



GET THAT CONTRACT SIGNED!

Promoting public-private partnerships to achieve UHC

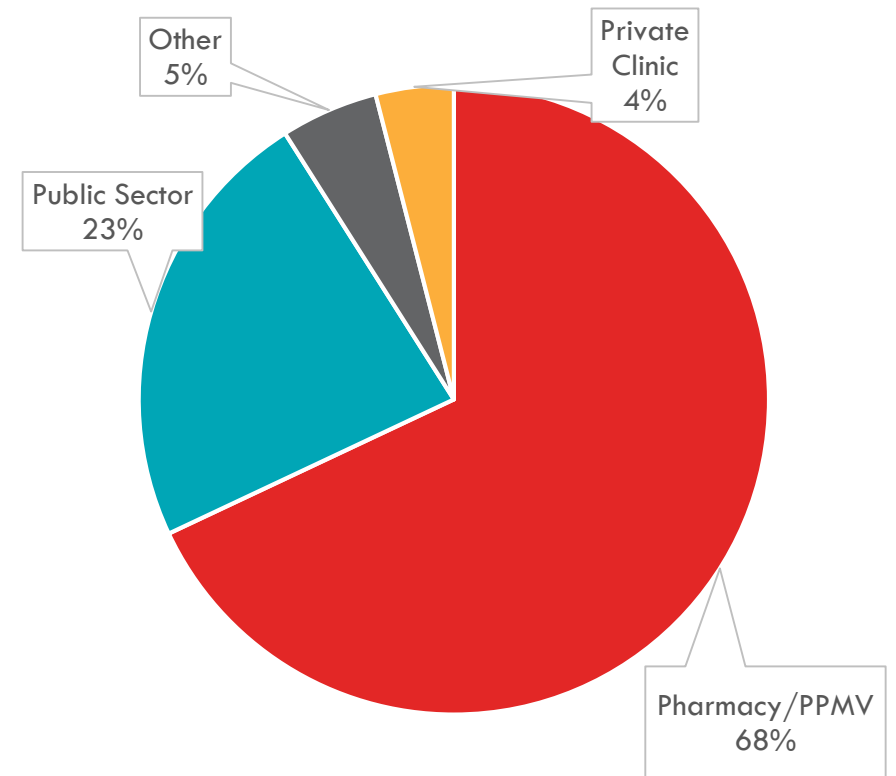
Presenters: Adeel Ishtiaq and Neetu Hariharan
September 14th, 2017

IN SEVERAL LOW- AND MIDDLE-INCOME COUNTRIES, THE *PRIVATE SECTOR* SERVES AS THE FIRST POINT OF CARE – ESPECIALLY FOR RH AND FP NEEDS

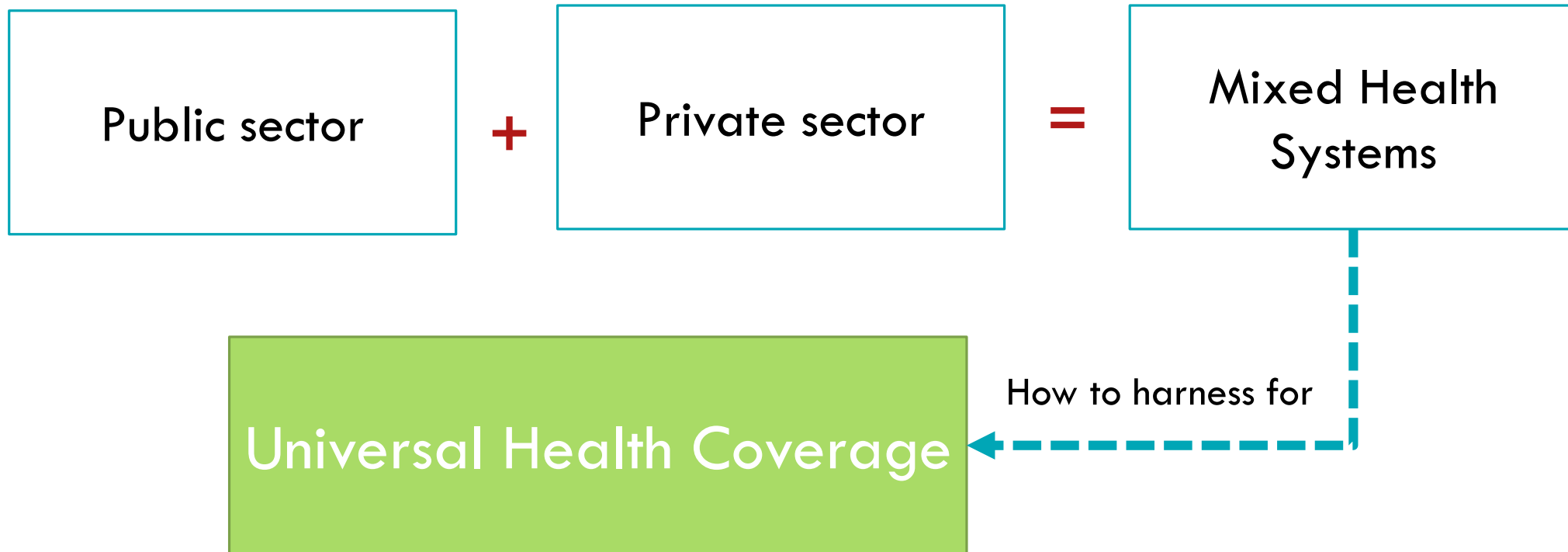
In general,

1. Private providers include: primary health care centers, pharmacies, drug shops, clinics, hospitals
2. Users often pay OOP for care, experiencing varying service quality
3. Additionally, access may be limited to those who can afford to pay – leaving behind primarily lower income quintiles and/or increasing financial hardship on beneficiaries who pay OOP for care.

Sources of contraceptive FP products, Nigeria

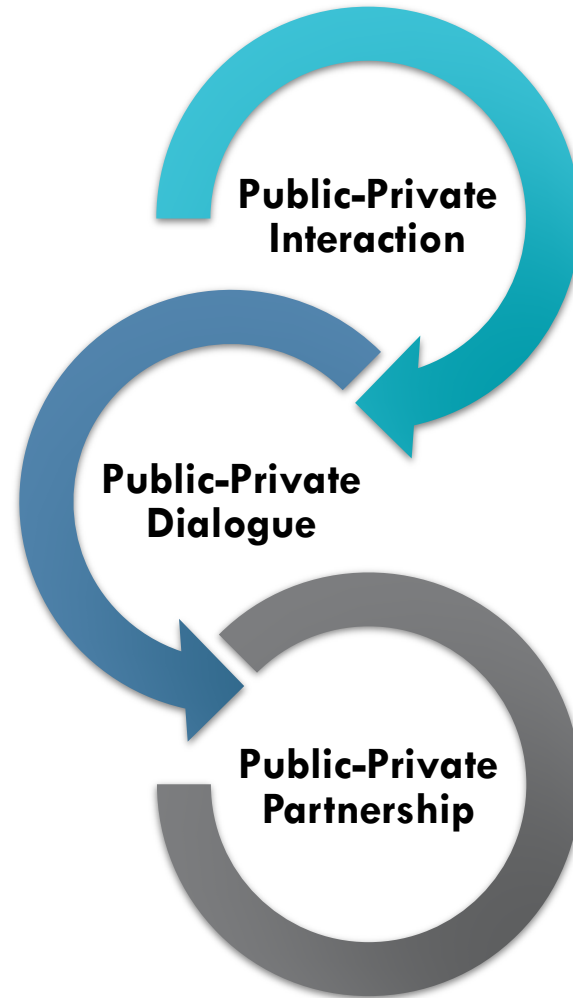


IN ORDER TO CREATE MHSs THAT EXPAND ACCESS AND OFFER AFFORDABLE, QUALITY SERVICES, *GOVERNMENTS NEED TO START ENGAGING AND WORKING WITH THE PRIVATE SECTOR*



PROCESS OF PUBLIC-PRIVATE ENGAGEMENT

Public and private sector partners **cooperate and negotiate** around issues of mutual interest

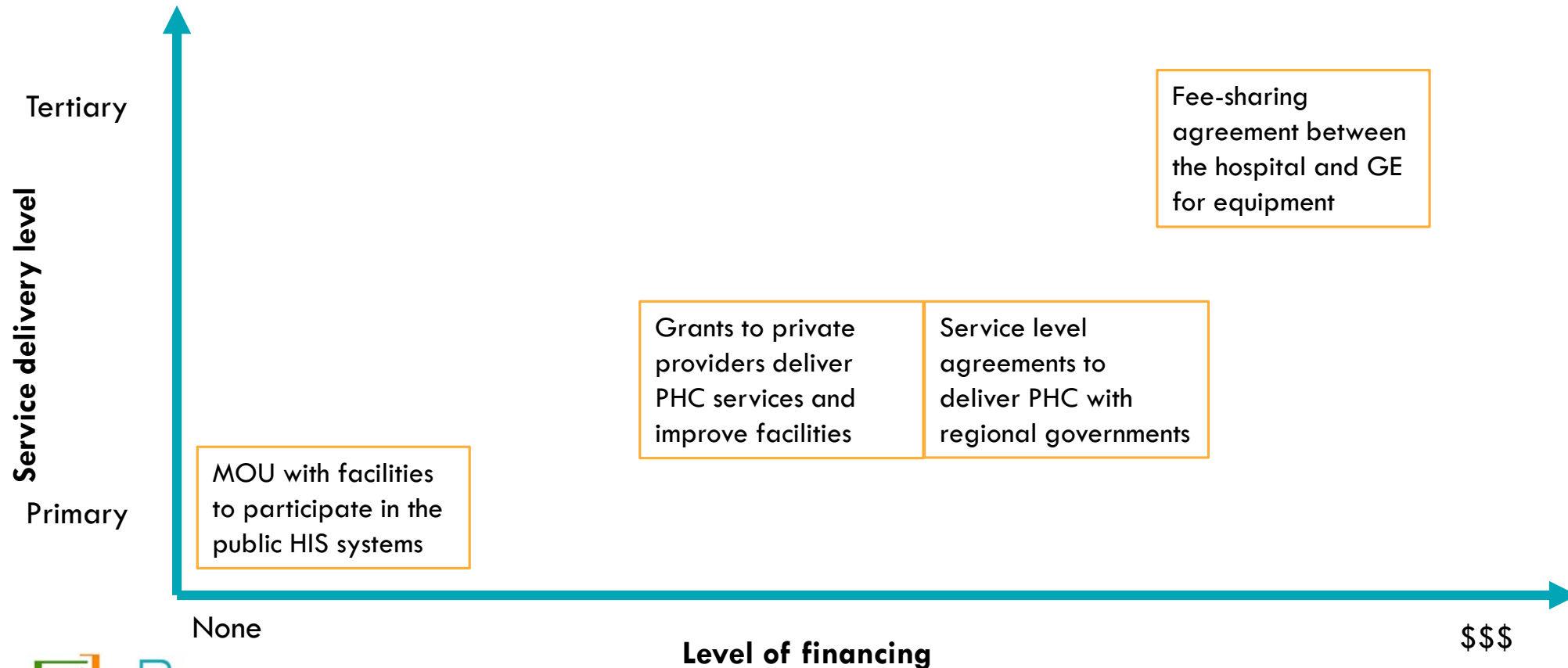


Exchange of information between both sectors – emphasis on communication

Formal agreement between public and private partners – clearly defined roles, responsibilities, and implementation plan(s)

PUBLIC-PRIVATE PARTNERSHIPS CAN TAKE ON MANY FORMS

What is a public-private partnership? An agreement/contract between a public agency and a private entity (for-profit or not-for-profit) for the provision of services, facilities and/or resources.



ACTIVITY 1: CHALLENGES TO PUBLIC-PRIVATE ENGAGEMENT

Each table (assigned either private or public sector) has been given a scenario.

Working together with your table, please read through the scenario and identify key challenges that relate to the proposition described in the scenario.

Feedback – each table will describe 1-2 challenges they identified.

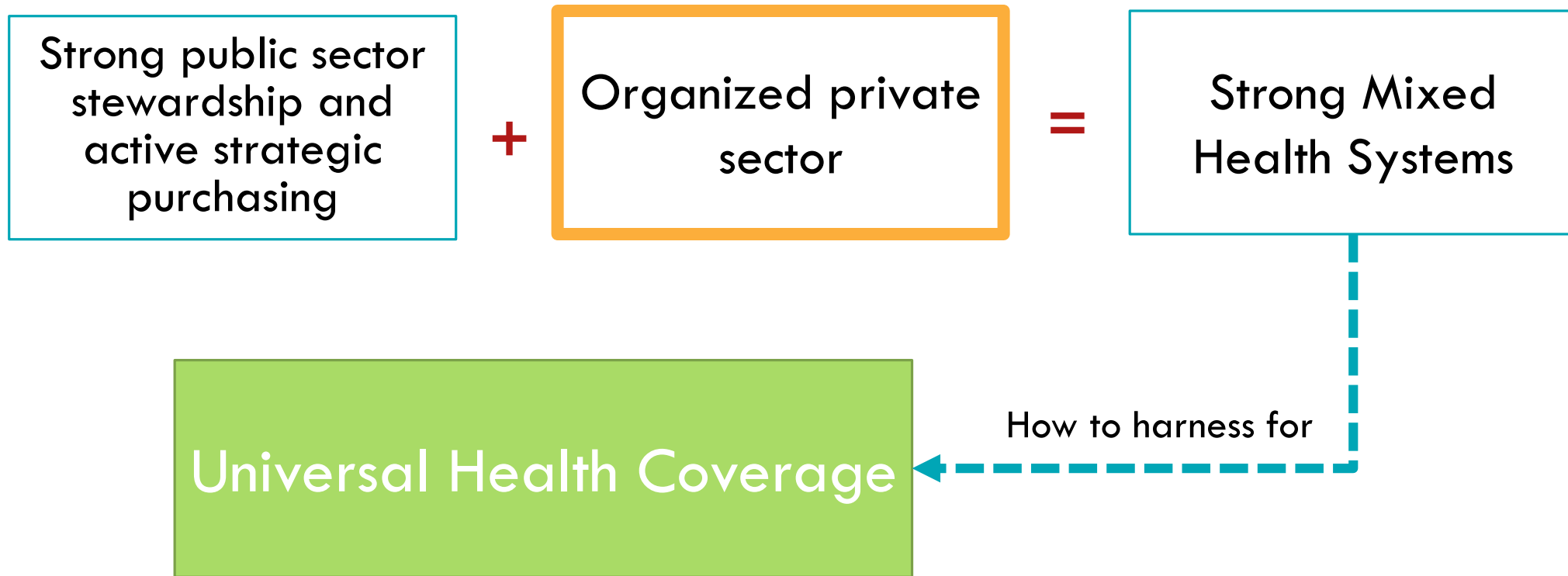
Activity will last about 10 – 15 mins.



EXCHANGE IS LIMITED — THERE ARE SEVERAL CHALLENGES TO OVERCOME

1. **Missing information:** Public and private sector actors isolated from each other in planning processes; information systems are not coordinated between the two sectors
2. **Wide-spread fragmentation:** Disorganization and fragmentation among the private providers results in many operational inefficiencies
3. **Trust & enforcement gap:** Mutual distrust between the public and private sectors
4. **Weak stewardship role:** Public sector lacks awareness and clear role to effectively leverage the private sector; lack support by the appropriate institutional systems and processes

SO, IN ORDER TO CREATE **STRONG** MHSs, COUNTRIES NEED...



POTENTIAL SOLUTION: POSITIONING STRONG LOCAL INSTITUTIONS AS **MARKET FACILITATORS** AND **MARKET INTERMEDIARIES**

Position a local institution as a market facilitator

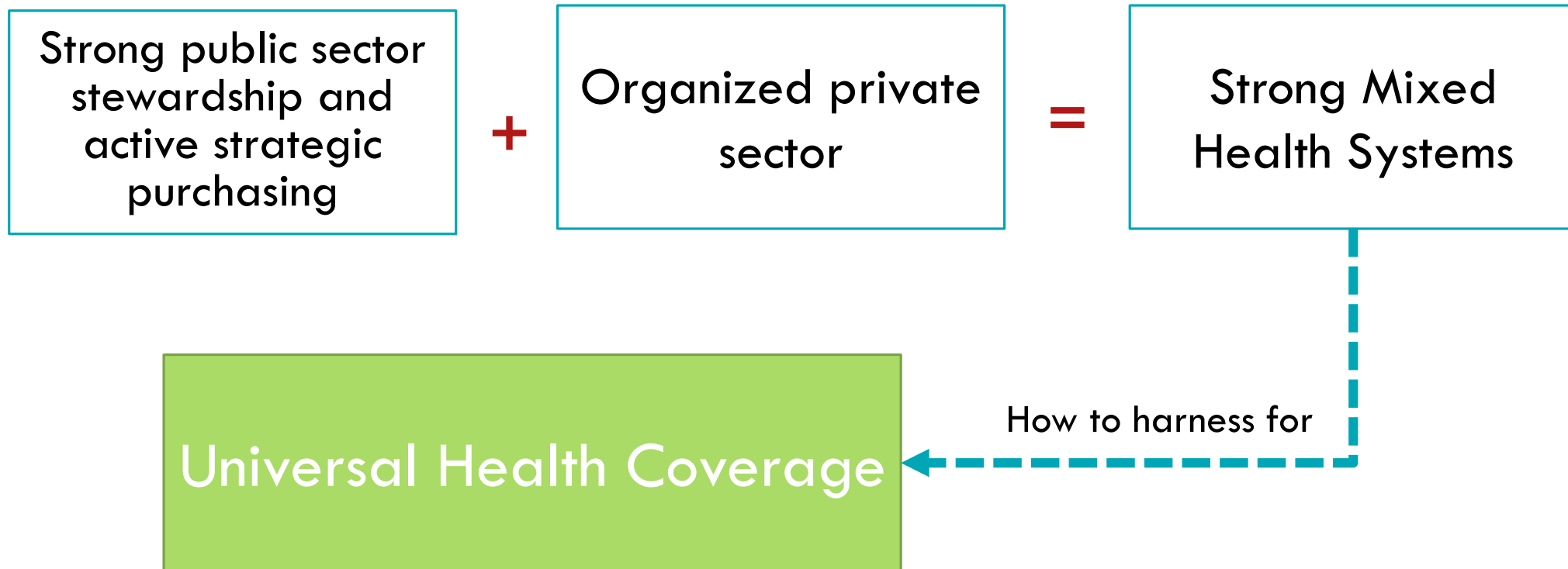
- Enhance coordination
- Identify constraints
- Convene stakeholders as neutral facilitator
- Help develop capacity, tools, policies, and regulations



Develop purchaser-provider intermediaries

- Reduce fragmentation of small-scale providers
- Address supply-side failures
- Examples: HMOs, social franchises, provider networks

SO, IN ORDER TO CREATE **STRONG** MHSs, COUNTRIES NEED...





OUR WORK IN TANZANIA WITH PSI/TZ

October – December 2016



THE SIFPO2 PROJECT — SUPPORT FOR FAMILY PLANNING ORGANIZATIONS: STRENGTHENING NETWORKS

Mission of USAID's SIFPO2: Increase use of FP services globally by strengthening the capacity and sustainability of FP networks of private providers.

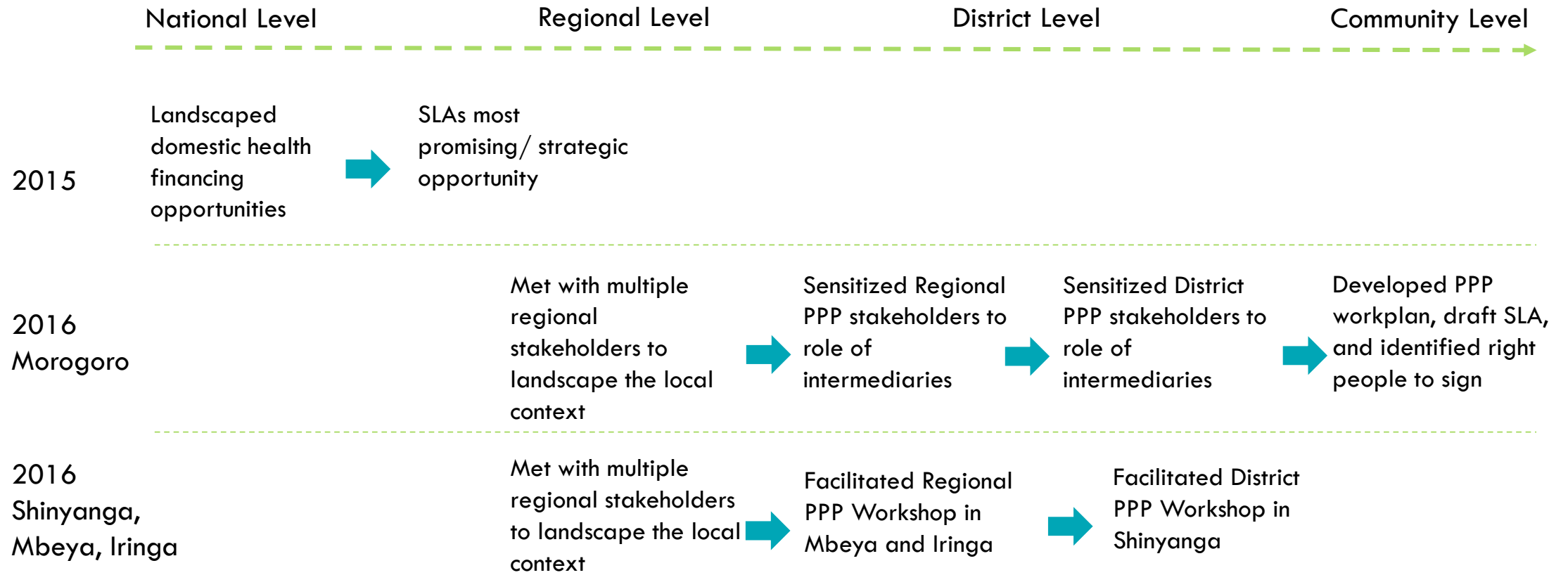
R4D partners with **PSI** to enhance the financial sustainability of PSI's *social franchise* networks through a series of activities

1. Identify and assess opportunities to diversify financing and improve against key social franchising goals, and;
2. Connect with public sector/3rd party financing, delivery, and oversight systems.

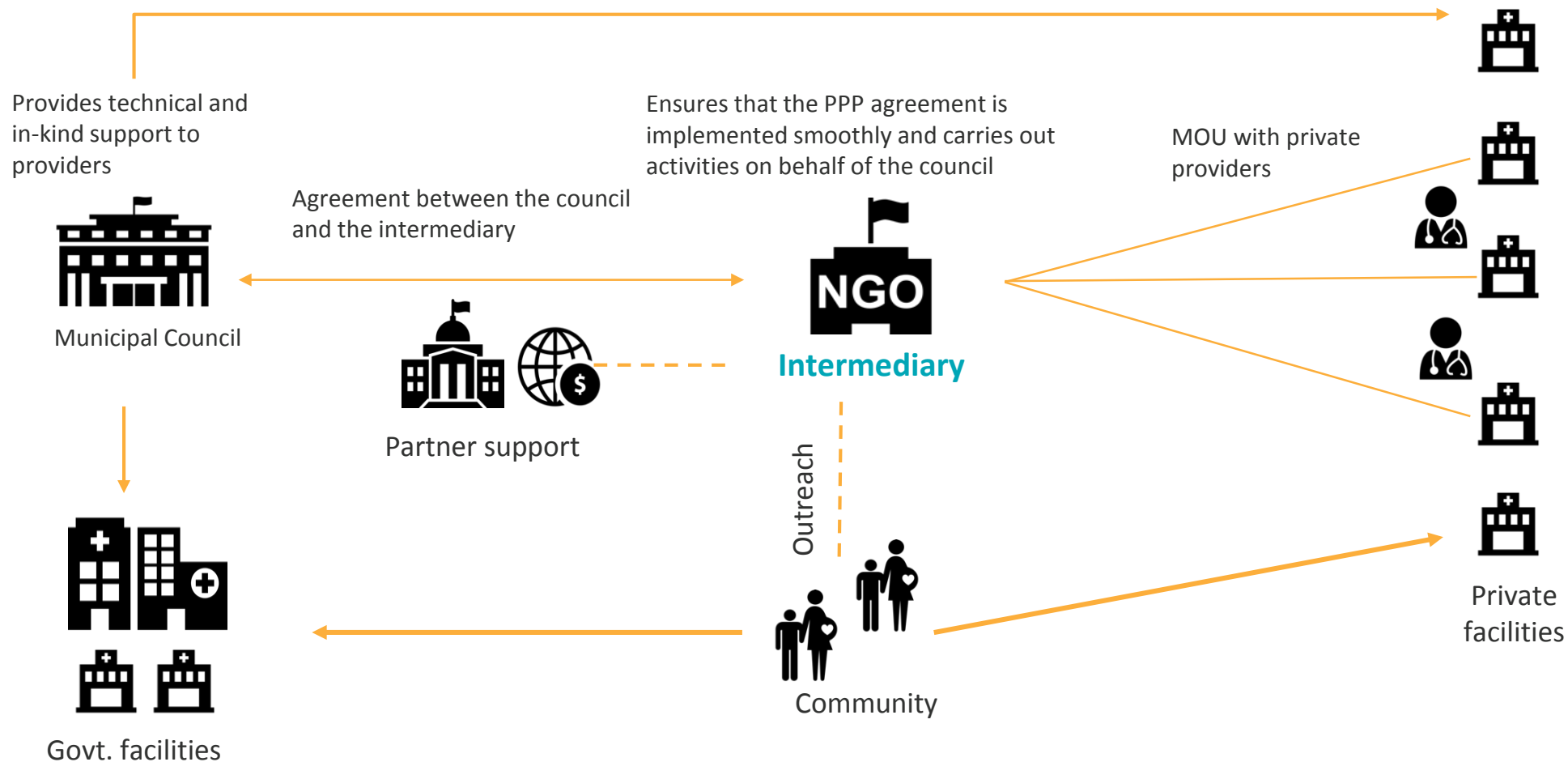
What is social franchising for health? SF4H is a network of private sector healthcare providers that are linked through agreements to provide socially beneficial health services under a common franchise brand. A 'franchisor' (typically a non-profit) manages the brand and oversees the administration of the program.

Social franchises aim to improve **quality, access, equity, additionality, and cost-effectiveness** of health services.

OUR TEAM ENGAGED WITH SEVERAL REGIONAL STAKEHOLDERS TO HELP DEVELOP A VALUE PROPOSITION FOR PSI/TZ AND PROMOTE PPP CONTRACTS WITH REGIONAL AND LOCAL GOVERNMENTS



INTERMEDIARY ARRANGEMENT TO IMPROVE PHC COVERAGE AND DELIVERY WITH LOCAL GOVT'S



More women and children can now access quality services at public and private providers

THE WORK ALSO PROVIDED SEVERAL KEY TAKEAWAYS FOR BOTH PSI/TZ AND PSI'S BROADER INVOLVEMENT IN LINKING PRIVATE PRIMARY HEALTH CARE PROVIDERS WITH PUBLIC STEWARDSHIP AND FINANCING MECHANISMS FOR UHC

The government is eager to engage, but lacks understanding of the intricacies of implementing PPPs

Partnership approaches will need to be tailored as regional, district, and local level needs differ

The market facilitation approach can be successful, but is difficult without a ready intermediary as a selling point

Government stewardship of the health market requires engagement with intermediaries on data and evidence management

IN CONCLUSION, R4D AND PSI/TZ'S PPP ENGAGEMENT DEMONSTRATES THAT PPP OPPORTUNITIES OCCUR ON A SPECTRUM AND NO "UNIFORM" PPP STRATEGY EXISTS



1

They may differ across countries and locations based on the context of policies, preferences of stakeholders, and the supply and demand situation in the health market

2

Vary from informal coordination with umbrella organizations and resource exchange arrangements with individual providers to formal purchasing agreements involving active intermediaries

3

Evolve with broader health financing and service delivery strategies (e.g., greater NHIF contracting or the prospective rollout of Single NHI in TZ as a mechanism for UHC)





ACTIVITY 2: JEOPARDY!

Mini-U Edition

JEOPARDY! MINI-U EDITION

Public-Private Partnership	Health Systems	Family Planning
<u>100</u>	<u>100</u>	<u>100</u>
<u>200</u>	<u>200</u>	<u>200</u>
<u>300</u>	<u>300</u>	<u>300</u>



PUBLIC-PRIVATE PARTNERSHIP 100

What is a public-private partnership?

An agreement/contract between a public agency and a private entity (for-profit or not-for-profit) for the provision of services, facilities and/or resources



PUBLIC-PRIVATE PARTNERSHIP 200

What are the process steps to public-private engagements?

Public-private interaction, public-private dialogue, and public-private partnership



PUBLIC-PRIVATE PARTNERSHIP 300

What are the four major challenges to public-private engagements?

Missing information, wide-spread fragmentation, trust & enforcement gap, and weak stewardship role.



HEALTH SYSTEMS 100

Who are health care providers?

Polyclinics, pharmacies, PHC facilities,
consultation centers, hospitals, ect.



HEALTH SYSTEMS 200

What is a strong mixed health system?

Strong public-sector stewardship
and active purchasing, and
organized private sector



HEALTH SYSTEMS

300

What is Universal Health Coverage?

Where all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.



FAMILY PLANNING 100

What is SIFPO2?

This project's mission is to increase the use of FP services globally by strengthening the capacity and sustainability of FP networks of private providers.



FAMILY PLANNING 200

What is the first point of care?

In Nigeria, many private sector facilities serve as _____ – especially for FP and RH services.



FAMILY PLANNING

300

What percentage of Nigeria's contraceptive pills are delivered through the private sector?

72% of contraceptives pills are delivered in Nigeria through this sector.



QUESTIONS?



Populations Services International

- Pierre Moon, Director of SIFPO2
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THANK YOU!

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