

<b>REPORT DOCUMENTATION PAGE</b>		<b>1. REPORT NO.</b> JDMCG/TR-84/4	<b>2.</b>	<b>3. Recipient's Accession No.</b>
<b>4. Title and Subtitle</b> Private Sector Research Retrieval and Analysis Project: Swaziland				<b>5. Report Date</b> March 8, 1984
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<b>9. Performing Organization Name and Address</b> JDM Consulting Group 12002 Greenleaf Avenue Potomac, MD 20854 (301) 340-7123				<b>8. Performing Organization Rept. No.</b>
<b>12. Sponsoring Organization Name and Address</b> Office of Health & Nutrition, Bureau For Africa U.S. Agency For International Development Room 2492, New State, Washington, DC 20523 (202) 632-8174				<b>10. Project/Task/Work Unit No.</b> 698-0135-3-6134605 <b>11. Contract(C) or Grant(G) No.</b> (AFR-0135-0-00-3061-0 (G)
<b>13. Type of Report &amp; Period Covered</b> Final, 1978 to 1983				<b>14.</b>
<b>15. Supplementary Notes</b> This paper is one of a series by the author on the topic of private sector financing of primary health services in Africa. The series includes Rwanda, Somalia, Upper Volta, Niger, Senegal, Liberia, Sierra Leone, Swaziland, and an Overview & Recommendations chapter.				
<b>16. Abstract (Limit: 200 words)</b> A survey of published literature on private sector financing of primary health services in Swaziland was conducted. No empirical work was found on the ability of the private sector to support health services. There is little to be said in this report. The following observations and suggestions are based on the scant available information: 1) For purposes of studying community support and compensation of the Rural Health Motivators, the RHM's services may be viewed in a dichotomy. There are services delivered directly to the consumer (providing first aid, dispensing ORS, dispensing condoms and foam) and there is information and motivation (teaching the importance of latrines, identifying clients for MCH services, coordinating with other agencies). 2) The Occupational Health Services (OHS) appears to be a well-managed organization. To the extent that data exist, they should be studied to infer cost structures for providing various types of services and utilization patterns. There may be a wealth of information which can be applied to questions of economically sustaining health workers in rural areas. 3) The use of traditional practitioners needs to be studied. Very likely, they provide the bulk of the care that is delivered throughout Swaziland. Short bibliography.				
<b>17. Document Analysis a. Descriptors</b> 1) Swaziland 2) Health 3) Private Sector 4) Primary Health Care 5) Demand 6) Health Services 7) Africa 8) Rural Health 9) Finance 10) Traditional Health Practitioners  <b>b. Identifiers/Open-Ended Terms</b>   <b>c. COSATI Field/Group</b>				
<b>18. Availability Statement:</b> Release Unlimited		<b>19. Security Class (This Report)</b> UNCLASSIFIED		<b>21. No. of Pages</b> 6
		<b>20. Security Class (This Page)</b> UNCLASSIFIED		<b>22. Price</b>

**PRIVATE SECTOR RESEARCH RETRIEVAL AND ANALYSIS PROJECT**  
**Project No. 698-0135-3-6134605**

**SWAZILAND**

Support for this project was provided by the  
United States Agency for International Development  
Contract No. AFR-0135-0-00-3061-01

NTIS Accession Number JDMCG-84/4

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March 8, 1984

**PLEASE NOTE**

This paper is one of a series by the author on the topic of private sector financing of primary health services in Africa.

The titles in the series are the following:

- "Private Sector Research Retrieval and Analysis Project: Somalia," October 18, 1983, NTIS Accession Number JDMCG/TR-83/1
- "Private Sector Research Retrieval and Analysis Project: Liberia," November 29, 1983, NTIS Accession Number JDMCG/TR-83/2
- "Private Sector Research Retrieval and Analysis Project: Upper Volta," December 20, 1983, NTIS Accession Number JDMCG/TR-83/3
- "Private Sector Research Retrieval and Analysis Project: Niger," January 22, 1984, NTIS Accession Number JDMCG/TR-84/1
- "Private Sector Research Retrieval and Analysis Project: Zimbabwe and Lesotho: Bibliographies," February 16, 1984, NTIS Accession Number JDMCG/TR-84/2
- "Private Sector Research Retrieval and Analysis Project: Rwanda," February 22, 1984, NTIS Accession Number JDMCG/TR-84/3
- "Private Sector Research Retrieval and Analysis Project: Swaziland," March 8, 1984, NTIS Accession Number JDMCG/TR-84/4
- "Private Sector Research Retrieval and Analysis Project: Senegal," June 1, 1984, NTIS Accession Number JDMCG/TR-84/5
- "Private Sector Research Retrieval and Analysis Project: Sierra Leone," June 2, 1984, NTIS Accession Number JDMCG/TR-84/6
- "Private Sector Research Retrieval and Analysis Project: Overview and Recommendation - Household Expenditure Survey," June 2, 1984, NTIS Accession Number JDMCG/TR-84/7

The purpose to this paper is to discuss private sector payment for health services in Swaziland. The principal motivation for this study is the policy decision, U.S. Government-wide, that government is to be the provider of services of last resort. That is, alternatives to publicly financed services must be sought and exploited to a greater degree than in the past. In the past this problem was defined in terms of recurrent cost financing. It has not changed much. In all, the emphasis has evolved to one of looking to the private sector to finance services. An assumption inherent to this policy which needs testing in each specific case is that private individuals and groups are currently financing much of their own care.

The project of which this report is a part, the Private Sector Research Retrieval and Analysis Project (PSRRAP), is to review and evaluate extant research, descriptive and analytic, into private financing for health services in eight African countries. Included among them is Swaziland. (\*) Swaziland is unlike most other countries in the study in three respects:

1) No completed research has been found which either describes private financing for health or analyzes the potential for it in Swaziland.

2) Future research is planned for the near term (the Makhubu/Connolly proposal and the Stevens consultancy).

3) The Health Officer in country is apparently well prepared with specific knowledge and proposals for activities impacting the poor through private enterprises and community

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(\*)The countries include Somalia, Rwanda, Niger, Upper Volta Senegal, Liberia, Sierra Leone, and Swaziland.

based ventures in health care delivery (Mbabane 03004, October, 1983).

Under these circumstances, it is impossible to evaluate research, as it does not yet exist. There is little to be said in this report. This is especially true in view of the absence of any information on the Stevens consultancy other than that something will occur, and a little knowledge of the type of issues with which he has worked lately (i.e., social financing plans and agriculture-based organizations). With regard to the Makhubu/Connolly activity, the only information available is their proposal of 1 July 1983. Lastly available was the cable from Mbabane (03004, October, 1983) responding to both State 238860 and the PRE paper, "Private Enterprise Initiative in Health."

The following observations and suggestions are based on the scant available information:

1) For purposes of studying community support and compensation of the Rural Health Motivators, the RHM's services may be viewed in a dichotomy. There are services delivered directly to the consumer (providing first aid, dispensing ORS, dispensing condoms and foam) and there is information and motivation (teaching the importance of latrines, identifying clients for MCH services, coordinating with other agencies). The Makhubu/Connolly proposal may benefit from focusing on the former services for sources of compensation.

More importantly, the Makhubu/Connolly proposal would benefit from greater structure. It is not enough to describe the process by which all parties will be made to feel the solutions are

acceptable to them. It would help to have a **testable model** against which their hypotheses can be tested. The general type of model which may be useful is one which is used by economists, the household production model. In crude terms, it states that people satisfy their needs through goods and services they purchase in the market and goods and services they produce in the home, using their time and things they purchase. As to the RHM, the issues are 1) what prices are people willing to pay for the RHM's services, since they would, in the RHM's absence, either self-care or do without, and 2) how can people be motivated to value (and be willing to pay for) services whose effects they do not accept?

In general, the Makhubu/Connolly proposal will be very important if they can resolve the questions of how much will people pay for services or medicines and will those amounts adequately support an RHM?

2) The Occupational Health Services (OHS) appears to be a well-managed organization. To the extent that data exist, they should be studied to infer cost structures for providing various types of services and utilization patterns. There may be a wealth of information which can be applied to questions of economically sustaining health workers in rural areas.

3) The use of traditional practitioners needs to be studied. Very likely, they provide the bulk of the care that is delivered throughout Swaziland. There may well be an infrastructure to which they are attached, if only for purposes of distributing their medicines and exchanging information. If (expected) MOH and western prejudices against such care could be

suspended, at a minimum, more can be learned about how people procure (privately) health services when western services are unavailable or unaffordable. Beyond that, there may exist opportunities to integrate, or at least recognize, the traditional care and improve its efficacy and availability.

## BIBLIOGRAPHY

Hinny, P. "Private Enterprise Initiatives in Health Assistance," Cable Mbabane 03004, U.S. Department of State, American Embassy, Mbabane, Swaziland, October, 1983.

Makhubu, Maggie; Connolly, Catherine; "Rural Health Motivator Programme Evaluation Project Proposal," University of Swaziland, Kwaluseni Campus, Swaziland, 1 July 1983.