

GFF Private Sector

GFF Country Workshop
Tanzania

September 17-22nd 2018



GFF supports countries to get on a trajectory to reach the SDGs and UHC through three related approaches

Country ownership and leadership

- ▶ Identifying priority investments to achieve RMNCAH outcomes
- ▶ Identifying priority health financing reforms

- ▶ Strengthening systems to track progress, learn, and course-correct

- ▶ Getting more results from existing resources and increasing financing from:
 - Domestic government resources
 - IDA/IBRD financing
 - Aligned external financing
 - Private sector resources

Early GFF country experiences with private sector

Challenges

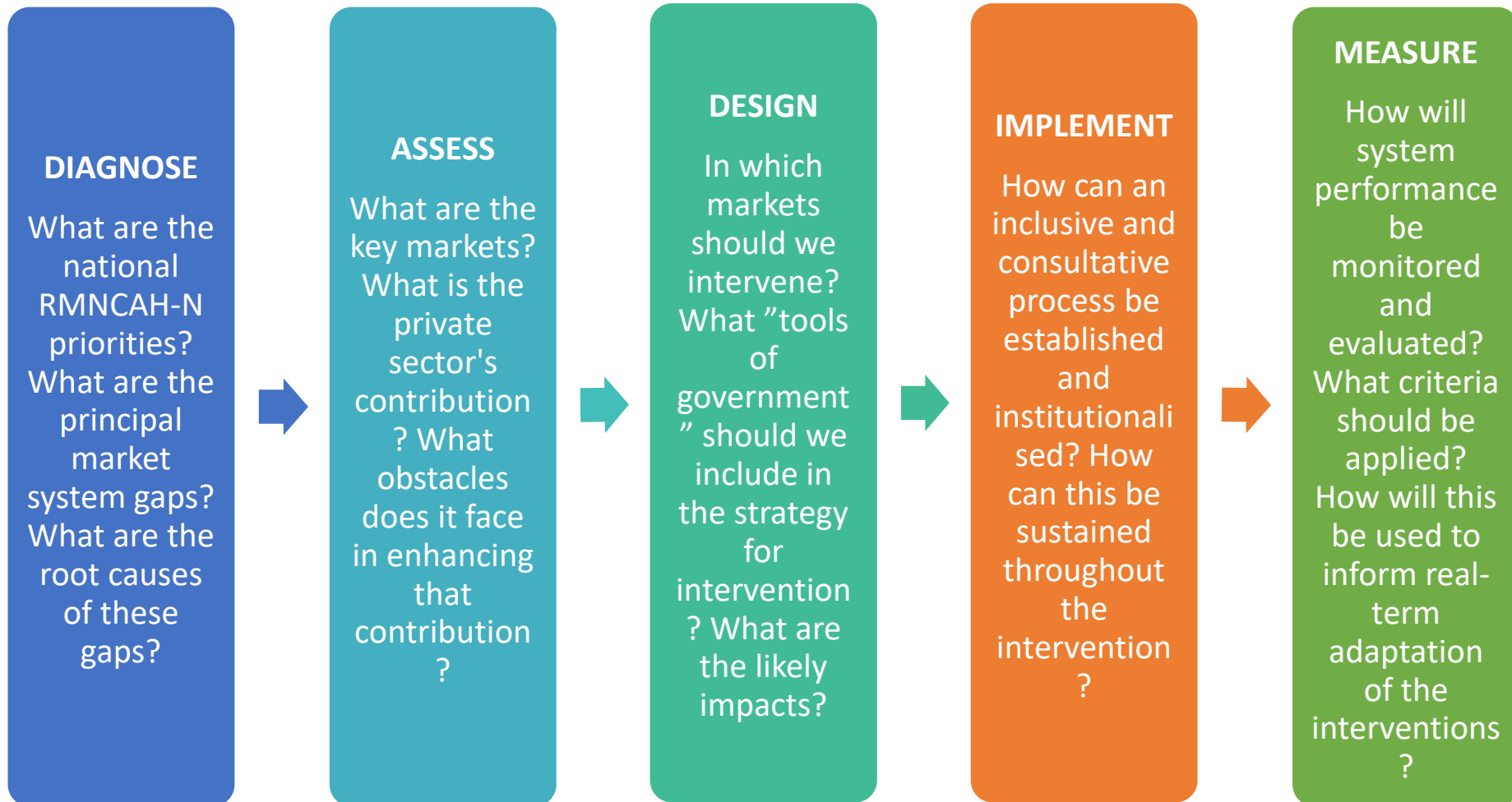
- Private sector in health often heterogeneous and fragmented; difficult to engage effectively
- Lack of clarity on objectives for public-private dialogue (PPD)
- Lack of data/inadequate data on available on private sector
- Limited in country capacity to strategically select and effectively manage private sector engagement
- Private sector opportunities may require different timeline than rest of IC

What can GFF countries do?

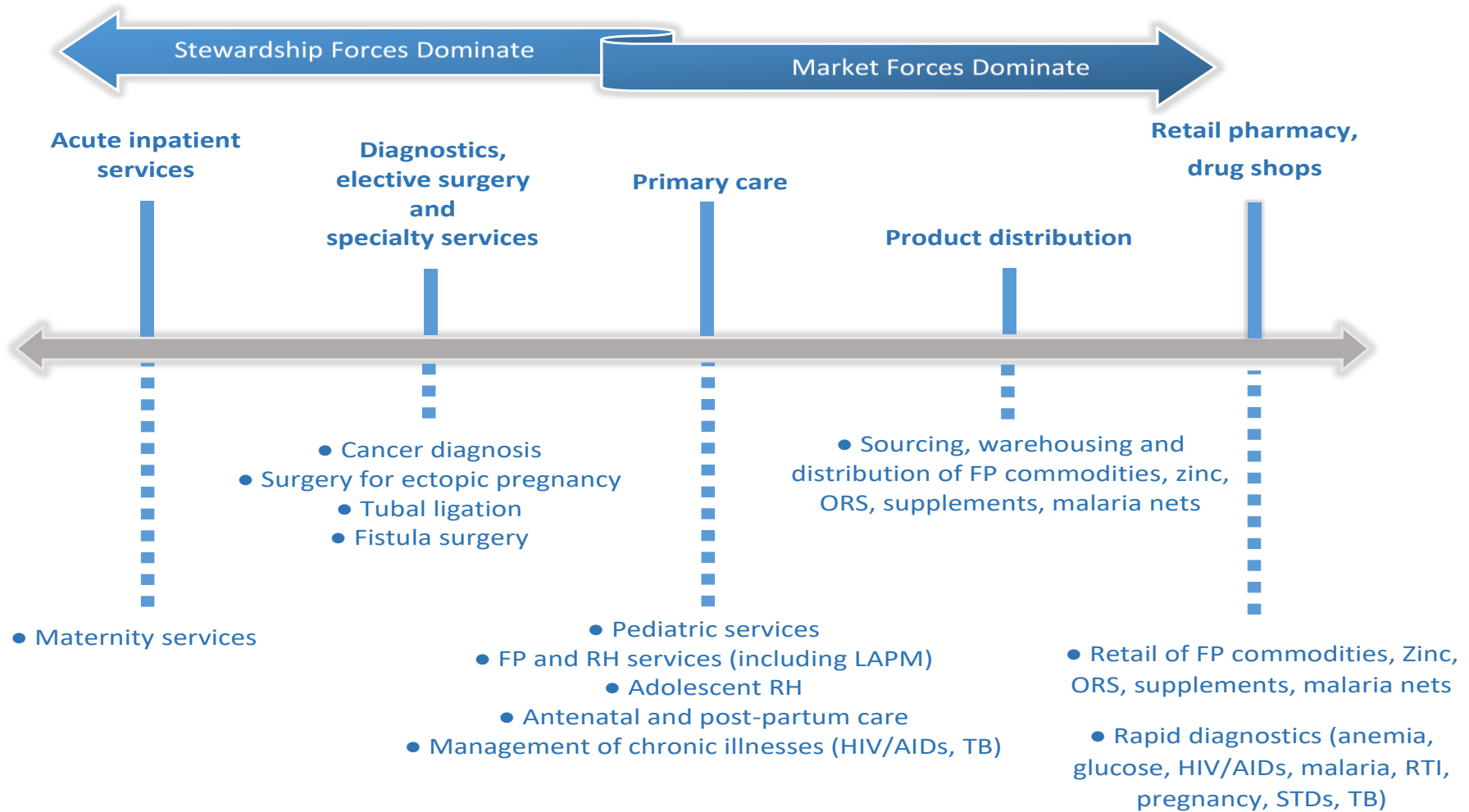
- IC is a living document- private sector opportunities can be identified at any point in design or implementation of IC
- Use strategic frameworks and analysis to identify private sector opportunities linked to GFF IC, for innovation, expertise and resources
- Leverage GFF multi-stakeholder country platform or other technical groups for PPD around IC priorities
- Build government capacity for managing private sector (e.g., establish/strengthen PPP units, contract management expertise, etc.)

How can GFF countries engage private sector more strategically?

GFF Managing Markets for Health (MM4H) framework



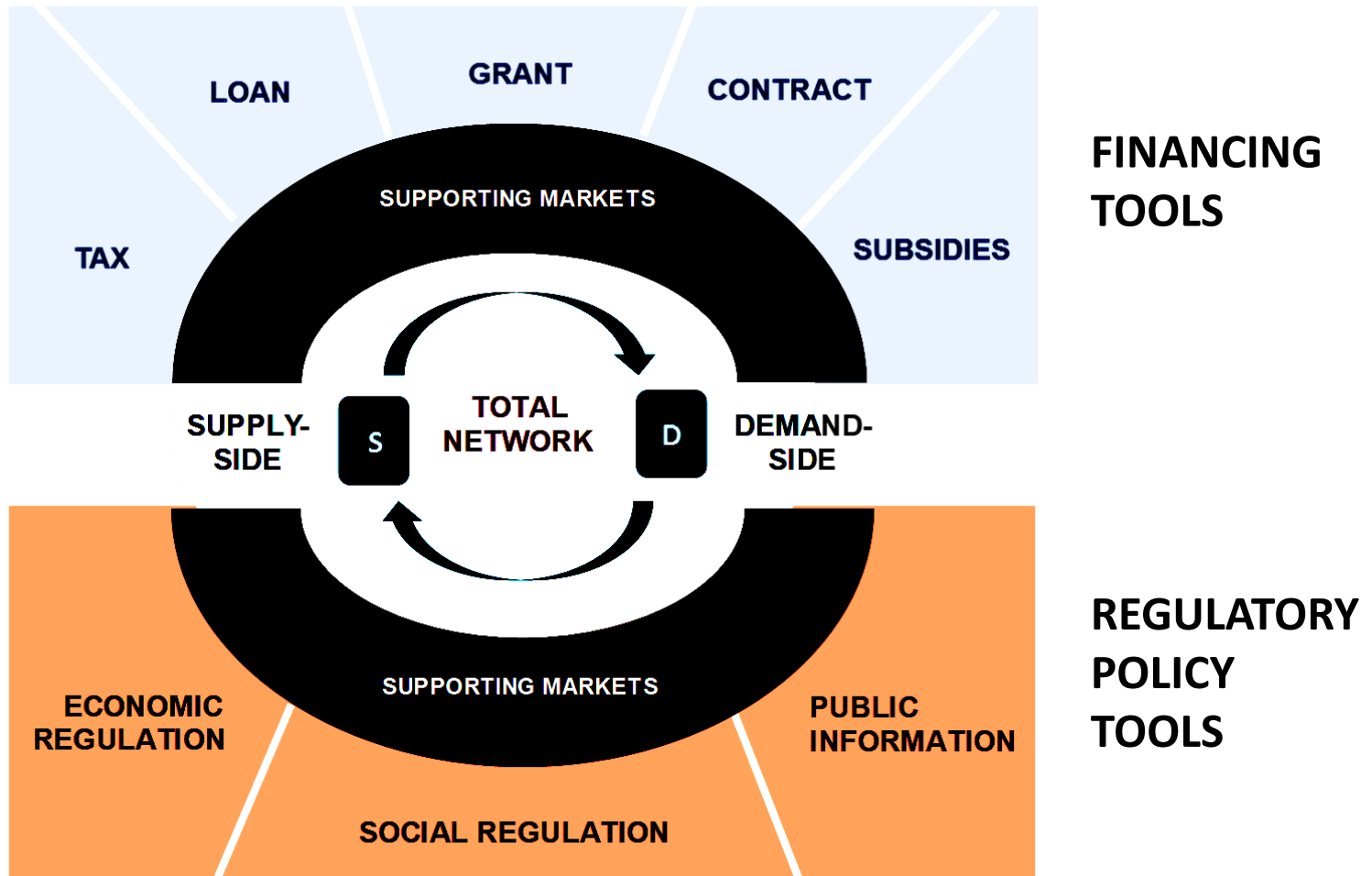
GFF MM4H FRAMEWORK: Which RMNCAH-N markets to choose?



Market force dominated areas can be easier to intervene in and create a shift, versus in more heavily regulated markets with strong government role...

GFF MM4H FRAMEWORK: Designing interventions using Tools of Government

Based on analytical work and policy priorities, governments can use various “tools” to structure interventions to influence private sector...



DIAGNOSE

- No map of private sector resources
- Poor quality of care
- Lack of supervision and regulation
- Weak licensing structures
- Resource in private sector not mobilised
- Need demand creation in private sector

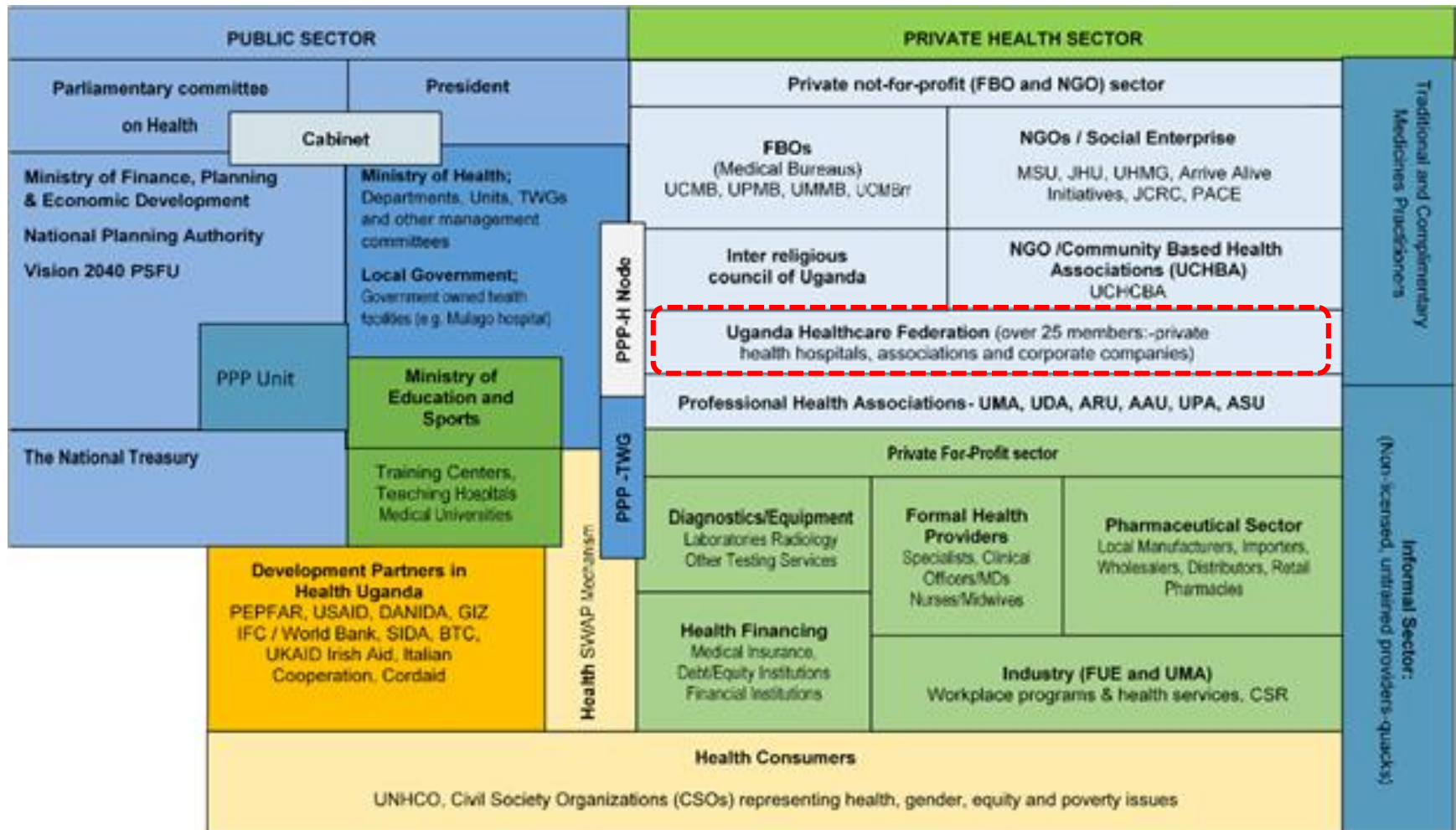


ASSESS

PSA confirmed challenges and highlighted pockets of inefficiency

- Explosion of private sector facilities
- Inefficient duplicity in licensing and renewal process (facility & HRH)
- Uncoordinated cumbersome supervision (facility & HRH)
- Need to understand private sector relevance, size and scope
- Need to consolidate data on private sector activities
 - Poorly tracked HRH
- Poorly tracked QI mechanism

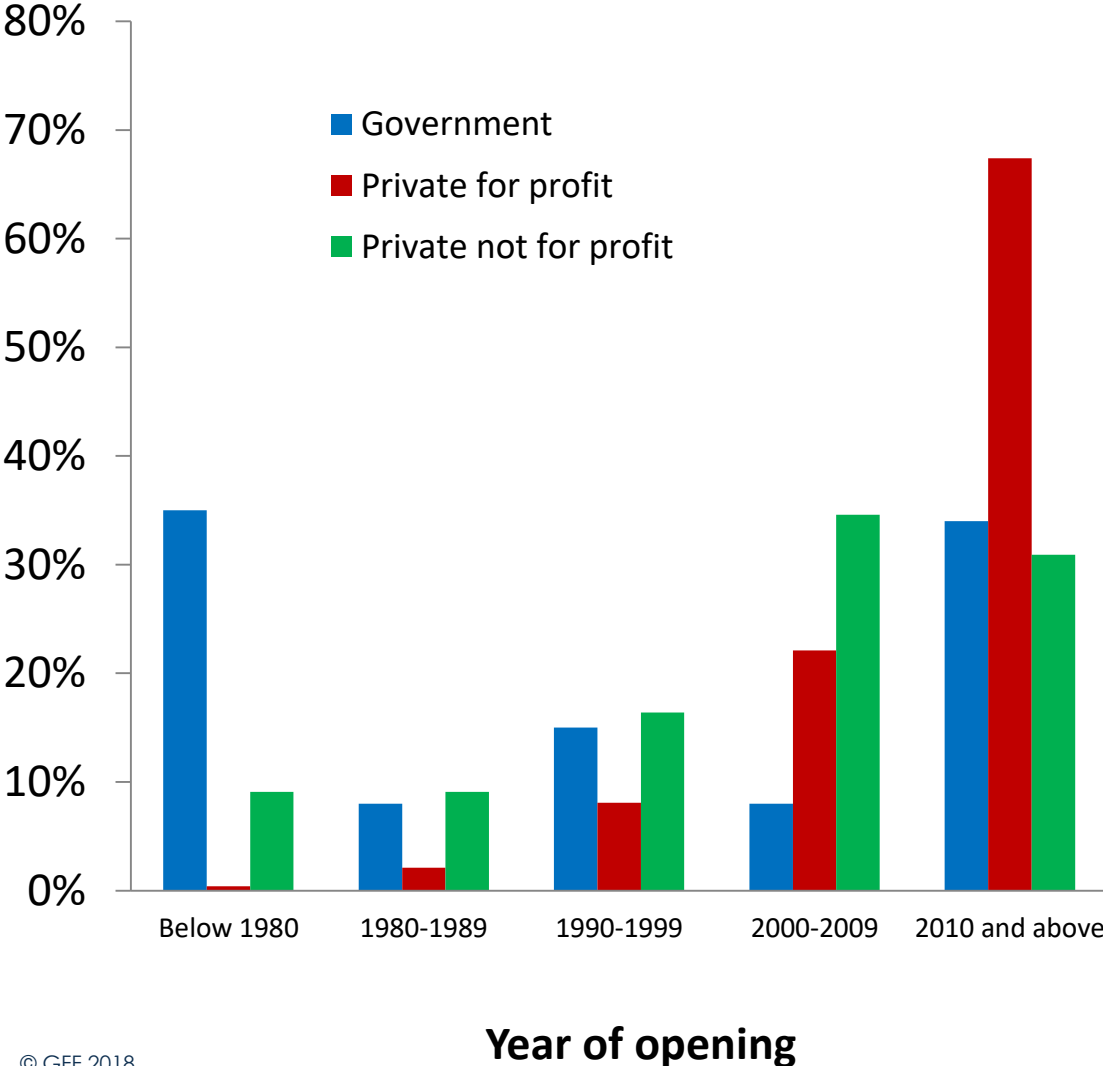
Uganda Health Sector Landscape



PSA highlighted several systemic gaps and challenges

- Unavailability of data
- Poor and fragmented sector data
- Silos of information
- Systemic weaknesses exploited (internally and externally)

Snapshot of Kampala Health Facilities:



- Kampala has 1554 facilities
 - 1367 PFP (94%)
 - 55 GOU
 - 26 PNFP
- 300% increase in PFP in last 10 years in Kampala
- 88% of the health facilities in Kampala have opened in the last 17 years
- In Kampala 73% registered while 81% licenses not valid

DESIGN

Linked e-platforms for:

- HRH licensing platform
- Quality improvement (SQIS)

Ensure system access by
GOU, Private Sector &
Consumers

Co-funded by GFF
partners including GFF
trust fund, WB, USAID &
MSD for mothers

**Tools of government
used: social regulation &
public information**



IMPLEMENT

To ensure inclusion:

Private sector
inclusion:

1. Stakeholder consultation
2. Technical design
3. Benchmarking
4. Testing
5. Roll out

Address digital bugs
and practical
challenges of uptake as
roll out



MEASURE

SQIS:

- # facilities enrolled on platform
- # facilities self assessed
- # health professionals licensed using platform
- Timely license renewal 100% within 60 days of expiry
- License issued within 72 hours

Results to date:

- UHF members (Social franchises - 600+ facilities, UPMA - 400+ facilities, & other stand alone facilities)
- WB and USAID Voucher plus facilities
- Peer to peer supervision with regulator
- 580 of 2300 HF have digitized assessments
- Self Assessment Findings:
 - Average score 73%
 - 61% score less than 80% pass mark
 - 63% of Kampala facilities score <80%
 - 54% outside Kampala score <80%
 - Weak areas:
 - HR management and development
 - Record keeping
 - Governance and leadership
 - Good scores:
 - Laboratory
 - Infrastructure
 - Client relations

GFF MM4H FRAMEWORK IN PRACTICE: Nigeria



Private sector in the Basic Healthcare Provision Fund (BHCPF)

Diagnose

- High MMR, IMR, NMR, Low CPR, Stunting.
- Poor health outcomes from weak accountability and governance
- High OOP
- Lack of prioritization of health in budgets
- Political and health reforms and Inability to harness the Private Sector

Assess

- PS provide 60% of healthcare services (Dutta et al., 2009)
- Poor Government coordination with the PS
- Extensive private provision and utilization *
- Widely varied stakeholders including quality

ASSESS: Obstacles to PS contribution to service delivery in Nigeria

CONSTRAINTS	EXAMPLE
Weak risk pooling mechanisms	<i>High out of pocket payments</i>
Constraining regulations	<i>Weak enforcement of regulation results in a dearth of information about the scale and scope of privately provided care FISCAL POLICY: High tariffs on medical equipment hinder much needed expansion and improvement of the services provided by the private sector; HRH: Restrictions on the recognition of credentials acquired abroad;</i>
Lack of enforced and enforceable quality standards	<i>Regulation of the service providers by the various State Ministries of Health (SMOHs) varies as there is no national standard to benchmark them</i>
Lack of access to capital	<i>Demand side: governance structures and management skills Supply side: High costs of borrowing, short tenor of loans and high currency risk.</i>
Health worker supply for critical functions	

GFF MM4H FRAMEWORK IN PRACTICE: Nigeria



Private sector in the Basic Healthcare Provision Fund (BHCPF)



Tools of government involved:

- A. Financing Tools- Contracts with private facilities
- B. Regulatory Policy Tools- Social regulation: facilities have to be accredited, public Information

GFF partnership resources to support countries on private sector

- GFF secretariat technical specialists and consultants
- Private sector expertise in range of areas through GFF global thematic partnerships e.g., [UPS Foundation, Merck for Mothers on private sector supply chain expertise](#)
- [Global Financing Facility private sector webpage:](#)
 - [GFF Managing Markets for Health online toolkit](#)
 - [GFF-USAID Uganda Private Sector Assessment \(RMNCAH excerpt\)](#)
- World Bank Health in Africa specialists
- IFC specialists (health investments, PPPs)
- [USAID SHOPS Plus](#)
- Gavi and Global Fund private sector supply chain initiatives

- Questions?
- Experiences: challenges, solutions...

To what extent is the private sector able to contribute to improving RMNCAH-N and/or strengthening health system in your country (whether currently involved or has potential to contribute)? Scale of 1-7

- How would you assess whether to move forward on partnering with private sector?
- Are there any challenges in engaging with private sector in the country platform? What are some ways this can be improved?

ANNEX

Types of 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

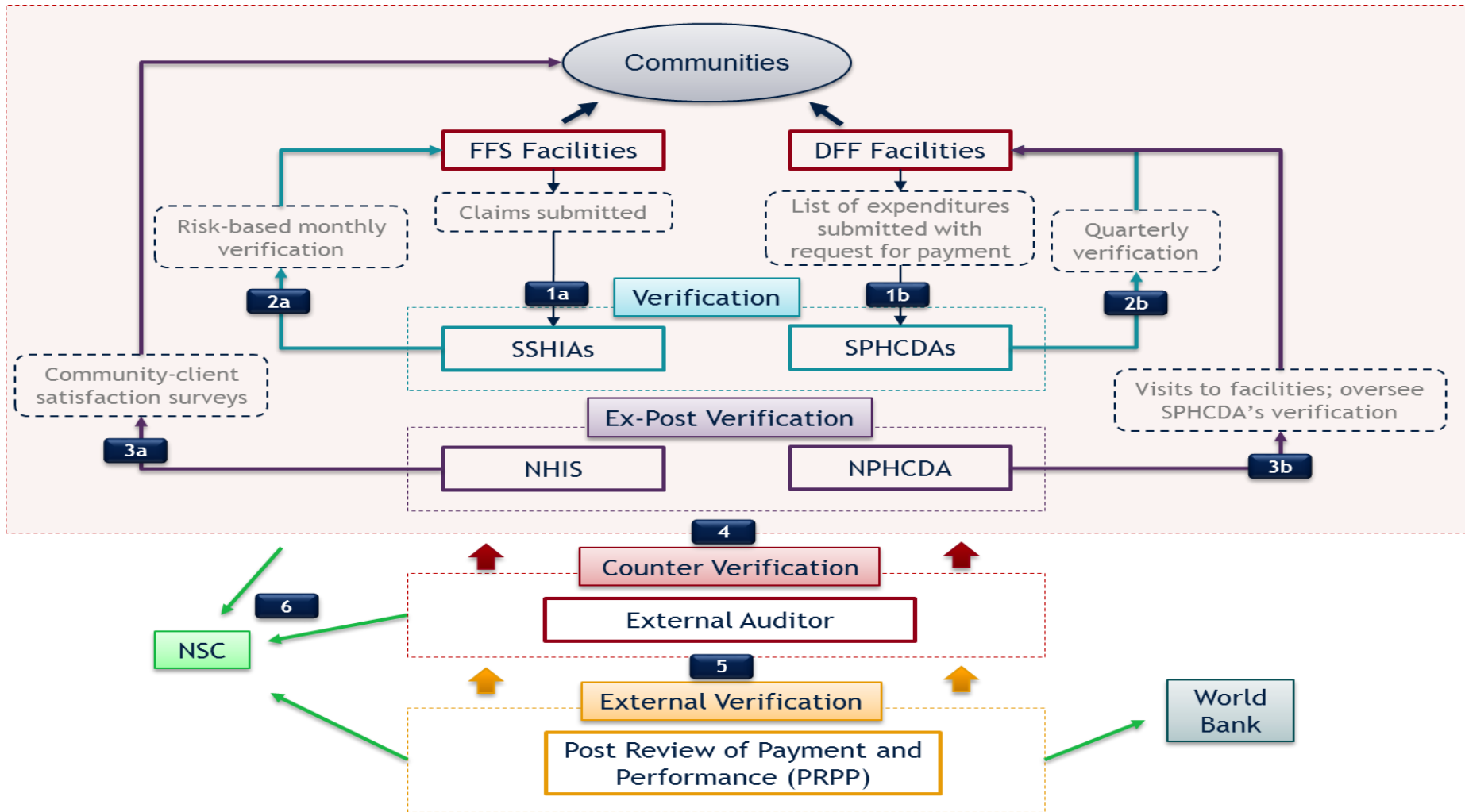
Analysis can be financed by GFF Investment Case, partners (USAID/World Bank/IFC, etc.)

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



GFF Partners



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