

## SESSION #6 HANDOUT: RANGE OF PRIVATE SECTOR ENGAGEMENT IN RMNCAH-N

Private Sector Intervention	Public Health Objective	Description / Mechanism	Tool of Government	Country Examples
<b>Sub-Sector: Supply Chain</b>				
<b>Manufacturing</b>	<ul style="list-style-type: none"> <li>Reduce cost of critical supplies and medicines</li> <li>Ensure supply of critical supplies and medicines</li> </ul>	Gov't partners with local manufacturer to produce generic version of a critical drug or assists them to access Medicines Patent Pool to obtain patent/technology. Donors offer assistance to help manufacturer become WHO pre-qualified combined with Gov't guarantee purchase.	PPP Contract Purchase guarantee	China, India, South Africa, Uganda
		Donor creates incentive for local manufacturing to produce low cost drug or health product; often complemented with gov't purchase guarantees and/or assistance to create regional markets.	Tax subsidy and land grant, contract, purchase guarantee	Nepal-Chlorhexidine Bangladesh, India, Nigeria, India, Kenya - Zinc
		PPP between GE Foundation, Kenya MoH and PFP partners (Hewa Tele). Oxygen plant supplies MoH hospital and sells surplus at reduced price to surrounding public/private hospitals.	Land grant PPP contract	Kenya – Rural Oxygen Plant
<b>Purchasing</b>	<ul style="list-style-type: none"> <li>Improve efficiency of public supply chain</li> <li>Reduce costs</li> <li>Ensure supply at facilities of essential health products</li> </ul>	MoH contracts out and/or procurement to FBO wholesaler to purchase drugs, health products and medical devices.	Contract Social regulations	Uganda-NMS Kenya-Meds
<b>Distribution</b>		MoH contracts out counterfeit verification to FBO labs.		Kenya-Meds
		MoH contracts private distributor to procure, deliver and manage drugs and health products supply at facility level.		Senegal-Informed Push model
		MoH contracts private distributor to supply drugs to public facilities		Various East African MoHs
<b>Warehousing</b>		MoH leases warehouse space at private warehouse facility	Leases	Kenya-Meds
<b>Retailing</b>	<ul style="list-style-type: none"> <li>Increase consumer access to essential health products and drugs</li> <li>Increase supply and/or treatment thru pharmacies.</li> </ul>	Pharmacy networks deliver Temporary FP Method and Depo. Pharmacy/drug shops network deliver temporary FP methods. Pharmacy network diagnose and treat TB. Pharmacy network treat STDs, OI Pharmacy / drug shops sell ORS, ZINC, nutritional supplements Pharmacies / drug shops sell malaria nets	Supply side funding (donated drugs) MOU form of contract	Ghana, Nepal private pharmacies -DEPO Kenya, Tanzania-Drug Seller network offer basic drugs India, Vietnam-private pharmacy networks treat OI and TB
		Increase diagnostics services thru pharmacies. Rapid tests (e.g. glucose, malaria, TB, STDs, HIV/AIDs, pregnancy) at qualified pharmacy (part of a network).		Supply side funding (donated drugs) MOU form of contract

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FP / Adolescent RH	<ul style="list-style-type: none"> <li>Mobilizing and educating communities</li> </ul>	MSI scalable FP mobile clinics offers IEC, temporary and LARC methods on the spot as well as HIV/AIDS testing and counseling and ART compliance.	Contract with community health workers (CHW)	Zimbabwe, Madaga
		FBOs offer home visits in Muslim countries to deliver IEC, temporary methods; refers LARC, maternity, high risk pregnancy, mammogram through coupons to qualified public and private providers.	Donated drugs and subsidized services (vouchers)	Bangladesh, Jordan, Pakistan
HIV/AIDS PMTCT	<ul style="list-style-type: none"> <li>Increasing access</li> </ul>	MoH supports (e.g. training, donated inputs) private midwives to expand maternity services to include PMTCT. Contracts private midwives to deliver PMTCT for MoH patients.	Social licensing Service contracts	Tanzania-PRINMAT
	<ul style="list-style-type: none"> <li>Create financial incentives to “crowd in” private providers</li> </ul>	Gov’t offers tax breaks (regulations), donates land, buildings, supplies and equipment (MOU), and refers/ counter-refers (regulations).	Tax incentives	Uganda, Kenya, Tanzania
	<ul style="list-style-type: none"> <li>Increasing access</li> <li>Decongesting public facilities</li> </ul>	MoH contracts private provider network/team to manage HIV/AIDS and NCD patient compliance. Team includes community workers, health promoters, labs, and clinicians.	Service contracts	South Africa- “Down referral” model with Broad Branch
Maternity	<ul style="list-style-type: none"> <li>Remove economic barriers to maternity services</li> </ul>	RH Voucher programs empanels and pays public and private providers to deliver the FP/RH/maternity package.	Service contract Demand-side financing (vouchers)	India, Uganda, Kenya
	<ul style="list-style-type: none"> <li>Remove economic barriers to maternity services</li> </ul>	MoH experiments with Performance Based Financing scheme to contract public and FBO facilities to deliver full maternity/FP package.	Contracts	Uganda-CORDAID, J
	<ul style="list-style-type: none"> <li>Decongest private hospitals</li> </ul>	Gov’t contracts private midwives to deliver FP/RH/maternity package.	Service contract	Philippines-PhilHeal
	<ul style="list-style-type: none"> <li>Segment the market</li> <li>Enable MoH to use scarcer resources to focus on poor</li> </ul>	MoH attempts to create incentives to “steer” mothers to appropriate provider depending income level. Steers upper/middle class to PFPs and frees up resources for MoH to expand services to the poor. MoH creates space for PFP to offer affordable, quality maternity package for serve the working poor.		Social networks – PA Uganda; TUNZA, Ken Low-cost private network: Life Spring India
	<ul style="list-style-type: none"> <li>Increase access</li> <li>Ensure clinician on site</li> <li>Improve quality</li> </ul>	MoH/local gov’t leases inoperable health posts in underserved communities to PNFP/PFP in exchange for rehabilitating, equipping, supplying drugs and staffing with appropriate level of clinicians.	Contracts	Kenya – attempted Tanzania - PRINMAT

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<b>Sub-Sector: Health Services (continued)</b>				
Childhood illness	<ul style="list-style-type: none"> <li>Increase access to childhood, maternal and adult vaccines</li> </ul>	Through an informal agreement and/or MOU, MoH donates cold chain and vaccines to private providers.	Supply side subsidy (donated vaccines and equipment)	Everywhere
	<ul style="list-style-type: none"> <li>Increase access to essential medicines to treat childhood illnesses</li> </ul>	See above (trained drug shop owners and private pharmacists) See below (private PHCs diagnosing and treating childhood illnesses)		
PHC	<ul style="list-style-type: none"> <li>Increase access to PHC</li> <li>Create efficiency in provider payments</li> <li>Restructure PHC market</li> </ul>	MoH establish a single purchasing agency, aggregates independent-private providers into “networks” and contracts network to deliver services and ensure private provider quality.	Service contract	New Zealand Variation of policy approach in Sweden
<b>Sub-Sector: Diagnostics / Day Surgery</b>				
Basic diagnostics and imaging	<ul style="list-style-type: none"> <li>Increase access to affordable diagnostic services supporting RMNCAH</li> </ul>	MoH establishes referral/counter-referral system with private labs/imaging. MoH pays negotiated (below market) unit cost for referred MoH patients to private lab/imaging. Private labs send own patients to referral labs for complex diagnosis for negotiate price.	Referral system Negotiated price	Tanzania-Muhimbili Hospital; Kenya – Nairobi and Kenyatta hospital
	<ul style="list-style-type: none"> <li>Rationalize equipment purchases</li> </ul>	MoH co-locates private vendor in public hospital to rehabilitate and equip lab, train MoH staff in new equipment, maintain equipment and supply reagents in exchange for guarantee volume at negotiated (below market) unit cost	Co-location PPP Negotiate price Purchase guarantee	Kenya – Lancet
RH	<ul style="list-style-type: none"> <li>Increase early detection of breast cancer</li> </ul>	Partnership with US medical devise firm, <i>King Hussein Cancer Center (public)</i> , <i>King Hussein Cancer Foundation (PNFP)</i> , and Health CBOs. US company donated mammogram equipment and trains staff. NGOS and CBOs refer women (coupon) who receive mammograms for free. KHCC underwrites mammogram costs for referred women. Cross-subsidizes costs with paying clientele.	Supply side subsidy (donated equipment) Contract with NGOs (CHW) Vouchers	Jordan

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Sample transport	<ul style="list-style-type: none"> <li>Create efficiencies in public lab supply</li> </ul>	PFP/PNFP motorcycle courier system transports patient samples and results between PHC facility and lab. Courier system also produces reports and statistics. Also transports health supplies (see above).	Contract	Lesotho, Liberia, Malawi, Nigeria, Zimbabwe
Obstetric Fistula	<ul style="list-style-type: none"> <li>Deliver affordable, free Fistula surgery</li> </ul>	USAID project establishes capacity at PNFP (mission and non-profit hospitals) and private hospitals and health centers.	Grant	Bangladesh w/PNFP (NGOs) and PFP providers; Uganda w/FBO providers DRC w/NGOs & FBOs
<b>Sub-Sector: In-patient, Acute Hospital</b>				
EMOC	<ul style="list-style-type: none"> <li>Efficiently refer patients from health centers to hospitals</li> </ul>	Established referrals between private facility and MoH hospital for EMOC. MoH contracts or leases private vendor to supply and manage fleet of ambulances to transport EMOC patients	Referral systems	Kenya, Gambia, Liberia
	<ul style="list-style-type: none"> <li>Efficient and cost-effective transport of patients to appropriate health facility</li> </ul>	Gov't, through an infrastructure PPP, establishes a national emergency referral system. PFP vendor forms a nation-wide call center; creates standards for operational model; centrally manages ambulance fleet; and creates and trains new health cadre (emergency responder). All hospitals – public and private – use centralized ambulance service. No Govt pays for all costs as a public good.	Infrastructure PPP	India – GVK in all Indian provinces, Sri Lanka (in process)
Cancer treatment	<ul style="list-style-type: none"> <li>Reduce female mortality rates linked to cancer</li> </ul>	N/A		N/A