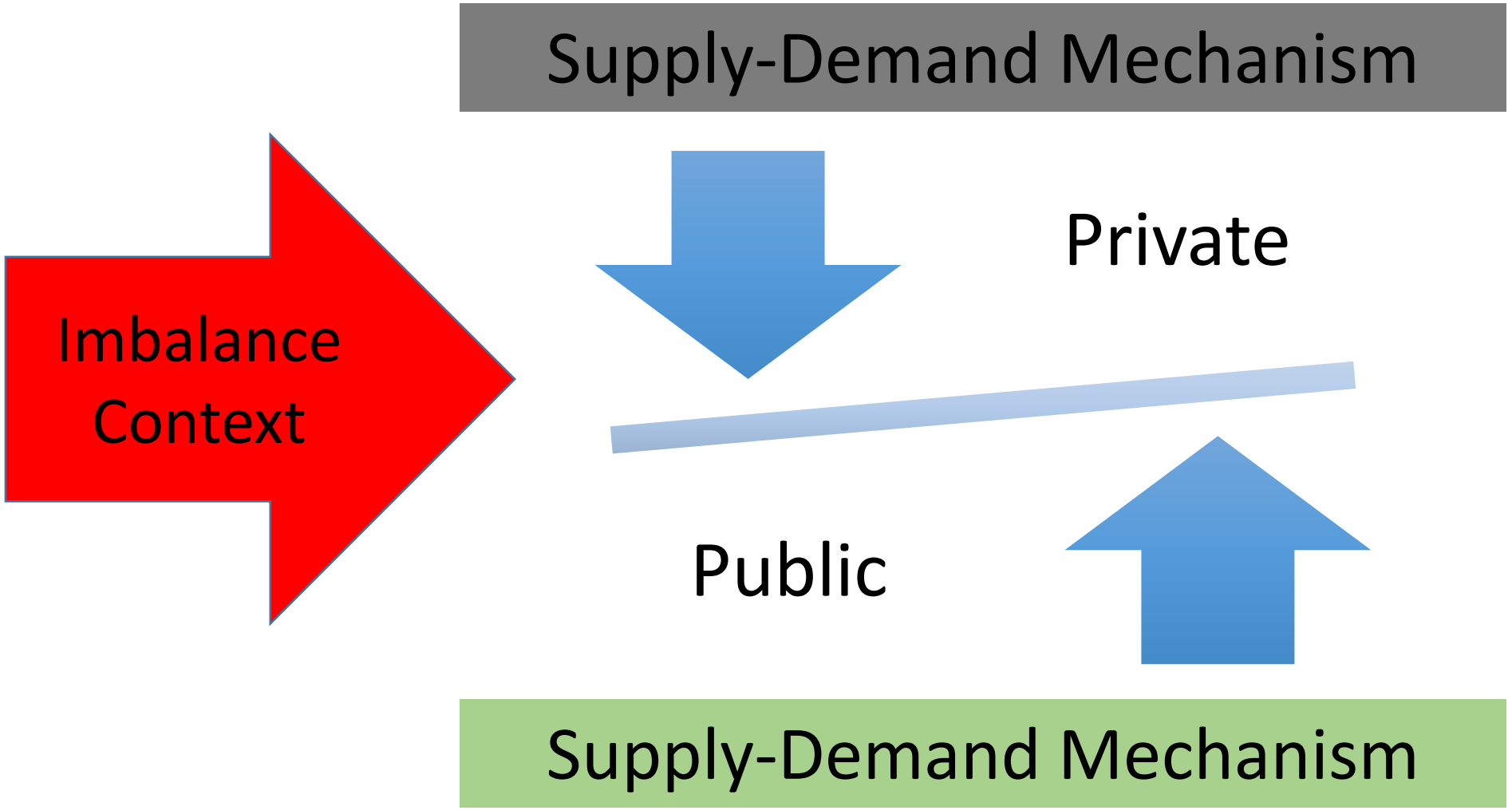
Curative Services

Discussion

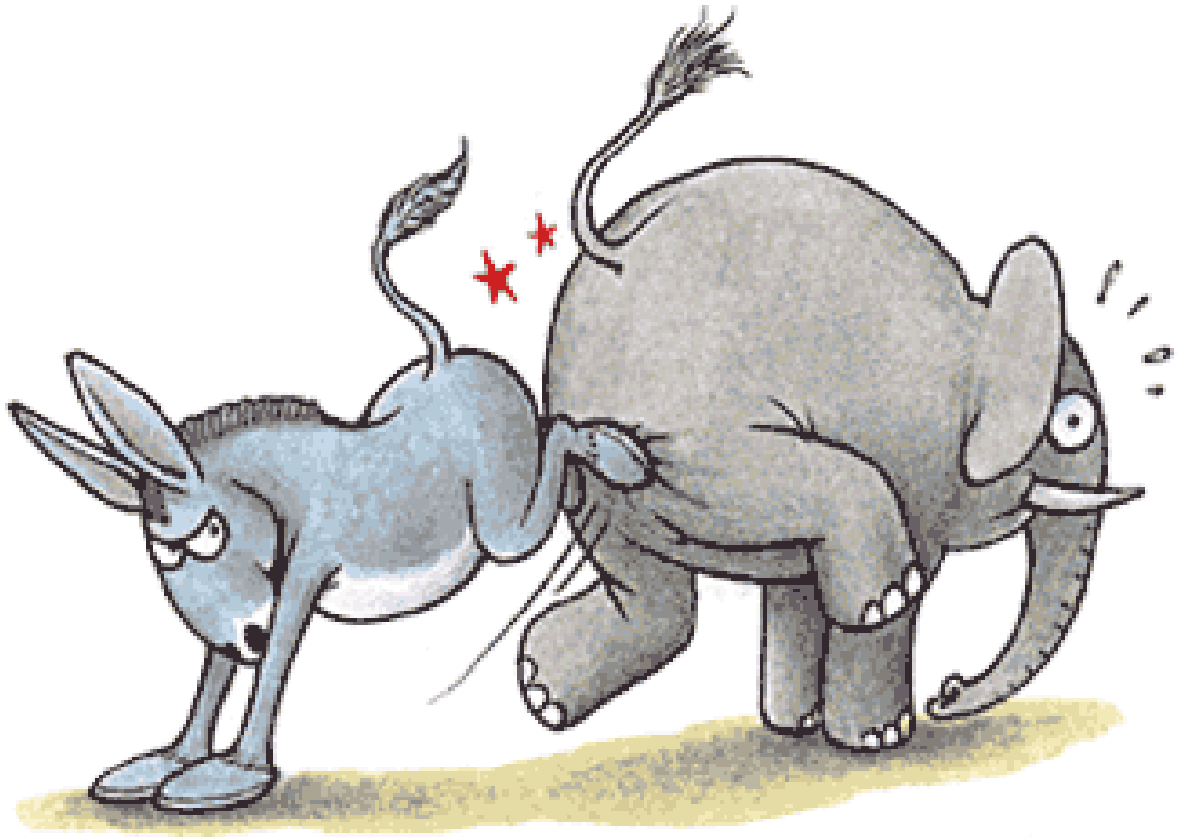
Personel & Institution: 3 Types of PPP

	Public Institution	**Private Institution**
Civil Servant	Normative	Dual Practice (Positive & negative)
Privateers	Supportive Resource Sharing	Normative

Market vs Supervision



Public Private……?



Regulation

The Capacity of Regulatory Body

Prof. Judith Healy, in 2011 Seminar in Jogjakarta, Indonesia

Conclusion

- Public-Partnership is still a dream
- Regulation, internationally & locally, should be developed to organize PPP

Terima Kasih