GET THAT CONTRACT SIGNED!

Promoting public-private partnerships to achieve UHC

Presenters: Adeel Ishtiaq and Neetu Hariharan
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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.

Public sector + Private sector = Mixed Health Systems

Universal Health Coverage

How to harness for
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.

- **Primary**
  - MOU with facilities to participate in the public HIS systems

- **Tertiary**
  - Grants to private providers deliver PHC services and improve facilities
  - Service level agreements to deliver PHC with regional governments
  - Fee-sharing agreement between the hospital and GE for equipment

- **None**
  - Level of financing

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**Summary**

- **Service delivery level**
  - Primary
  - Tertiary

- **Level of financing**
  - None
  - $$$
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...

- Strong public sector stewardship and active strategic purchasing
- Organized private sector

= Strong Mixed Health Systems

How to harness for Universal Health Coverage
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...

- Strong public sector stewardship and active strategic purchasing
- Organized private sector

\[ \text{Strong public sector stewardship and active strategic purchasing} + \text{Organized private sector} = \text{Strong Mixed Health Systems} \]
OUR WORK IN TANZANIA WITH PSI/TZ

October – December 2016
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Region</th>
<th>National Level</th>
<th>Regional Level</th>
<th>District Level</th>
<th>Community Level</th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
<td>Landscaped domestic health financing opportunities</td>
<td>SLAs most promising/strategic opportunity</td>
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<tr>
<td>2016</td>
<td>Morogoro</td>
<td>Met with multiple regional stakeholders to landscape the local context</td>
<td>Sensitized Regional PPP stakeholders to role of intermediaries</td>
<td>Sensitized District PPP stakeholders to role of intermediaries</td>
<td>Developed PPP workplan, draft SLA, and identified right people to sign</td>
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<tr>
<td>2016</td>
<td>Shinyanga, Mbeya, Iringa</td>
<td>Met with multiple regional stakeholders to landscape the local context</td>
<td>Facilitated Regional PPP Workshop in Mbeya and Iringa</td>
<td>Facilitated District PPP Workshop in Shinyanga</td>
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INTERMEDIARY ARRANGEMENT TO IMPROVE PHC COVERAGE AND DELIVERY WITH LOCAL GOVT’S

Agreement between the council and the intermediary

Provides technical and in-kind support to providers

Ensures that the PPP agreement is implemented smoothly and carries out activities on behalf of the council

MOU with private providers

Municipal Council

Partner support

Intermediary

Outreach

Community

Govt. facilities

Private facilities

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!
## JEOPARDY! MINI-U EDITION

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<th>Public-Private Partnership</th>
<th>Health Systems</th>
<th>Family Planning</th>
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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.
What are the process steps to public-private engagements?

Public-private interaction, public-private dialogue, and public-private partnership
What are the four major challenges to public-private engagements?

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

Who are health care providers?

Polyclinics, pharmacies, PHC facilities, consultation centers, hospitals, ect.
What is a strong mixed health system?

Strong public-sector stewardship and active purchasing, and organized private sector.
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.
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.
What is the first point of care?

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

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- Rebecca Husband, Technical Advisor for SIFPO2

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THANK YOU!