



May 2011 – SUPPORT Summary of a systematic review

## What are the effects of social franchising on health service access and quality in low- and middle-income countries?

Social franchising adapts ideas and approaches developed and used in commercial franchising to the provision of public health services. While commercial franchising is driven by profit generation, social franchising strives to achieve social benefits. Social franchising has been identified as a way of increasing access to health services rapidly, particularly amongst the poorest populations, while maintaining quality standards in low- and middle-income countries. In such settings, access to health services is currently inadequate and private health service providers play an important role. Effective overviews and quality standard enforcements of social franchising are often lacking.

### Key messages

- No evidence was found regarding the effects of social franchising on access to, and the quality of, health services in low- and middle-income countries
- There is a need for well designed experimental studies that are informed by the theoretical and empirical literature



### Who is this summary for?

People making decisions concerning access to and quality of health services in low- and middle-income countries.

#### ! This summary includes:

- Key findings from research based on a systematic review
- Considerations about the relevance of this research for low- and middle-income countries

#### ✗ Not included:

- Recommendations
- Additional evidence not included in the systematic review
- Detailed descriptions of interventions or their implementation

### This summary is based on the following systematic review:

Koehlmoos TP, Gazi R, Hossain SS, Zaman K. The effect of social franchising on access to and quality of health services in low- and middle-income countries. *Cochrane Database of Systematic Reviews* 2009, Issue 1. Art. No.: CD007136.

### What is a systematic review?

A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse data from the included studies.

**SUPPORT** – an international collaboration funded by the EU 6th Framework Programme to support the use of policy relevant reviews and trials to inform decisions about maternal and child health in low- and middle-income countries.

[www.support-collaboration.org](http://www.support-collaboration.org)

**Glossary of terms used in this report:**  
[www.supportsummaries.org/glossary](http://www.supportsummaries.org/glossary)

**Background references on this topic:**  
See back page

# Background

Social franchising takes place when a franchisee (e.g. an NGO) adopts a defined concept for health service delivery from a franchiser and then implements this under an established brand name. Quality standards and reporting requirements are required to match those set by the franchiser. Examples of social franchising networks include the provision of standardised training, supplies, and case management according to unified protocols. While commercial franchising is driven by profit generation, social franchising strives to achieve social benefits. Social franchising has been identified as a way of increasing access to health services rapidly in low- and middle-income countries while maintaining standards of quality. Access to health services in such settings is currently inadequate and private health service providers play an important role. Effective overviews and quality standard enforcements, however, are often lacking. Concerns have been voiced that the introduction of further approaches to health care delivery could lead to increased competition for already scarce resources. Additional concerns include, among others, the crowding out of health care providers and decreased levels of motivation.

## How this summary was prepared

After searching widely for systematic reviews that can help inform decisions about health systems, we have selected ones that provide information that is relevant to low- and middle-income countries. The methods used to assess the quality of the review and to make judgements about its relevance are described here:

[www.supportsummaries.org/methods](http://www.supportsummaries.org/methods)

## Knowing what's not known is important

A good quality review might not find any studies from low- and middle-income countries or might not find any well-designed studies. Although that is disappointing, it is important to know what is not known as well as what is known.

## About the systematic review underlying this summary

**Review objective:** To assess the effects of the social franchising of health service delivery on access to, and the quality of, services and health outcomes in low- and middle-income countries.

|                      | What the review authors searched for   | What the review authors found                              |
|----------------------|--|--|
| <b>Interventions</b> | Social franchises delivering health services, driven by seeking social benefits<br>Considered were: Randomized Controlled Trials (RCT), Non-Randomized Controlled Trials (CCT), Interrupted Time Series (ITS), Controlled Before-After Studies (CBA) | No studies meeting the inclusion criteria were identified. |
| <b>Participants</b>  | All levels of health care delivery<br>All types of patients and health care providers  |  |
| <b>Settings</b>      | Low-and middle-income countries  |  |
| <b>Outcomes</b>      | 1. Health care access<br>2. Quality of care<br>3. Health outcomes<br>4. Adverse effects<br>5. Equitable access or utilization<br>6. Cost/service<br>7. Patient satisfaction  |  |

**Date of most recent search:** October 2007 – March 2008

**Limitations:** This is a good quality systematic review with only minor limitations

Koehlmoos TP, Gazi R, Hossain SS, Zaman K. The effect of social franchising on access to and quality of health services in low- and middle-income countries. *Cochrane Database of Systematic Reviews* 2009, Issue 1. Art. No.: CD007136. DOI: 10.1002/14651858.CD007136.pub2.

## Summary of findings

This is a good quality systematic review with only minor limitations. It failed to identify any study meeting the inclusion criteria.

→ **No studies that met the inclusion criteria were identified**

→ **There is a need for well-designed experimental studies informed by theoretical and empirical literature**

As new ways of expanding health services in LMICs are explored, social franchising is attracting increasing interest. However, initial optimistic assumptions and expectations have not been supported by rigorous evidence, and potentially adverse effects have not been assessed in detail. The methodology for establishing the evidence required is available but, to date, no conclusions regarding the effectiveness of social franchising on access to, and the quality of, health services in LMICs can be drawn.

### About quality of evidence (GRADE)



**High:** It is very likely that the effect will be close to what was found in the research.



**Moderate:** It is likely that the effect will be close to what was found in the research, but there is a possibility that it will be substantially different.



**Low:** It is likely that the effect will be substantially different from what was found in the research, but the research provides an indication of what might be expected.



**Very low:** The anticipated effect is very uncertain and the research does not provide a reliable indication of what might be expected.

For more information, see last page.

# Relevance of the review for low- and middle-income countries

| → Findings  | ▷ Interpretation*  |
|---|--|
| APPLICABILITY   |  |
| → The review did not find any studies conducted in low- and middle-income countries that met its inclusion criteria.                | ▷ Although social franchising is currently used and advocated in low- and middle-income countries, no rigorous evaluations of its impacts (both positive and negative) are available.  |
| EQUITY  |  |
| → Equity (access to, and utilisation of, health services) was a considered outcome.   | <p>▷ Social franchising promotes social rather than financial benefits, and therefore its effects on equity could be assumed to be positive. Social franchising, for instance, could help particularly with expanding access to health services amongst the poorest population segments. However, there are no rigorous evaluations of its impacts on equity.</p> <p>▷ Social franchising can impact negatively on equity in instances where it competes with, or crowds out, equally- or better-performing approaches to health care delivery. Loss of motivation among existing providers is another downside of the introduction of new approaches.</p> |
| ECONOMIC CONSIDERATIONS   |  |
| → Cost/service (from a societal perspective or the perspective of the franchiser, franchisee or patients) was a considered outcome. | <p>▷ The cost and cost-effectiveness of social franchising is unknown.</p> <p>▷ The introduction of social franchising might result in competition for resources with existing or alternative approaches to health care delivery. This may result in reduced funding levels and overall quality erosion in instances where the existing or alternative approaches offer better cost-effectiveness or the effects of scale can not be realised any longer due to reduced demand.</p>  |
| MONITORING & EVALUATION   |  |
| → The review noted the absence of robust evidence from rigorously designed studies.   | <p>▷ There is a need for well designed experimental studies informed by theoretical and empirical literature.</p> <p>▷ All relevant interventions should be accompanied by well-designed monitoring and evaluation.</p>  |

\*Judgements made by the authors of this summary, not necessarily those of the review authors, based on the findings of the review and consultation with researchers and policymakers in low- and middle-income countries. For additional details about how these judgements were made see: [www.supportsummaries.org/methods](http://www.supportsummaries.org/methods)

# Additional information

## Related literature

Clinical Social Franchising Compendium – An Annual Survey of Programs, 2010. The Global Health Group; University of California. <http://globalhealthsciences.ucsf.edu/GHG/docs/Social-Franchising-Compendium-2010.pdf>

Lonnroth K, Aung T, Maung W, Kluge H, Uplekar M. Social franchising of TB through GBs in Myanmar: an assessment of treatment results, access, equity and financial protection. *Health Policy and Planning* 2007;**22**:156–66.

Montagu D. Franchising of health services in developing countries. *Health Policy and Planning* 2002;**17**(2):121–30.

WHO, USAID. Public policy and franchising reproductive health: current evidence and future directions. Guidance from a technical consultation meeting (unpublished) 2007.

## This summary was prepared by

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## Conflict of interest

None. For details, see: [www.supportsummaries.org/coi](http://www.supportsummaries.org/coi)

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This summary has been peer reviewed by: Tracey Koehlmoos, Bangladesh; Catherine Goodman, Kenya; Vivian Welch, Canada.

## This review should be cited as

Koehlmoos TP, Gazi R, Hossain SS, Zaman K. The effect of social franchising on access to and quality of health services in low- and middle-income countries. *Cochrane Database of Systematic Reviews* 2009, Issue 1. Art. No.: CD007136. DOI: 10.1002/14651858.CD007136.pub2.

## The summary should be cited as

Steinmann P. Does social franchising have an effect on access to and quality of health services in low- and middle-income countries?. A SUPPORT Summary of a systematic review. May 2011.. [www.supportsummaries.org](http://www.supportsummaries.org)

## Keywords

evidence-informed health policy, evidence-based, systematic review, health systems research, health care, low and middle-income countries, developing countries, primary health care, social franchising.

## About quality of evidence (GRADE)

The quality of the evidence is a judgement about the extent to which we can be confident that the estimates of effect are correct. These judgements are made using the GRADE system, and are provided for each outcome. The judgements are based on the type of study design (randomised trials versus observational studies), five factors that can lower confidence in an estimate of effect (risk of bias, inconsistency of the results across studies, indirectness, imprecision of the overall estimate across studies, and publication bias), and three factors that can increase confidence (a large effect, a dose response relationship, and plausible confounding that would increase confidence in an estimate). For each outcome, the quality of the evidence is rated as high, moderate, low or very low using the definitions on page 3.

**For more information about GRADE:**  
[www.supportsummaries.org/grade](http://www.supportsummaries.org/grade)

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## SUPPORT collaborators

**The Cochrane Effective Practice and Organisation of Care Group (EPoC)** is a Collaborative Review Group of the Cochrane Collaboration: an international organisation that aims to help people make well informed decisions about health care by preparing, maintaining and ensuring the accessibility of systematic reviews of the effects of health care interventions. [www.epocoslo.cochrane.org](http://www.epocoslo.cochrane.org)

**The Evidence-Informed Policy Network (EVIPNet)** is an initiative to promote the use of health research in policymaking. Focusing on low- and middle-income countries, EVIPNet promotes partnerships at the country level between policy-makers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the best scientific evidence available. [www.evipnet.org](http://www.evipnet.org)

**The Alliance for Health Policy and Systems Research (HPSR)** is an international collaboration aiming to promote the generation and use of health policy and systems research as a means to improve the health systems of developing countries. [www.who.int/alliance-hpsr](http://www.who.int/alliance-hpsr)

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