

Regional Conference on

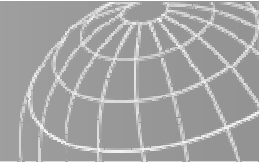
Engaging with the Private Sector in Health in Africa

14-16 May 2012 | Dar es Salaam, Tanzania



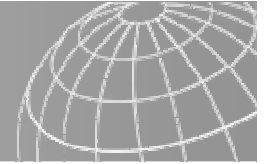
Presentation at the Global Health Policy
Forum, Brussels, 25th of October 2012

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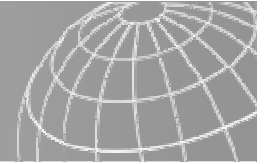


Basic figures:

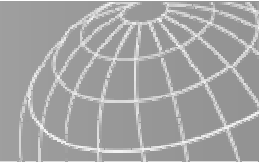
- 14-16 May 2012 in Dar-es-Salaam, Tanzania
- Hosted by Tanzanian Ministry of Health and Social Welfare
- Coordinated by GIZ on behalf of BMZ in partnership with USAID, CHMI/R4D, DANIDA, KfW
- More than 250 participants from 19 countries
- Representatives from Governments, IOs, Private Sector (for/not-for-profit incl. FBO), Academia



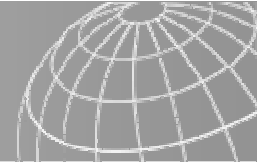
“This report finds that, within governments, many health ministries are seriously shortsighted, focusing on the public sector and often disregarding the – frequently much larger – private provision of care.”



“Health policy and strategies need to cover the private provision of services and private financing, as well as state funding and activities. Only in this way can health systems as a whole be oriented towards achieving goals that are in the public interest.”

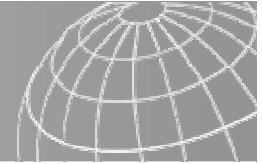


Quotes taken from:
**WHO World Health Report 2000 “Health
Systems: Improving Performance”**



- Not a „new“ topic
- But to date a seemingly somewhat neglected one
- Debate appears often ideological

=> Let's have a look and have a discussion and get engaged!



Who is the Private Sector?

All actors outside government

(for-profit, non-profit, formal and non-formal entities)

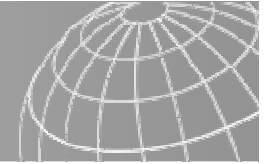
e.g.

- service providers, drugs shops, health insurance schemes
- Companies operating outside the health sector



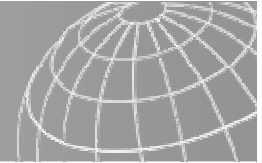
Specific Focus Topics

- Human Resources
- Access to Essential Medicines
- Private Health Care Providers
- Universal Health Coverage/Private Health Insurance
- Non-Health Companies' Contributions to Health



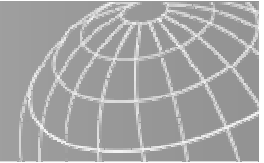
Human Resources for Health and the Private Sector



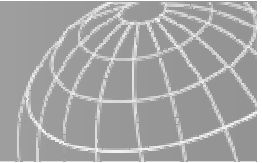


- Production of health workforce
 - Strong involvement of private sector (e.g. FBOs, also rise of for-profit training institutions)
=> Regulation capacities for quality assurance (uneven quality of graduates)

 - Innovative Partnership models
E-learning nurse upgrading Program in Kenya (AMREF)
=> Keys to Success (a.o.)
 - Clear understanding and statement of objectives
 - Mutual respect for the goals of each party
 - Initiation of Programme by MoH and Nursing Council of Kenya was key as driver for buy-in!

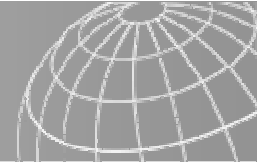


- Health Service Delivery
 - Distributional differences => competition
 - Inclusion of FBOs in key national stakeholder groups => improved e.g. Health sector HRH planning
 - Dual Practice
 - Impact on quality of public services?
 - Contributes to retaining of skills?



Access to essential medicines

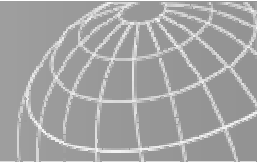
Main focus on Supply and Distribution (from local production to retailing)



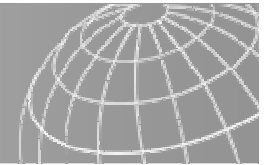
Example:

Consumer Access and Retail

- (informal) private sector heavily used by consumers (for antimalaria in many countries by far greater market share as public)
 - Issues concerning equitable access to recommended/quality therapy
- => Importance of consideration of lower-levels of the private sector (e.g. drug shops)
-
- **Accredited Drug Dispensing Outlets** (Tanzania): Model to improve access and availability of essential quality pharmaceutical products in private sector

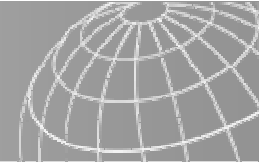


- **Recurrent issues during session e.g.:**
 - Regulatory capacities of the public sector (enforce regulatory frameworks and compliance to standards; ensure consumer protection)
 - Capacity in the private sector (e.g.)
 - Ability to manage on national scale (supply chains)
 - Availability of Skilled labour and/or maintaining of skills (e.g. local production, retailers)
 - Possibility of self-regulation through associations

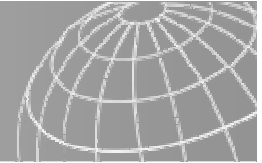


Private Health Care Providers

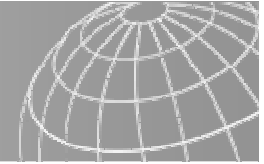




- Different forms of private health care providers exist to different extent in SSA countries
- In order for the public sector to fulfill its stewardship role/for effective health system planning: Good overview needed
 - ✦ Insufficient information on traditional practitioners and informal providers (constituting a large group in many countries)
 - ✦ Frequently blurred boundaries between public and private practice; 'dual public-private practice' is common



- Strategic purchasing
 - Contracting-out
 - Skills public and private sector
 - Efficiency gains \longleftrightarrow Transactions costs
- Networks of private health care providers (associations, social franchise networks)
 - Once voice
 - Quality standards, self-regulation
 - Social franchising: parallel structure? \rightarrow should relate to the work and structure of the private sector association
- Vouchers
 - Consumer empowerment, quality
 - Parallel structure? Integration into existing health financing mechanisms?

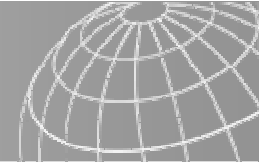


Universal Health Coverage

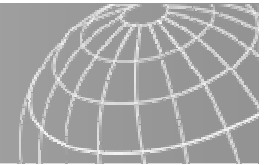




- Continuum of health financing options for universal coverage
 - Tax-financed, Social Health Insurance and different forms of private health insurance
 - In reality, the line between SHI and PHI is blurred, there are mixed forms
- Not about public versus private, but mandatory versus voluntary insurance
- ⚡ Lack of consideration in health sector plans and HF strategies
- ⚡ Lack of regulation of VHI market
 - Leads to highly fragmented systems, but regulation required to move towards UC

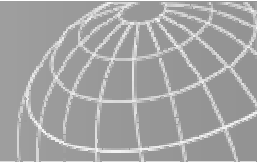


- Depends on the country context which role of PHI/VHI is appropriate and feasible
- How to integrate PHI/VHI in the national HF strategy for UC? What role to ascribe to VHI and how to make it complementary?
 - This requires government to be clear what the core public/compulsory scheme covers
- How to accelerate progress to UC via public insurance, when the existing HF system has a huge (commercial) PHI market?
 - South Africa, Namibia
- How to integrate small-scale CBHIs into the national health financing framework for universal coverage?
 - Mali, Benin, Senegal

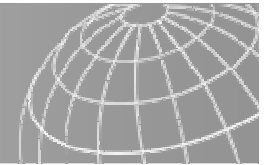


Non-Health Companies



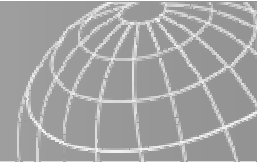


- Diverse Set of Case Studies/Possibilities
 - E.g. Workplace/Wellbeing Programmes, Food Fortification
 - Biolands Case Study



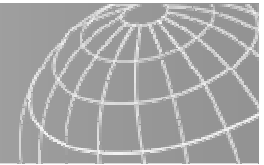
Fostering Effective Engagement





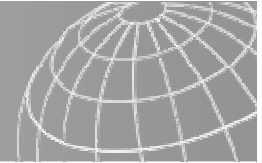
- Private Sector Assessments
 - Instrumental in increasing government's understanding of the capacity, scope and reach of the private sector
 - Facilitate the Dialogue between the public and private Sector

- Private Sector (PPP) Units
 - Collect Information
 - Provide technical assistance
 - Support Program Implementation / M&E

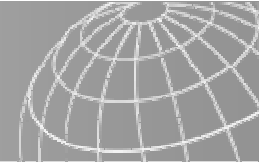


Observations and Messages





- “Private sector” is a generic term → could mean different things to different audiences → a clear definition of terms is essential
- Private sector should be engaged in a way that contributes to national health objectives → requires developing and implementing appropriate frameworks
- Inter-sectoral mistrust and misperceptions remain → can only be solved through an open and transparent dialogue
- An organized private sector (associations) makes dialogue easier, more evidence needed on their potential roles
- PPP units need clear mandates and adequate capacity to be able to serve as effective interfaces between the public and private sector



Thank you for your attention!

**All conference presentations can be accessed at:
<http://healthpartnershipafrica.com>**