

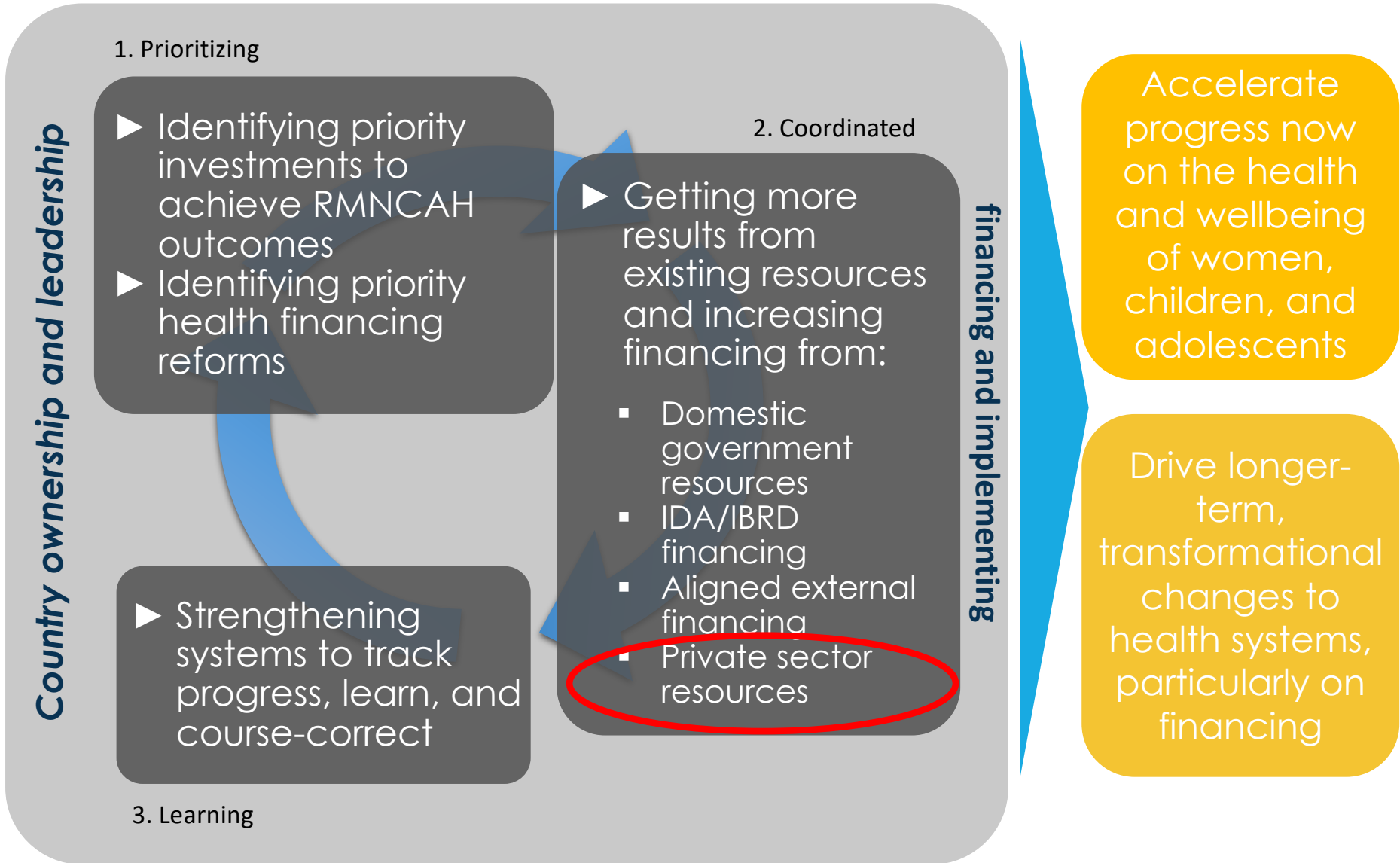


GFF Country Workshop,  
28 January – 1 February  
2018

# GFF Private Sector



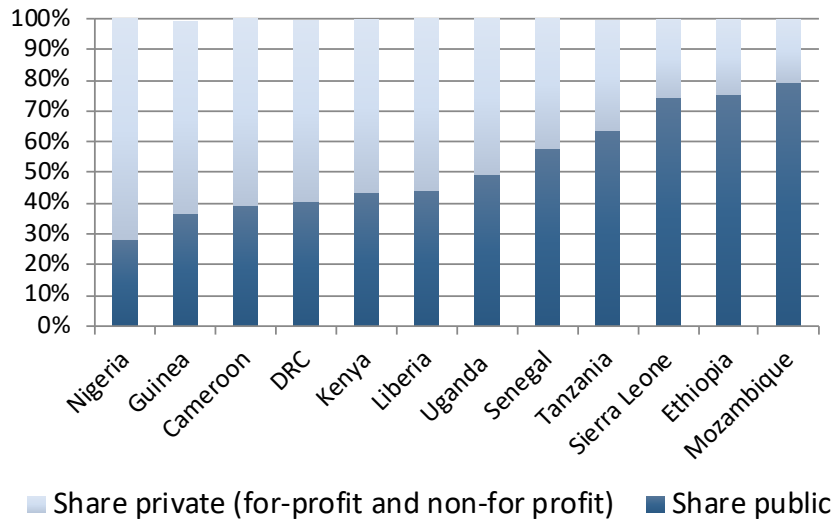
# How the GFF drives results



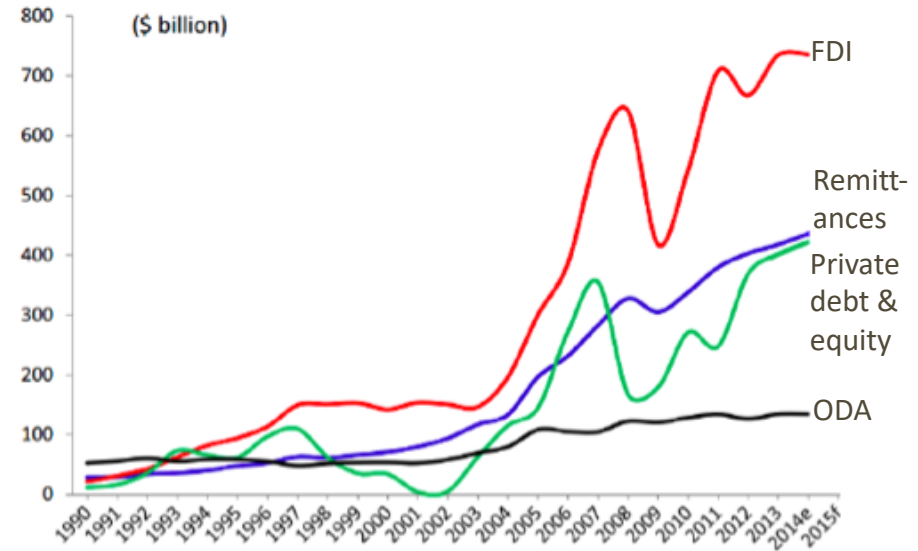
- ▶ Better sustainable RMNCAH-N outcomes
  - Strengthening systems to sustain RMNCAH-N outcomes
- ▶ Increased value-for-money and total volume of financing from:
  - Domestic resources
  - Financing from IDA and IBRD
  - External Financing
  - **Private sector resources**
- ▶ Impoverishment prevented in case of illness

# Why leverage private resources for RMNCAH-N?

Poor women and children already rely heavily on the private sector for care...



...and growth in private investment flows can provide additional resources for health



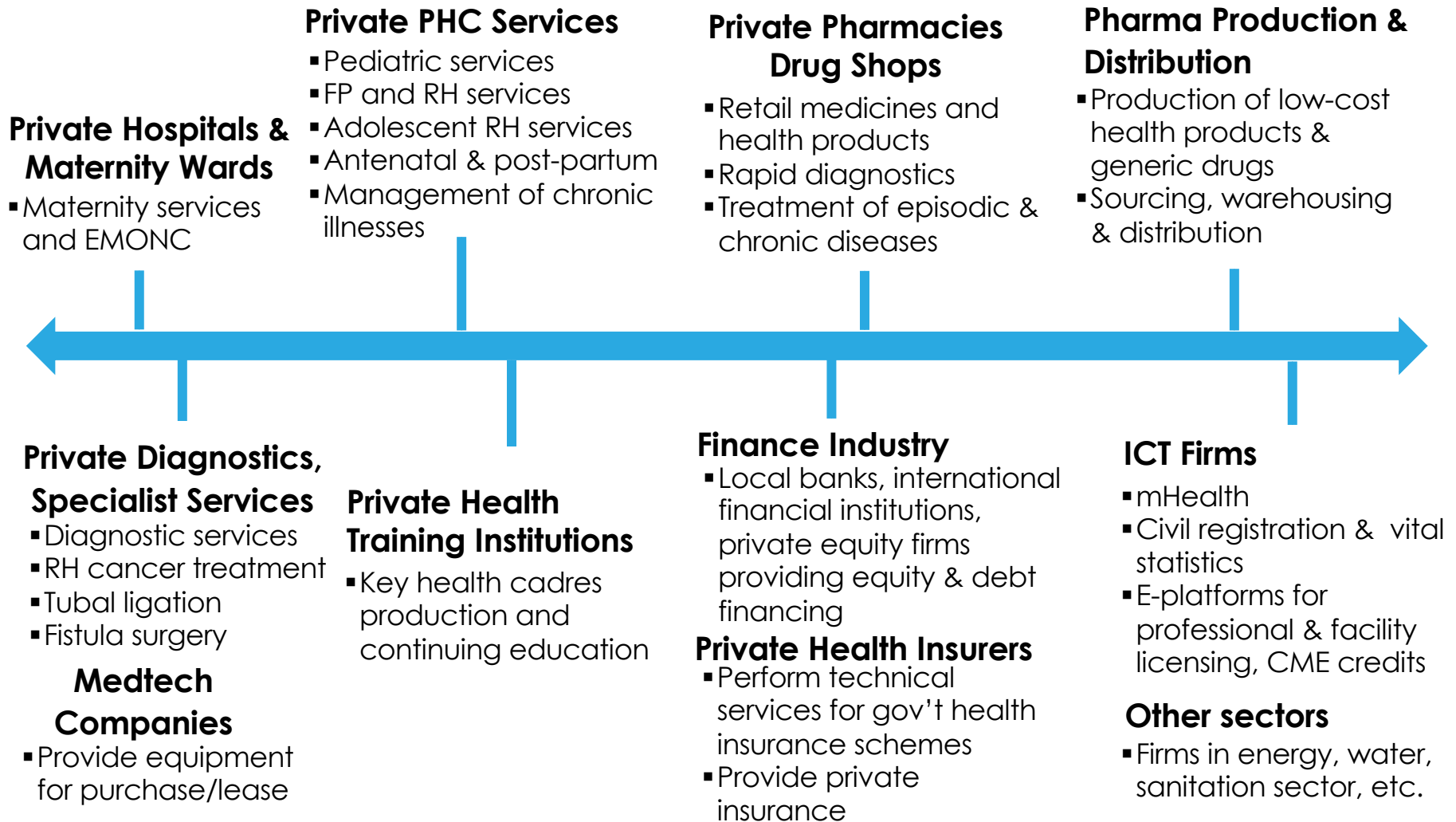
## Private sector can:

1. Provide financial resources e.g., innovative financing, complementary financing
2. Bring disruptive innovation e.g., new models of delivering health services and products
3. Provide critical capacity and expertise complementary to government e.g., contracting for essential health services

Sources: DHS data from PS4health (Source of pediatric curative care by type of provider, poorest quintile SSA; World Bank 2016)



# Broad range of private sector actors in health systems...



*\*Private service providers may be not-for-profit or for-profit*

# GFF's private sector strategy pathways

- ▶ **Developing innovative financing mechanisms to catalyze private sector capital for Investment Cases**
  - Performance-based grants to buy-down interest rate of IBRD loans (Guatemala, Vietnam)
  - Catalytic grants to de-risk private investments for RMNCAH-N for low-income populations
- ▶ **Facilitating partnerships between global private sector and countries**
  - Global companies e.g. MSD for mothers (US\$10 million GFF TF contribution + technical expertise)
  - Trade associations e.g. with DITTA\* and PATH to provide TA in medtech procurement for GFF countries
  - Private sector representation on GFF Investors Group (MSD for Mothers, Philips, Abt Associates)
- ▶ **Leveraging private sector capabilities in countries to deliver on Investment Cases**
  - Service delivery: contracting for primary care (e.g., Cameroon, Nigeria, DRC, etc.)
  - Private sector innovation in access and quality of care (Nigeria)
  - Supply chain solutions: private sector contracting for last mile distribution (Senegal)

## Challenges

- ▶ Lack of clarity on objectives for public-private dialogue (PPD)
- ▶ Inappropriate classification of private sector in health
- ▶ Private sector in health often heterogeneous and fragmented; difficult to engage effectively
- ▶ Lack of data available in initial phase of GFF process
- ▶ Limited in country capacity to manage private sector engagement effectively

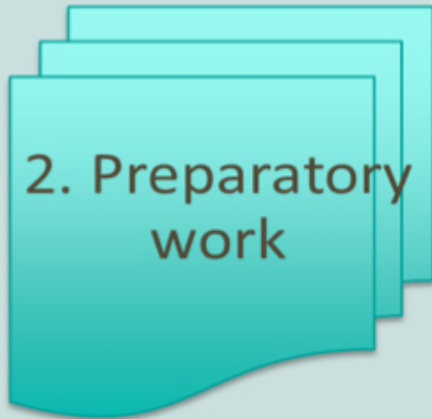
## What can GFF countries do?

- ▶ Leverage GFF multi-stakeholder country platform for PPD around IC priorities
- ▶ Identify and engage key private sector stakeholders early to bring in innovation, expertise and resources
- ▶ Private sector analysis in early stages of GFF Investment Case
- ▶ Build government capacity for managing private sector (e.g., establish/strengthen PPP units, contract management expertise, etc.) 7

# The ABCD of integrating private sector in IC process

## 0. Governance arrangements

A. Ensure PS representation in country platform and dialogue through IC process



B. Analysis of how PS is currently contributing to RMNCAH-N outcomes; private sector in resource mapping

C. Define if/how private sector can contribute to prioritized results in IC

D. Complementary financing; continuous dialogue with PS during IC implementation

## A: Private sector in GFF country platforms

- ▶ Platform for dialogue and shared objectives between pvt. sector, government and development partners
- ▶ Private health sector often organized around common area of interest
- ▶ Federations may not include broader range of actors e.g., financial institutions, logistics companies etc.
- ▶ Who can represent private sector in GFF country platform?
  - Private health sector federations
    - Ideally inclusive of both for profit and not-for-profit actors across health system areas
    - If multiple health associations exist (e.g., FBO, private for profit, etc.), choose common representative for the constituency to inform/get feedback from various groups throughout process
    - If country focus on specific health systems area at start of Inv. Case, can represent on platform e.g., supply chain- logistics providers
  - Private sector alliances of companies across sectors (not health specific)

# Private sector working group in country platform

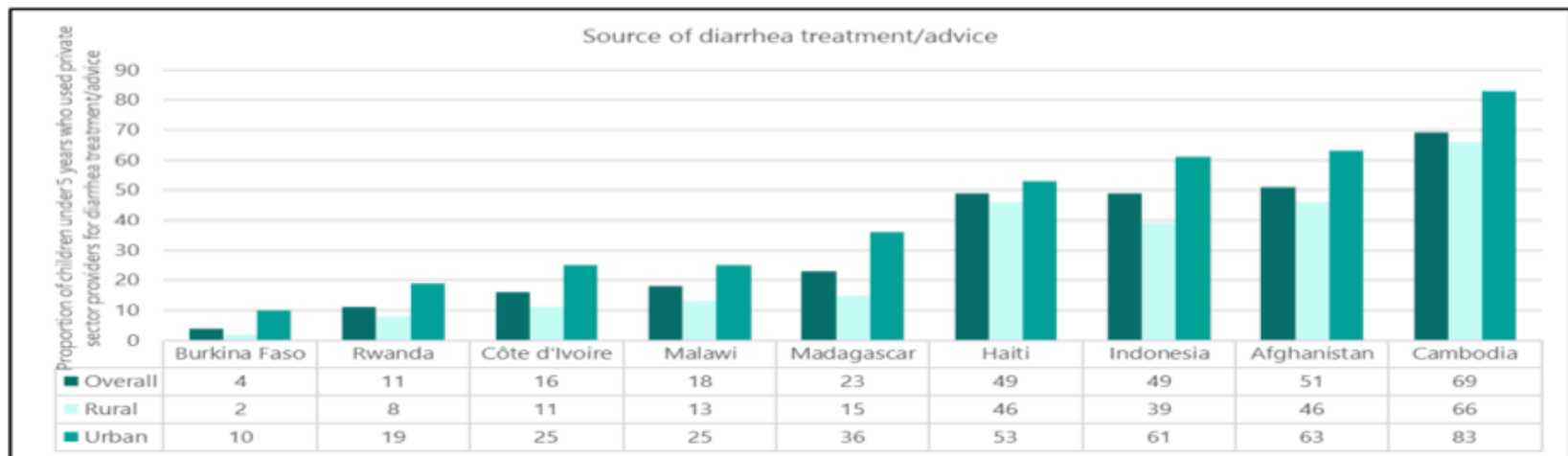
- ▶ Important to engage broad set of private sector actors for Investment Case process
- ▶ One private sector representative on overall country platform; leads smaller “private sector working group” created to outline PS contribution to Inv. Case priorities
  - PS representative is accountable to PS constituency; two way information flow between constituency and country platform
  - Working group will focus on defining role of private sector in achieving Inv. Case results (capacity, expertise, innovation, resources, etc.)
  - Helps draw in wider range of private sector expertise (beyond service provision), particularly in countries where private sector not well organized
- ▶ Broad consultations with private sector can be held from time to time at specific points in Inv. Case process



# B: Essential analysis of private sector role

## ► At the start of the GFF Investment Case process:

- DHS data analysis of care-seeking for key RMNCAH-N services: where is private sector is playing significant role in service delivery?
- Analysis across income quintiles and rural/urban variation critical
- Analysis helps MoH engage appropriate private sector representatives in country platform and identify opportunities for contracting, PBF, vouchers, etc.



## ► Private sector resource mapping:

- Consult with private sector for financial or in-kind contribution to IC priorities
- Include key partner private sector RMNCAH-N initiatives funded outside of GFF TF but with aligned objectives (e.g., USAID SHOPS Plus), valuable resources can often be overlooked

# B: Options for additional private sector analysis

## If Health System Area(s) Identified

## If Health System Area(s) Not Identified

### Health Market Analysis

*Moderate investment*

- ▶ Deep dive analysis of specific health system area linked to RMNCAH-N priority
- ▶ Analyses interaction between supply, demand, policy context in specific health system area
- ▶ Can be done as part of overall Investment Case analytical work

### Private Sector Assessment

*Substantial Investment*

- ▶ MoH open to partnering with PS but *not identified* opportunities
- ▶ Conduct Private Sector Assessment
- ▶ Landscape overall health sector
- ▶ Systematic review of policy environment, regulatory regimes
- ▶ Analysis of supply/ demand in several health system areas
- ▶ Recommendation of private sector opportunities

### Market Scoping

*Modest Investment*

- ▶ MoH open to partnering, not identified opportunities, *limited time and resources*
- ▶ Conduct market scoping as part of IC analysis; uses existing data (e.g. MOH stats, DHS, NHA):
  - Health financing analysis
  - Demand and supply analysis of DHS in RMCAH focus areas
  - Summary of PS policies

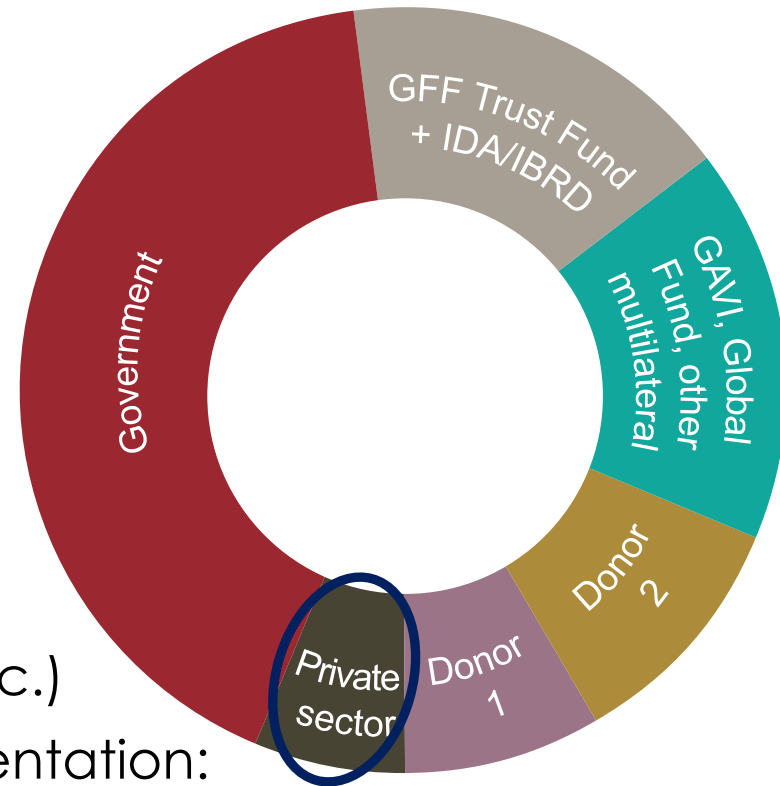
Analysis can be financed by GFF Investment Case, partners (USAID/World Bank/IFC, etc.)

## C. Define if/how private sector can contribute to country priorities

Examples of PS engagement	Sample Indicators
1. Policy and Dialogue	<ul style="list-style-type: none"><li>▶ Private sector representation in GFF country platform</li><li>▶ Level of dialogue between public and private sectors in Investment Case discussions</li></ul>
2. Information Exchange	<ul style="list-style-type: none"><li>▶ Information flows between public and private sectors</li><li>▶ Private sector facilities linked to national HMIS and disease surveillance</li></ul>
3. Regulation	<ul style="list-style-type: none"><li>▶ X policy drafted/implemented/enforced to support private sector provision of quality RMNCAH-N services</li><li>▶ Registration of private health facilities</li></ul>
4. Financing	<ul style="list-style-type: none"><li>▶ Private sector philanthropic funding/in kind contribution for Investment Case priorities</li><li>▶ Private investment in RMNCAH-N areas</li></ul>
5. Provision of Services	<ul style="list-style-type: none"><li>▶ Purchasing arrangements to pay for services/goods provided by private sector (contracts, PBF, vouchers, service level agreements, etc.)</li><li>▶ Private sector innovations (in product or process) to improve access/quality/affordability of services</li></ul>

## D. Operationalization

- ▶ Complementary financing:
  - Private sector philanthropy
  - Private sector investment
- ▶ Results framework and M&E:
  - Indicators/targets for private sector
  - contributions to IC (including service delivery)
  - Roles and responsibilities  
(who is accountable for delivery of result, how results will be tracked, etc.)
- ▶ Continued dialogue through implementation:
  - Public-private dialogue throughout implementation enables refinement and modification when needed for achieving proposed results
- ▶ Private sector opportunities beyond Investment Case process
  - Analysis/dialogue around private sector partnership can continue after IC process, particularly where deep dive assessments are being undertaken



Range of experiences tailored to country context...

- ▶ Cameroon- service delivery, additional resources
- ▶ Nigeria- innovation for fragile contexts
- ▶ Senegal- supply chain innovation

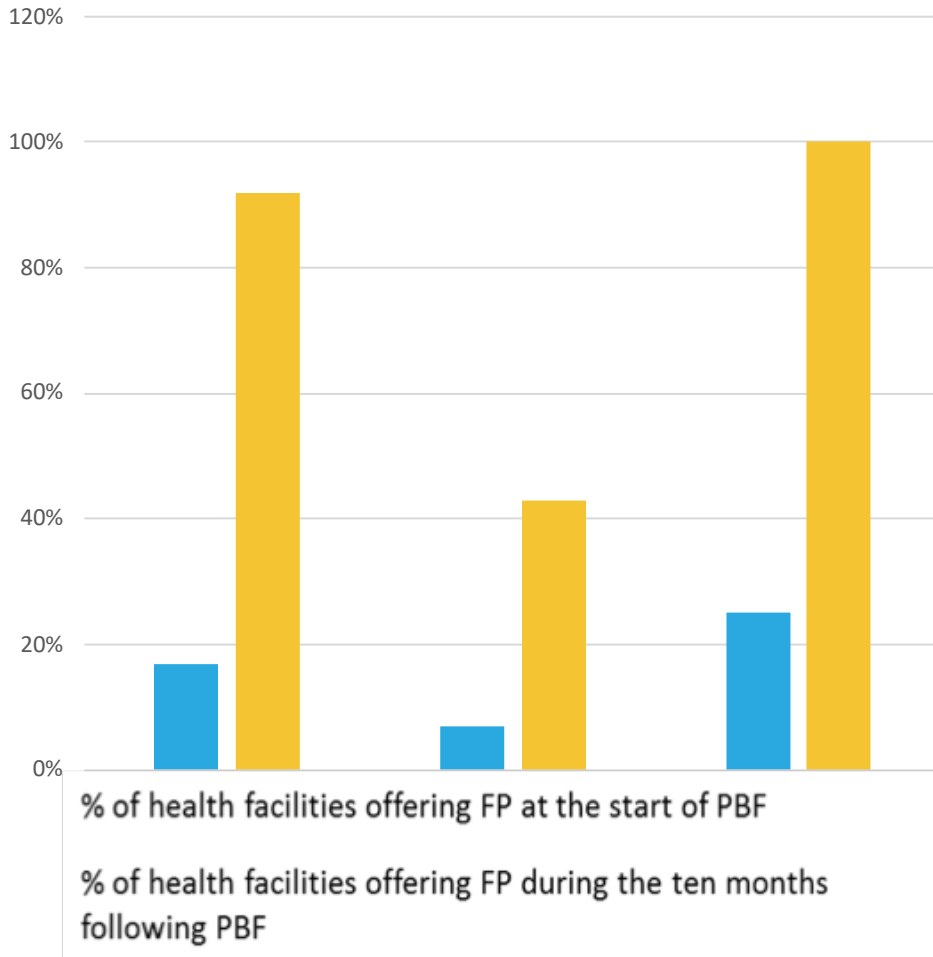
# Cameroon: Service Delivery

- ▶ Evidence based approach: over half of health facilities private, hence included in GFF-supported performance-based financing (PBF) project
- ▶ With PBF, private facilities have same performance contracts as public facilities for provision of a package of services
- ▶ All health facilities with a PBF contract receive:
  - PBF subsidies proportional to their performance;
  - Coaching and quarterly supervision to improve performance;
- ▶ All PBF facilities produce monthly reports for the MOH
- ▶ Subsidies are higher for private sector to match higher costs of provision
- ▶ Successful PBF pilot is now being scaled up nationwide

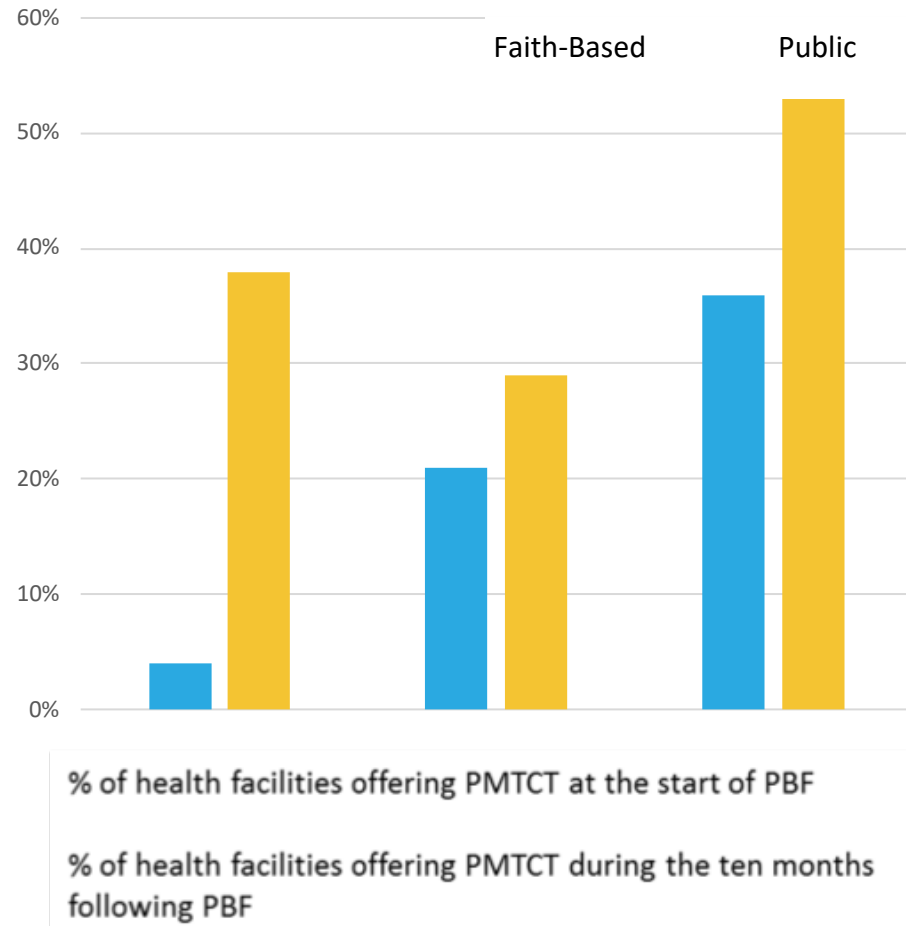


# Cameroon PBF stimulated the private sector to increase availability of services...

**% of health facilities providing FP at the start of PBF and during the ten following quarters**

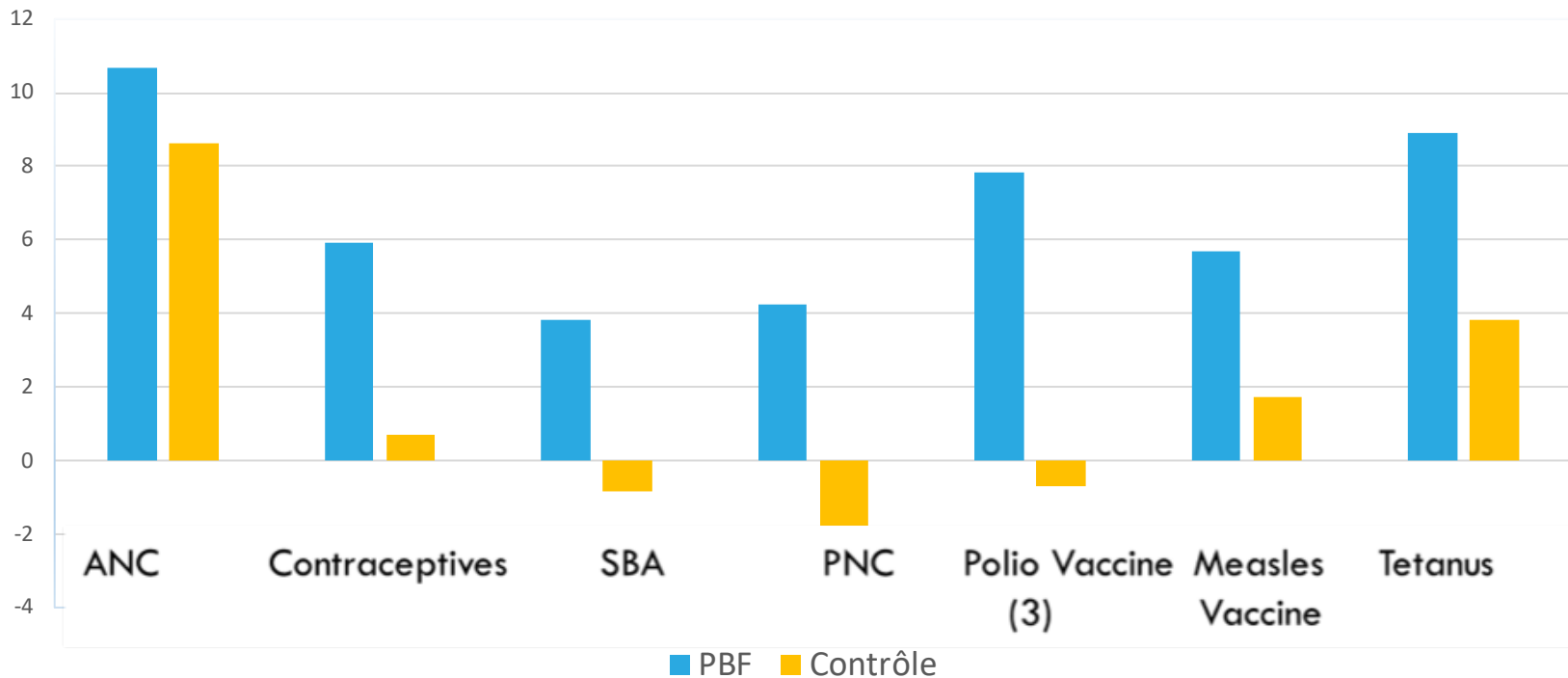


**% of health facilities providing PMTCT at the start of PBF and during the ten following quarters**



# Cameroon PBF private facilities showed increased provision of services...

**Change in the average number of services provided in private for-profit health facilities, PBF vs. Control, 2012-2015**



PBF facilities also showed improvement in quality of care in both private and public facilities (in terms of facility cleanliness and equipment sterilization; pharmacy management, financial management, etc.)

# Cameroon: Mobilization of additional private sector resources for RMNCAH-N

- ▶ Through local private sector alliance, Cameroon MoH and private sector companies had discussions about GFF Investment Case (e.g., oil and telecom companies)
- ▶ Private sector asked what resources they could contribute towards RMNCAH priorities in Inv. Case
- ▶ Companies such as Addax Petroleum, Orange Cameroon and MTN Cameroon have agreed to support:
  - Provision of biomedical equipment for delivery and newborn care
  - Mass media communication
  - SMS for health
- ▶ MoH leadership and outreach was critical in this process

# Nigeria: Service Delivery Innovation Challenge (SDIC)

- ▶ Successfully contracted private sector in conflict-affected areas of N.East (public sector health infrastructure was severely damaged)
- ▶ Nigerian Federal Ministry of Health (FMOH) wanted private sector innovation and expertise in GFF Investment Case
- ▶ Innovation challenge:
  - FMOH partnered with Healthcare Federation of Nigeria (HFN), Private Sector Health Alliance of Nigeria (PSHAN), Sterling Bank, World Bank, GFF and IFC to launch Nigeria Service Delivery Innovation Challenge
  - Private sector proposals invited for RMNCAH-N service delivery innovations for fragile settings, with the top 3 proposals included in Nigeria's Investment Case
  - High level support: Minister of Health and Vice-President of Nigeria attended showcase event; signaling effect for private sector

# Nigeria: Criteria for innovations

The solutions short-listed linked to the GFF investment case priorities and complemented Governments capacity and initiatives under 4 tracks:

- ▶ Coverage of RMNCAH & Nutrition Services
- ▶ Quality of Care
- ▶ Civil Registration and Vital Statistics
- ▶ Access to Medicines
- GFF focus is on scaling results, not pilots: innovations had to be in post-pilot stage

S/N	Innovators	Name of Innovation	Type of Organisation	Problem Statement	Thematic Area
1	InStrat Global Health Solutions Ltd	VTR Mobile and CliniPAK	For Profit	<b>TRACK 2:</b> Quality of Care & <b>TRACK 3:</b> Civil Registration and Vital Statistics	<b>R + AH</b>
2	H. Care City Ltd	Health Literacy Promotion	Social Enterprise	<b>TRACK 1 -</b> Coverage of RMNCAH and Nutrition Services	<b>R + AH</b>
3	PharmAccess & the Society For Health	SafeCare, Social Marketing and Franchising	Non Profit	<b>TRACK 2:</b> Quality of Care	<b>RMNCAH + N</b>
4	One Medical	One Medical (Cloud EMR)	For Profit	TRACK 3: Civil Registration and Vital Statistics	<b>R + AH</b>
5	Wellbeing Foundation Africa	MamaCare Antenatal and Postnatal Programme	Non Profit	<b>TRACK 1 -</b> Coverage of RMNCAH and Nutrition Services	<b>Maternal Health</b>
6	Healthnob	Healthnob	Social Enterprise	<b>TRACK 1 -</b> Coverage of RMNCAH and Nutrition Services	<b>RMNCAH + N</b>
7	Africare	Maternal Waiting Homes (MWHs)	Non Profit	<b>TRACK 1 -</b> Coverage of RMNCAH and Nutrition Services	<b>Maternal Health</b>
8	RxAllng	RxAllng	Social Enterprise	<b>TRACK 4:</b> Access to Medicines	<b>RMNCAH + N</b>
9	Riders for Health	Riders	Social Enterprise	<b>TRACK 1 -</b> Coverage of RMNCAH and Nutrition Services	<b>Maternal Health</b>

## Nigeria: Lessons learnt from SDIC

- ▶ **Leadership and political will:** critical to identify high-level champions from both government and private sector to bring key stakeholders together
- ▶ **Clarity around objectives and criteria** for innovations, with a strong link to the Investment Case priorities
- ▶ **Transparency of selection process** is essential to gain adequate participation from private sector
- ▶ **Financial sustainability** over longer term an important consideration in selection of proposals

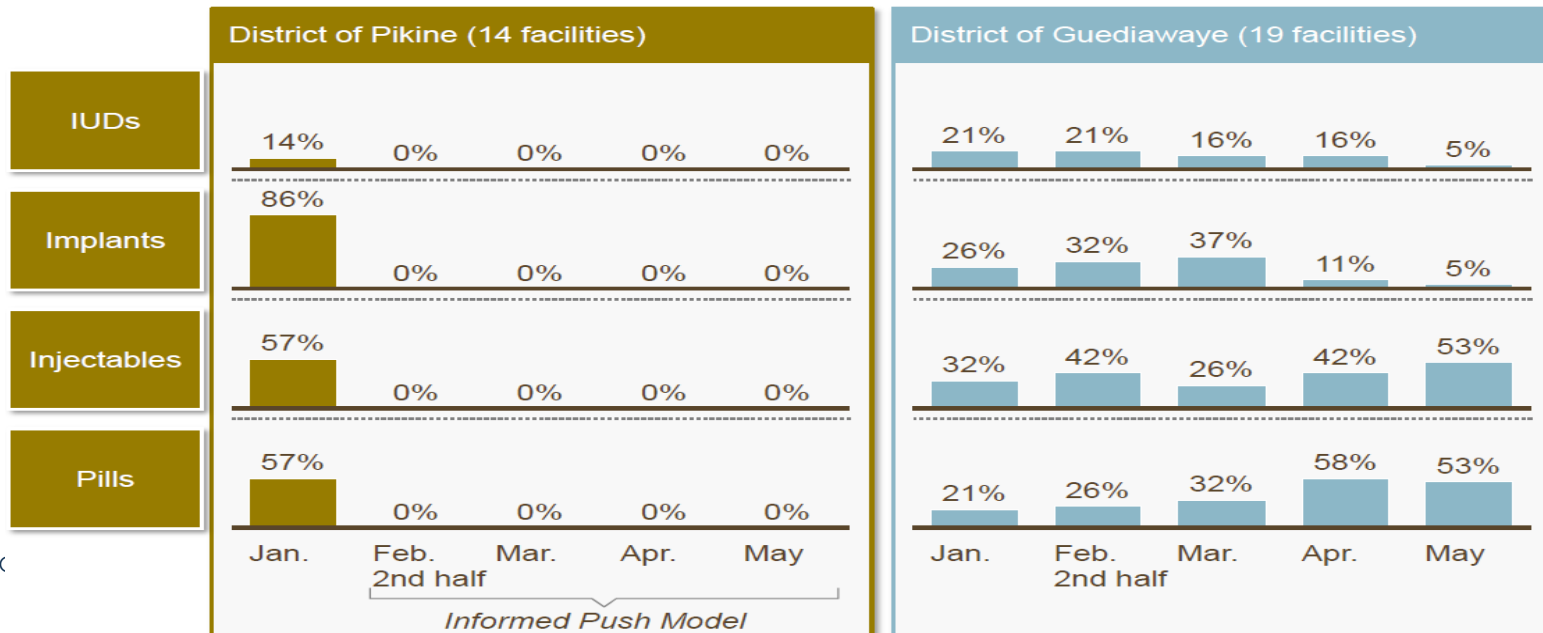


# Senegal: Supply chain innovation with private sector

- ▶ Senegal's FP progress on FP inhibited by severe and persistent stockouts of essential FP commodities in public facilities (implants 85%, injectables 42%)
- ▶ BMGF and MSD for Mothers supported supply chain innovation pilot for FP commodities called Informed Push Model, launched in 2012
- ▶ Using private distributors to transport commodities to the last mile, average stockout rate of FP commodities reduced to <2%

## Results of IPM launch across comparison districts (2012)

% of health facilities with a product stocked-out for at least one day in the given period



# Key elements of the “push” model

## The former “pull”-based supply chain

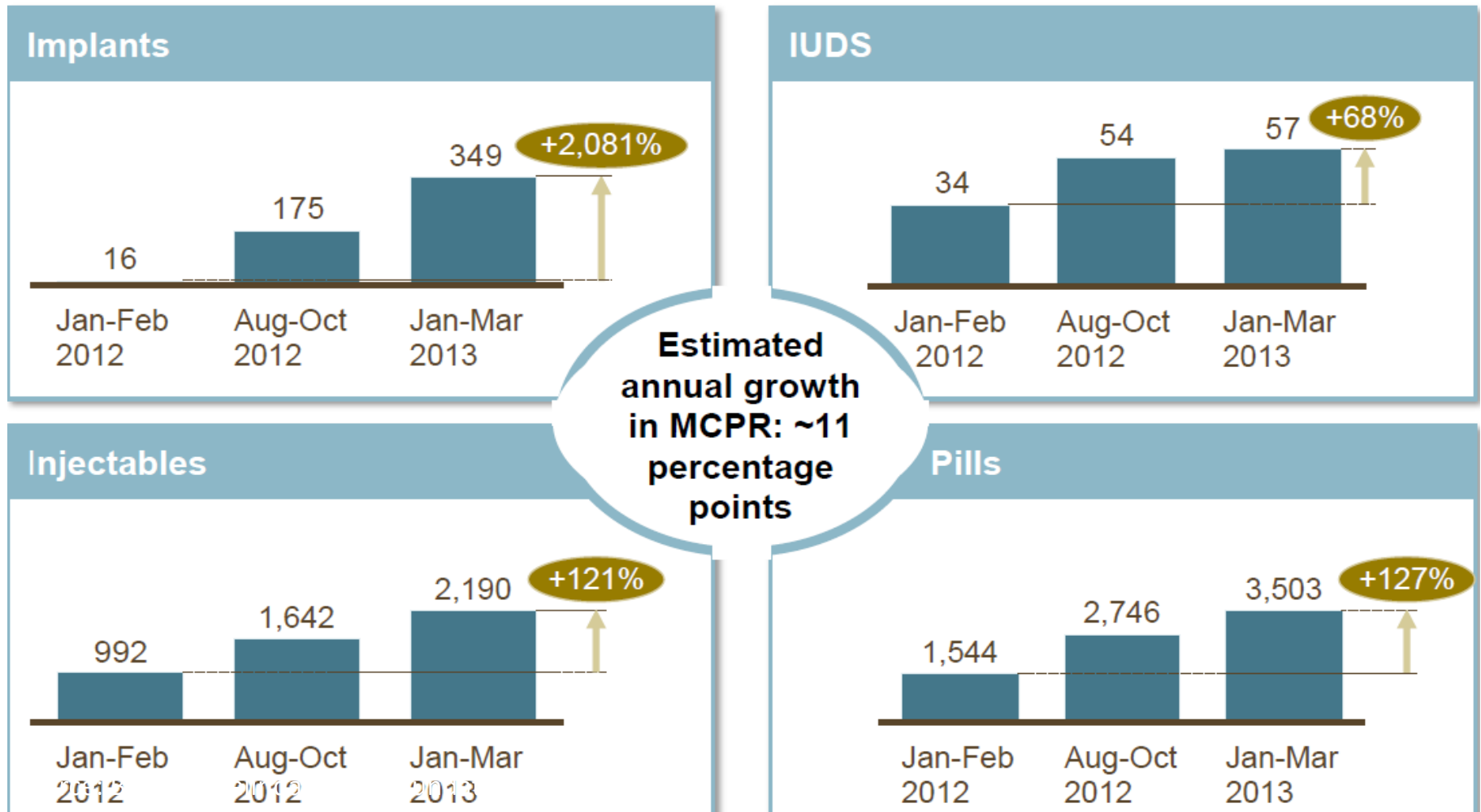
- **Medical staff responsible for logistics** (forecasting, ordering, collecting the products from local warehouse)
- **Pull system** based on **forecasting and orders**
- **Products are paid for** by health centers and health posts **prior to sale**

## The integrated “push”-based supply chain

- **Regular scheduled delivery of products with no order required**
- Operator **collects and compiles data on consumption and stock levels** on each delivery and **immediately sends** to managers
- Products are **paid for after sale at the health center**

# Senegal: Availability of commodities increased uptake...

Monthly average consumption and absolute growth in pilot district after one year of IPM:



# Senegal: Scale up and transition

- ▶ Success of FP pilot led to expansion of the IPM model nationwide for FP commodities, followed by introduction of other health products
- ▶ Senegal government now expanding IPM model nationwide for ~100 products under “Jegesi naa” (to district level) and “Yeksi naa” (to last mile service delivery point) programs
- ▶ GFF and other partners supporting IPM expansion with transition financing:
  - Pharmacie Nationale d'Approvisionnement du Sénégal (PNA) takes over nationwide operations from IntraHealth International
  - A sustainable financing plan to be put in place mid-2018

# Resources:

- ▶ Global Financing Facility private sector <https://www.globalfinancingfacility.org/partner/10>
- ▶ GFF Managing Markets for Health online course (March 2017) <https://m4h.sps.ed.ac.uk/>
- ▶ GFF-USAID Uganda Private Sector Assessment (RMNCAH excerpt) [https://www.globalfinancingfacility.org/sites/gff\\_new/files/document/s/Uganda-Private-Sector-Contributions-to-RMNCAH.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/document/s/Uganda-Private-Sector-Contributions-to-RMNCAH.pdf)
- ▶ USAID SHOPS Plus [www.shopsplusproject.org](http://www.shopsplusproject.org)

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