

Accelerating Private Sector Engagement

PUBLIC-PRIVATE ENGAGEMENT



● ● ● A series on private sector approaches in family planning



Keywords: Family planning, Nigeria, public–private engagement, public–private dialogue, public–private partnerships, Senegal, Tanzania, stewardship, sustainability

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Summary



Public stewards in many countries are increasingly interested in working with the private sector to achieve health goals, and there is wide recognition that the sector can improve access to care. This brief shares a range of approaches and experiences in public–private engagement from SHOPS Plus work in Nigeria, Senegal, and Tanzania. It provides lessons learned and practical tips for donors who want to support future efforts in public–private engagement in health.

Practical tips



Support the generation of reliable data to help the government understand the scope and scale of the private health sector. The information can help public stewards develop more appropriate policies, better plan for and react to health emergencies, and inform universal health coverage initiatives.



Facilitate an inclusive and participatory dialogue, especially where collaboration has been absent. Identify and support champions in both sectors who are willing to reach across the aisle and lead the process, invest time and resources to support platforms that bring all actors together, and use strong facilitation skills to identify challenges and solutions together.



Equip the public sector with the necessary skills and understanding of why and how to engage with the private health sector. Targeted trainings, on–the–job coaching, and user–friendly tools can help build and strengthen the public sector’s capacity to work with the private health sector.



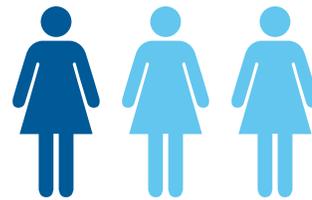
Consider phased approaches to achieve quick results and generate momentum. By starting small, public–private engagement efforts can achieve results quickly. Successes show the value of public–private engagement to both sides and can galvanize enthusiasm and support for continued, broader engagement and partnerships.



Public–Private Engagement

The private health sector, which includes both for-profit and nonprofit health actors,* is an active and important provider of health information, products, and services (Montagu et al. 2011). More than one-third of modern contraceptive users rely on private sector sources, across 36 low- and middle-income countries. More than 40 percent of caregivers seek care for their sick child in the private sector, across 24 maternal and child survival priority countries identified by the United States Agency for International Development (USAID) (Bradley, Rosapep, and Shiras 2018).

**More than one-third
of modern contraceptive
users rely on private sources**



Public stewards in many countries are increasingly interested in working with the private sector to achieve health goals, and there is wide recognition that this sector can substantially contribute to increased access to care (Callahan, Gitonga, and Sorum 2019; Barnes 2011; Whyte and Olivier 2016). Inadequate financial and human resources, inefficiencies in the public sector, and increasing uncertainty around future donor commitments have fueled interest in looking beyond the public sector for raising health sector revenue and contributing to public health goals (DeLong and Holtz 2020, Asante and Zwi 2016). USAID’s further interest in the private sector is marked by its recent private sector engagement policy (USAID 2018), which recognizes the central role of market-based approaches to achieve sustainable development outcomes. Viewed as an important component of the *Journey to Self-Reliance*, this policy solidifies the agency’s commitment to encourage public stewards, private enterprise, and donors to co-design solutions to solve development challenges.

While momentum for public-private engagement is building, there is less clarity on how to go about it in an effective way. The USAID-funded Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project seeks to catalyze successful engagement between public and private entities and harness the full potential of the private sector to improve health outcomes. Through its country-based activities, SHOPS Plus found that several factors are essential for effective and sustainable public-private engagement: reliable information about the private health sector, an organized private health sector

* The private health sector includes (1) private health providers in for-profit and nonprofit (including faith-based) hospitals, clinics, polyclinics, and doctors’ offices; (2) private pharmacies and drug shops; (3) manufacturers and distributors of health products; and (4) private health insurance schemes.

with a common voice, strong institutional capacity to steward the private sector, and formal agreements between the two sectors with clear roles and responsibilities toward a common objective. Constructive dialogue between the public and private sectors is needed throughout the process.

This brief shares a range of approaches and experiences in public-private engagement from SHOPS Plus’s work with examples from three countries. It provides lessons learned and practical tips for donors who want to support future efforts in public-private engagement in health.

The international community has not yet coalesced around a universal definition of public-private engagement. Three related terms (text box) are often used to denote approaches ranging from broad strategies that involve the private sector (*private sector engagement*) to narrower formal partnerships between public and private entities (*public-private partnerships*). The ultimate goal of *public-private engagement* is to contribute to better outcomes by facilitating integration, reducing inefficiencies, and strategically using public and private resources.

Public-private engagement on SHOPS Plus takes many shapes and forms depending on country context and local needs. Activities range from supporting NGOs in the Dominican Republic to contract with the national health insurance scheme, to increasing private provider access to government training and family planning commodities in Nigeria, to working with private pharmacies and the Kenyan government to share data through the District Health Information System 2 (DHIS2). This brief discusses four key components of effective public-private engagement (Figure 1) and illustrates lessons using the project’s experience in Senegal, Tanzania, and Nigeria.

A common thread across these components is the presence of frequent and purposeful *dialogue* between public and private sector actors. Effective dialogue brings stakeholders together to converse, share needs and interests, break down barriers, and resolve bottlenecks.

Key terms

Private sector engagement is “a strategic approach to planning and programming through which USAID consults, strategizes, collaborates, and implements with the private sector for greater scale, sustainability, and/or effectiveness of outcomes” (USAID 2018).

A **public-private partnership** in health is a specific type of public-private engagement that involves “formal collaboration between the public sector at any level and the non-public sector in order to jointly regulate, finance, or implement the delivery of health services, products, equipment, research, communications, or education” (Barnes 2011).

Public-private engagement in health is the mutually beneficial collaboration between public and private health sector entities for the purpose of advancing public health goals and achieving sustainable outcomes.

Figure 1. Four components of effective public–private engagement



Ensure availability and use of quality information on the private health sector.



Strengthen the private health sector to have a strong, unified voice.



Build the capacity of the government to effectively steward the private health sector.



Facilitate the design and implementation of public–private partnership agreements.

Each case study featured in this brief highlights one of the four components of effective public-private engagement. These components are not mutually exclusive and a country's public-private engagement approach may focus on one or several of these components, depending on the context and priorities.



The first private health sector census in Senegal was a collaborative effort grounded in a series of stakeholder workshops (pictured here).

Photo: Javier Acebal

Photo, facing page: SHOPS Plus

Lessons Learned





Lessons Learned



Senegal: Generating information on the private health sector

Public-private engagement in health requires a thorough understanding of the private health sector. This includes establishing a reliable knowledge base on the size, scope, characteristics, and needs of the sector to improve collaboration and inform policy decisions (Callahan, Gitonga, and Sorum 2019; Johnson, Graff, and Choi 2015). Moreover, the routine collection and analysis of information about the sector—such as the number and type of health providers and the type of services they offer—is a critical element of a government’s stewardship function (Bennett et al. 2005). SHOPS Plus supported the first private health sector census in Senegal, which paved the way for greater collaboration between the two sectors.

Context

Consistent with the government of Senegal’s vision to achieve emerging market status by 2035, USAID and the World Bank have supported the government in fostering greater engagement between public, commercial, and nongovernment entities to achieve universal access to health services. In 2014, the Private Health Sector Alliance was formed to bring together various private health sector organizations in the country. At the same time, the Ministry of Health and Social Action (MSAS in French) established the Public-Private Partnership (PPP) Unit and formalized public-private dialogue through a forum (*Comité PPP*) established by decree and housed within the PPP Unit. These two developments created a centralized hub for public-private dialogue and generated momentum for it. However, despite strong political will by MSAS, efforts to engage the private sector in decision making and implementation of health programs stalled. Part of the challenge was that MSAS lacked accurate knowledge on the true scope and scale of the private health sector.

Approach

In response to the lack of sufficient information on the private health sector, SHOPS Plus supported the first systematic effort to accurately capture and map all private health facilities in the country, gathering information on the number of facilities and their type, location, personnel, and the products and services they offered. Guided by lessons learned from national census efforts in other SHOPS Plus countries (Johnson, Graff, and Choi 2015), SHOPS Plus prioritized local ownership and stakeholder agreement to ensure that the design was context-specific and the findings would be used to inform programming. Multiple meetings spearheaded by the *Comité PPP* allowed for public-private dialogue to agree on a vision for the census, design and implementation of the study, and how the data would be used. The census activity culminated with national and regional results-sharing workshops that built consensus on the important role of the private sector in health



policy and reform and created opportunities for cooperation between the regional and district health authorities and private health facilities in their area. The census identified 2,754 private health facilities (Figure 2), a number substantially different from previous government estimates. The response rate was high: 96 percent of private health facilities welcomed the initiative and agreed to share information. SHOPS Plus facilitated the transition of the census database to the Private Sector Division of MSAS, which currently ensures its routine update. More than 360 new private health facilities have been added to the database since 2018.

Figure 2. Senegal census results



The private sector census allowed for public health responses to leverage public and private resources. It enabled the identification of and outreach to private health facilities in the Dakar region during the dengue fever epidemic in 2018. The Private Health Sector Alliance used the census data to set up its regional offices across the country. SHOPS Plus's local partner, ADEMAs, a social marketing organization, used the census results to identify and train private sector providers on the contraceptive product Sayana Press in USAID priority regions, which resulted in a substantial increase in sales. In 2020, MSAS used the census to design a survey on the impact of the COVID-19 pandemic on private health facilities. Importantly, the census informed and laid the foundation for a number of SHOPS Plus-supported reforms to help integrate the private facilities into the health system and improve their performance.

The private sector census will enable access to a comprehensive database of private sector health facilities in Senegal and will strengthen current interventions, particularly in family planning, HIV/AIDS, and maternal and child health.

Papa Alassane Mbengue
Secretary General, Ministry of Health
and Social Action

The reforms included an initiative to incorporate private health sector data into the National Health Information System and DHIS2, an effort to adapt and apply a public sector quality improvement model in the private health sector, and an initiative to provide access to finance and business training to facilities that wish to expand their reach.

Lessons learned

- Knowing private providers' service offerings, specialties, and locations is essential for effective public-private engagement. This information helps stakeholders build systems that routinely engage all health system entities.
- The participation of a wide range of stakeholders throughout the data-generating process is instrumental in getting support across the board. It also eases the transition of databases to local ownership and increases the likelihood that the data is used.



Tanzania: Organizing the private health sector

When the private sector is fragmented or lacks a representative voice, it is difficult to take into account its interests and contributions to national and local policy and regulation (Callahan et al. 2018). The private sector in turn misses out on opportunities to contract with the government, obtain financial protection mechanisms, access training opportunities, and more generally become integrated into the larger health system. Promoting a more organized private health sector reduces the transaction costs of working with disparate groups and paves the way for effective public-private engagement (Bennett et al. 2005). In Tanzania, SHOPS Plus worked with privately operated retail outlets that sell essential medicines to help them participate in credible and representative associations that could advocate for their interests, communicate their needs, and ultimately provide a uniform voice to interact with the government.

Context

Accredited drug dispensing outlets (ADDOS) are frontline providers in Tanzania's health system and important sources of health products and services, including family planning and child health products. There are more than 9,000 ADDOS country-wide, and about one-third of Tanzanians with an acute illness go to an ADDO first for treatment (Embrey et al. 2016). However, these providers face important challenges. First, they have no

ability to represent themselves in national policy dialogue and thus cannot ensure that the regulations and strategies that shape their operating environment accurately reflect their concerns. For example, owners and operators are often left out of debates about drug sellers' scope of practice and the range of medicines that ADDOs can legally sell. This has resulted in discrepancies across several government policies and guidelines about what types of family planning methods they are allowed to carry. Second, the emergence of these outlets throughout the country—due to limited supervision and enforcement of regulations—threatens the quality of their products and services, and in turn raises concerns among regulators and community members about the value and credibility of ADDOs. The first two challenges are compounded by a lack of clear understanding on the part of many ADDO owners and operators of the role of various government regulators. Finally, these outlets are generally not included in government-sponsored or community-based health financing schemes, meaning that their clients must rely on out-of-pocket payments. This can be a barrier to seeking care.



Maureen Ogada-Ndekana, chief of party for SHOPS Plus in Tanzania (far left), meets with a member of the newly formed ADDO association in 2018.

Photo: Christina Kramer

Approach

Following a situational analysis and stakeholder engagement process, SHOPS Plus identified an opportunity to create a strong local ADDO association in the Nyamagana district. Among other benefits, the association would provide individual outlets a voice in shaping the operating environment in district, regional, and national policy dialogues. It would enhance their ability to partner with district and regional government supervisors to improve reporting and the quality of products and services among association members. In addition, it would help provide a channel for contracting opportunities with government-sponsored or community-based health financing programs. By focusing first on a district-level association, the project intended to demonstrate how this concept could promote improved public-private engagement before scaling up the approach to other districts and the national level.

The point of the association is to have one voice, as we are stronger together and can influence changes compared to an 'every man for himself' approach.

Secretary of the Nyamagana
Health Support Foundation

A SHOPS Plus primer outlines key principles for successfully organizing the private sector, based on various country experiences (Callahan et al. 2018). One important first step is to articulate and communicate the value of a more organized private health sector, and convince stakeholders of the benefits

to their businesses of organizing. Accordingly, SHOPS Plus implemented a two-phase process to help establish the ADDO association.

Phase 1: Stakeholder engagement

In phase one, the project focused on public-private dialogue. SHOPS Plus staff engaged key stakeholders—ADDOS, regulators, suppliers, community members, and others—to build consensus around the need for an association to represent the outlets' interests. This effort started with one-on-one meetings for leaders of the district health teams and among ADDO owners. SHOPS Plus brought together representatives from both sectors in group meetings to identify gaps and create potential solutions. Initially, public sector officials were apprehensive of the association's purpose and were concerned that it would weaken their attempts to hold ADDOs accountable. Continuous facilitation efforts between public and private sector representatives helped to build understanding and trust among the various parties involved.

Phase 2: Technical assistance

During the second phase, the project provided direct technical assistance to ADDO owners and operators to launch and manage the association. Most owners and operators lacked the leadership skills necessary to form an association and drive a public-private engagement agenda forward. The project provided technical assistance to help the



association's leadership agree on an organizational and governance structure, develop and implement tools and guidelines, create a strategic plan and budget, and pursue its legal registration.

As a result of these efforts, the Nyamagana Health Support Foundation (NHSF) became a registered association in 2017, fully funded by ADDO member registration fees and revenue from other services. These services include selling new branded products, expanding revenue from pooled procurement, and setting up a cyber café that provides members with internet services. The foundation has helped the ADDOs in Nyamagana district to improve their engagement with the public sector in the following ways.

- The Pharmacy Council of Tanzania is supporting the NHSF as a mechanism for peer regulation, improved reporting, and quality assurance.
- The NHSF gained representation at stakeholder fora such as the Tanzania Public Private Health Forum.
- ADDOs in Nyamagana district participated in a pilot with the Pharmaceutical Society of Tanzania and the Reproductive and Child Health section of the Ministry of Health to dispense oral contraceptives and emergency contraceptives to generate evidence for policy change.
- The NHSF leadership has become an advocate for stronger organization of ADDOs into associations at the district, regional, and national levels.

These successes have helped garner broad consensus on the need to set up regional chapters of the association, and eventually a national ADDO association. To that end, SHOPS Plus has helped establish an interim board to get the process started. Using a similar two-phase approach, and backed by strong local leadership, the Pwani Medication Awareness Organization was established as a regional ADDO association in Pwani region in 2019.

Lessons learned

- Efforts to organize and strengthen the voice of the private sector need to go beyond the sector itself. If public stewards and regulators are engaged early on to help identify problems and solutions, they will be more likely to support the organizing effort and view the private sector organization as a legitimate partner for engagement. Private providers may see more value in participating in the organizing effort if the government is involved.
- By narrowing the focus on a specific problem, opportunity, or geographic area, organizing efforts can dedicate sufficient time and resources to ensure the initial efforts are successful, thereby creating momentum for broader engagement down the line. Once success is proven, organizing efforts can more effectively expand the geographic scale of membership and the technical scope of activities.



Senegal: Building government capacity to work with the private sector

Despite a genuine interest among many governments to work with the private health sector, they often lack the institutional capacity and the appropriate processes to do so (Callahan, Gitonga, and Sorum 2019). Strengthening the capacity of governments to effectively steward the private health sector is a key component of public-private engagement. This includes the capacity to build and manage effective monitoring and oversight systems, and the capacity to design and implement policies, regulations, and reforms that take into account the interests and needs of the private health sector. In addition, public sector managers need improved skills conducive to dealing with private health providers, such as contract negotiation (Bennett et al. 2005). SHOPS Plus's public-private engagement approach in Senegal is one example of building and institutionalizing a government's stewardship capacity.

Context

The government of Senegal has long sought to strengthen PPPs, beginning with a law in 2004 that identified such partnerships as a way to reach development goals with limited government funds. The law established a platform for public-private dialogue. Yet these efforts did not formally include health partnerships. To address this, in 2014 MSAS established the PPP Unit to coordinate and steward the process of designing and operationalizing PPPs in health, and a public-private dialogue forum to ensure the private health sector had a voice in strategic health decisions. Institutional change can take time, and despite these reforms, there was growing awareness that the private health sector was not adequately involved in the implementation of health programs. One reason was a lack of knowledge about the scope of the private sector (see the section, "Senegal: Generating information on the private health sector"). Another reason was the limited capacity of the PPP Unit. Specifically, the unit lacked sufficient skills, tools, and processes to accurately identify, evaluate, and implement PPPs.

Approach

Informed by the Senegal Private Health Sector Assessment (Brunner et al. 2016), SHOPS Plus used a comprehensive approach with a series of interrelated activities to advance MSAS capacity to identify, manage, and implement PPPs. This started with an assessment of the state of health PPPs in Senegal, followed by support for the development of a national strategy on health PPPs and integration of these health partnerships into the National Health Development Plan 2019–2028. Subsequently, SHOPS Plus worked closely with the ministry to develop a practical guide for the public sector on how to design and implement health PPPs. It included tools for MSAS to evaluate health PPPs and easily rate and compare options. The project emphasized public-private dialogue as a key element of developing PPPs. To that end, SHOPS Plus conducted training sessions for 46 MSAS staff and members of the Private Health Sector Alliance on how to identify opportunities



and implement health PPPs. A SHOPS Plus consultant embedded within MSAS for nine months provided ongoing technical assistance and coaching, and helped ministry staff apply the guide to evaluate potential partnerships. This hands-on support was crucial to building the ministry's capacity to identify health needs, potential partners, and mutually beneficial health partnerships.

More recently, SHOPS Plus managed a participatory process that involved MSAS's maternal and child health and private sector stakeholders. The goal was to evaluate potential PPP projects using simple yet effective tools. Stakeholders determined whether a PPP opportunity met a pressing health gap, aligned with MSAS priorities, and was feasible and cost effective. Workshop participants included members of several ministry divisions, the Private Sector Alliance, and non-health governmental units such as the Directorates of Planning, Research and Statistics, Finance, Economy, and Infrastructure. MSAS chose a promising partnership to digitize medical health records for mothers and children. SHOPS Plus led discussions among stakeholders to determine benefits and challenges of the opportunity for the private sector, MSAS, and beneficiaries. The project is currently supporting the Maternal and Child Health division to finalize the functional and technical specifications expected of the private sector partner.

SHOPS Plus's support to MSAS transformed an ad hoc process to identify, evaluate and implement PPPs into one that is structured, efficient, evidence-based, and trusted by public and private health sector representatives. The training and tools provided by SHOPS Plus strengthened the ability of MSAS to proactively engage with the private sector and identify opportunities for partnerships that address priority health challenges.

Lessons learned

- Building the capacity of the public sector to engage with the private sector requires more than just training stakeholders. Pairing trainings with user-friendly tools, processes, and systems can reduce barriers within the public sector and motivate public stewards to use their new skills.
- Embedding long-term advisors within key public sector agencies can help promote public sector staff to take up new tools, troubleshoot questions, and better understand opportunities, leading to more successfully operationalized partnerships.
- Long-term, sustained successful engagement requires going beyond ad hoc, opportunity-driven partnership efforts. It needs a systematic, evidence-based approach that can help stakeholders comprehensively evaluate opportunities with the greatest potential for success.



Nigeria: Facilitating partnership agreements

PPP agreements are an important component of public-private engagement. They are formal arrangements between public and private entities through which the investments, risks, and rewards are shared in delivering a service or asset for the benefit of the general public (Mangone and Gitonga 2017). The development of partnership agreements requires a clear definition of roles and responsibilities for each party around joint implementation (Barnes 2011). In Nigeria, SHOPS Plus supported the development of effective partnerships between the public sector and the country's vast private health sector to strengthen the national tuberculosis (TB) program.

Context

Nigeria has one of the world's highest TB burdens in terms of incidence, TB-HIV co-infections, and the presence of multi-drug resistant strains. At the same time, it also has some of the lowest rates of detection and treatment. One reason for this gap is the nature of the country's response: until recently, the national TB program was almost entirely based in the public sector, yet the private sector accounts for over 60 percent of health care services nationwide (Health Strategy and Delivery Foundation 2020). By excluding the private sector, Nigeria's TB program was forgoing the opportunity to systematically screen and identify cases among the large portion of its population that seeks care in private facilities. SHOPS Plus sought to address this gap and bring the public and private sectors together in a formal partnership to increase TB case detection and treatment in Lagos and Kano states.

Approach

Based on a successful model used in India (Anand et al. 2017; Ambe et al. 2005), SHOPS Plus collaborated with the national TB program and private provider associations representing doctors, nurse-midwives, pharmacists, laboratory scientists, and proprietary and patent medicine vendors to develop a public-private model in Lagos and Kano states. The approach required identifying strategies and providing incentives to motivate private providers to participate.

The large and interconnected public-private model engages a number of public and private entities, which have specific roles in strengthening the TB response:

- **Private provider networks** spearhead TB case detection in the private sector. The networks include proprietary and patent medicine vendors, community pharmacists, private laboratories, and clinical facilities. All types of providers engage in community mobilization and screening. They identify suspected TB cases, and collect and send testing samples to public and private laboratories. Confirmed cases are then referred to network clinical facilities for treatment. Participating facilities and laboratories charge a discounted rate for services in exchange for free TB drugs and reagents needed to test and treat patients.



Technicians test sputum samples from presumptive TB patients in a networked laboratory in Kano state.

Photo: KC Nwakalor

- **National and state TB programs** provide oversight and training to align the provider networks with relevant policies and procedures. Their role includes providing access to free TB drugs, [GeneXpert testing](#), and microscopy testing reagents in return for providers submitting routine data reports, undergoing supervision, and adhering to treatment protocols.
- **Private intermediary organizations** lend supervisory and practical support to private providers in the networks. They liaise with government stakeholders to support the operations of the provider networks, including giving administrative guidance, technical assistance for TB services, data and reporting, and helping to ensure the continued availability of commodities.

Setting up this model and formalizing the partnership agreement required an intensive and targeted investment in public-private dialogue throughout the process. SHOPS Plus organized a series of meetings for stakeholders to get their support and decide on roles and responsibilities. At the beginning, the project met individually with each stakeholder, including key government agencies, provider associations, and USAID/ Nigeria to explain the model and get their inputs. SHOPS Plus framed and articulated a value proposition during early engagements with private sector associations and

prospective network members. In particular, the community mobilization component of the model would incentivize private provider participation through increasing their visibility and raising their business profile in the community. These early engagements with private provider associations allowed the national and state TB programs to see that many providers prioritized community recognition and public health contribution over individual profits. Following these initial meetings, the project convened stakeholder roundtables to align everyone’s expectations with the proposed model. These roundtables provided participants with the opportunity to voice their concerns in a larger setting, offer suggestions for strengthening linkages and provider incentives, and flag potential implementation challenges.

Providers were happy about the fact that they would have increased [outpatient] numbers due to community mobilization. By collaborating with us [they] also gain more visibility, which is something that the private sector struggles to get from the government.

Kano State TB coordinator

Throughout this process, the project noticed a strong desire on both the public and private sides to jointly pursue national health goals. What had been missing was the facilitation to bring them together and organize this engagement. These efforts culminated in the signing of memoranda of understanding by national and state TB programs, intermediary organizations, private clinical facilities, and private standalone laboratories. The agreements outlined entities’ roles in the partnership.

Between October 2018 and April 2020, 1,914 private providers participated in the networks. Private providers in Lagos and Kano screened 2.3 million clients for TB resulting in the identification of 8,871 cases (Figure 3). In 2019, the networks contributed to 32 percent of the cases identified in Lagos and 22 percent of the cases in Kano.

Figure 3. TB public–private partnership, Lagos and Kano states (October 2018–April 2020)



2.3 million
Clients screened for TB



8,871
TB cases detected



1,914
Private providers
participated in networks



A number of factors were key to the success of the engagement effort: Multiple stakeholder meetings ensured that all partners had an opportunity to help shape the public-private model. Active and continued involvement of national and state TB program managers enabled private provider access to commodities and trainings, which allowed providers to offer TB services. The effectiveness of the model in Nigeria was predicated on timely and accurate data reporting. Previously, standard processes for documenting the patient's pathway involved up to six separate paper registers, often resulting in delays in decision making, follow-up, and care. This reporting burden presented a risk to the continued motivation and involvement of private providers and to the sustainability of the model. To streamline the reporting process and keep entities motivated, the project facilitated the development and use of a new mobile application, TB STARR (tuberculosis screening and tracking for accelerated referral and reporting). The application, which was well-received by the providers, replaced paper forms and was tailored to the reporting needs of each provider type.

Lessons learned

- A systematic consensus-building strategy is important to build trust in the partnership and convince stakeholders of the benefits of the engagement. Starting off with individual meetings with stakeholders before bringing everyone together can ensure all voices are heard and help smooth the road to implementation.
- Recognizing and articulating the value of the engagement to private providers is essential for sustaining the engagement effort. Community recognition and public health contribution can be strong motivating factors for private providers.
- User-friendly tools and processes encourage continued participation of busy private providers and are important for sustaining the engagement effort.



Practical tips

While each of the case studies highlights context-specific approaches to public-private engagement, common themes across countries can help inform successful approaches elsewhere. USAID missions may consider the following guidance in their country strategy and programming.

Support the generation of high-quality reliable data to help the government understand the scope and scale of the private health sector. The information can help public stewards develop more appropriate policies, better plan for and react to health emergencies, and inform universal health coverage initiatives. It can also be used to increase the visibility of the private health sector and encourage future partnerships. As in Senegal, one strategy is to conduct a private sector assessment and a private sector census, especially in contexts where private sector data are absent. Another strategy is to integrate private sector reporting into routine national health information systems. An important step in this integration is reviewing and reducing the reporting burden on private providers that serves as a disincentive to participate.

Facilitate an inclusive and participatory dialogue, especially where collaboration has been absent. The Nigeria TB partnership shows the importance of identifying and supporting champions in both sectors who are willing to reach across the aisle and lead the process. It is important to invest time and resources to support platforms that bring all actors together, and use strong facilitation skills to identify challenges and solutions together. The exact mechanism for how they engage can vary, but it should be mutually beneficial for both parties and be frequent enough to build trusted relationships among actors.

Equip the public sector with the necessary skills and understanding of why and how to engage with the private health sector. In many countries, public stewards and regulators are insufficiently prepared to lead meaningful engagement with the private sector and move beyond past attitudes of mistrust. Targeted trainings, on-the-job coaching, and user-friendly tools, such as the ones used in Senegal to evaluate and compare potential partnership options, can help build and strengthen the public sector's capacity to work with the private health sector.

Consider phased approaches to achieve quick results and generate momentum. Many examples showcased in this brief started with a short-term or small-scale effort that later developed into more sustained, widespread engagement. By starting small, public-private engagement efforts can achieve results quickly. Successes show the value of public-private engagement to both sides and can galvanize enthusiasm and support for continued, broader engagement and partnerships.

Useful resources

- [Facility Censuses: Revealing the Potential of the Private Health Sector](#) is a step-by-step primer on how to implement a private sector census.
- [Assessment to Action](#) is an online guide to conducting private health sector assessments in low- and middle-income countries with suggested steps, activities, and outputs to help guide the process.
- [Private Sector Counts](#) is an online tool that uses Demographic and Health Survey data to illuminate the important contribution of the public and private sectors to sick child care and family planning service delivery.
- The [Family Planning Market Analyzer](#) combines data from Demographic and Health Survey and Family Planning 2020 projections of modern contraceptive prevalence to allow users to explore potential scenarios for a total market approach.
- The primer [Stewarding the Private Sector for Family Planning](#) highlights examples of successful efforts by public stewards to engage the private health sector and recommends approaches for donors, implementing partners, and governments to improve public stewardship of private providers for better family planning outcomes.
- The primer [Understanding Private Sector Domestic Resource Mobilization for Health](#) examines ways to mobilize local private sector resources for health with a focus on family planning.
- [Organizing the Private Sector to Support Universal Health Coverage Goals](#) provides extensive guidance on why and how to organize the private health sector.
- An [e-learning course on organizing private health providers](#) on the Global Health eLearning Center website shares opportunities to join an organizing effort and strategies based on case studies of successful organizing efforts.
- [Public-Private Dialogue](#) provides resources on public-private dialogue including tools, country cases, and lessons learned.
- [Public-Private Partnerships for Family Planning: Case Studies on Local Participation](#) has guidance on developing PPPs.



Way forward

While there is increased recognition that the private health sector is an important partner to engage in the pursuit of public health goals, countries vary widely in their level of public-private engagement in health. Some countries already have many of the foundational elements, such as up-to-date data, strong stewardship capacity, an enabling environment, efficient partnership tools, and mechanisms that promote dialogue, while other countries' efforts are nascent. There is not a “one size fits all” approach. It is essential that donors and implementing partners tailor approaches to the country context and the readiness and capacity of local entities to engage and partner with one another. A successful and sustainable approach to public-private engagement requires strong political leadership coupled with the presence of champions who can lead change. Donors can play an important role in identifying and supporting that leadership, and in facilitating a country-led engagement process.



SHOPS Plus supported four Dominican Republic-based NGOs in signing contracts with the national health insurance agency and finding new revenue streams. Pictured here is one of the NGOs, Clínica de Familia.

Photo: DDC International

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