

## HSR2018 Session Proposal

**Session title:** Overcoming barriers to public-private partnerships for women's health: Mechanisms to engage with and strategically purchase from the private sector in Cambodia, Nigeria, Tanzania, and Uganda

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**Overview (50 words):** Weak government stewardship coupled with a fragmented private sector creates barriers for public-private engagement for UHC. To bridge the divide between public purchasers and private providers, we explore two functions, market intermediation and purchaser-provider intermediation, and experience from Cambodia, Nigeria, Tanzania, and Uganda that offers potential solutions to these barriers.

### **Session Narrative (400-word limit):**

As countries strive for universal health coverage, governments are looking for more effective and efficient ways to deliver affordable, quality health services. As such, governments are considering working more closely with the private sector to help fill service delivery gaps and address other system needs through public-private partnerships. Still, challenges persist on both sides. The public sector often relies too heavily on weakly enforced regulations, and lacks the knowledge of and commitment to private sector stewardship and strategic purchasing. Conversely, private sector providers often lack the financial and technical capacity to align with government purchasing needs and have limited ability to influence relevant policy and process reforms. To bridge this gap between public purchasers and private providers, Results for Development worked with Population Services International under the USAID-supported program *Support for International Family Planning Organizations: Strengthening Networks* to implement an innovative approach to test two distinct functions that may be powerful – but partial – solutions to the challenges of stewardship and strategic purchasing to better enable engagement from the private sector perspective.

We will present country experiences from Cambodia, Nigeria, Tanzania, and Uganda that explores these gap and challenges between purchasers and providers, and introduce the roles and functions of market facilitation (neutral parties supporting improved coordination, information exchange, financing, service delivery, and quality functions in PHC delivery to mitigate market failures), and purchaser-provider intermediation (organizations that reduce fragmentation in the health market by mediating interactions and transactions of small-scale providers and addressing many supply-side failures) as potential functional solutions to achieve successful public-private partnerships. For example, in Tanzania and Uganda we have laid down the groundwork for government purchasing from private for-profit providers by landscaping opportunities for contracting with PHC-providing social franchises, facilitating dialogue between government funders and private providers, and developing agreements to begin exchange of resources – showing how market facilitation can create the right enabling environment. Similarly, in Cambodia and Nigeria, we showed how social franchises can evolve as intermediaries to enable governments to strategically purchase high quality, privately provided PHC services. Our work ultimately

displays how these roles 1) enable strategic purchasing by governments; 2) create entryways for private sector stakeholders to participate in key health system reforms; 3) support national health objectives while continuing to improve access, quality, affordability, and impact of services; and 4) strengthen the broader mixed health system.