



# The Meaning and Importance of Stewardship in Developing Family Planning, and Maternal, Newborn, and Child Health Markets

## Brief #4 of 4 in a series on the MDA

May 2023 / by Mark Hellowell, David Elliott, and Barbara O'Hanlon

### Introduction

To create a common understanding of key concepts in a market development approach (MDA), USAID's Frontier Health Markets (FHM) Engage produced a series of short "MDA briefs," for a diverse audience of policymakers, private sector actors, and development partners working in these health markets in low- and middle-income countries. The purpose of the MDA briefs is to clarify what MDA is and how it works in family planning (FP) and maternal, newborn, and child health (MNCH) markets. This fourth briefing note (Brief #4) aims to articulate the concept of stewardship from an MDA perspective and explains how market stewardship and other market interventions can help countries achieve large-scale and sustainable FP outcomes.

### What is stewardship?

The concept of "stewardship" within MDA is concerned with "what is done," "what should be done," and "who does it" to ensure that an FP market performs well. In the context of a market development program, this means delivering improved health outcomes targeted in the Strategic Logic Model (SLM). In large part, the performance of a health market like FP is determined by the **attributes** of the market system – the supporting functions, rules, and regulations – that collectively support, shape, inform, enable, and constrain interactions between "care-seekers" and "care-providers" in an FP market (see Box 1). The actions of multiple actors within the FP market system create these characteristics.

It is the goal of FP market stewards to ensure that such attributes **are** present and performed **to the standard required** to achieve a government's FP goals and objectives. Therefore, considering the concept of stewardship is not an abstract exercise; on the contrary, stewardship is **pro-active, consultative, and facilitating**. Stewarding an FP market directs market actors' attention to the following four questions of major operational importance:

- What supporting functions, rules, and regulations are required to ensure that FP market operations generate good / improved health systems (e.g., quality, equity, and financial protection) and FP outcomes aligned to government FP goals and objectives?
- Are these supporting functions, rules and regulations present and adequately performed and/or aligned to achieve the stated FP goals and objectives? Are the supporting functions performed at

the required level? Do the rules, regulations, and/or norms support or hinder the achievement of the FP goals and objectives?

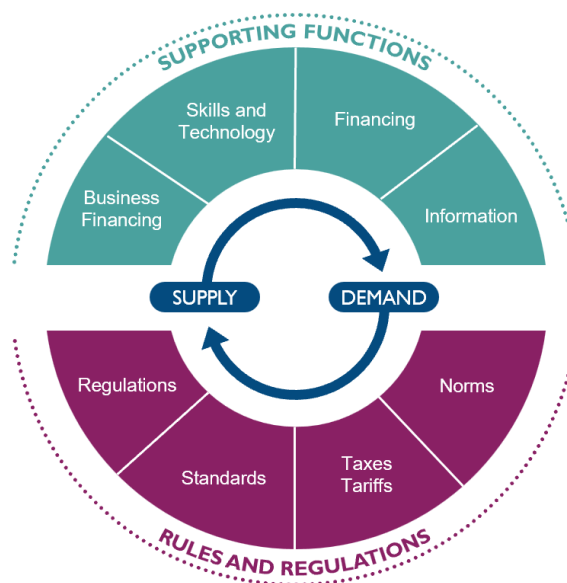
- What changes in the supporting functions, rules, and regulations are needed to support / facilitate achieving the FP goals and objectives?
- How will such changes be realized in practice – and by whom?

FIGURE 1: THE MARKET SYSTEMS FRAMEWORK UNDERPINNING THE MARKET DEVELOPMENT APPROACH: A STYLIZED REPRESENTATION OF THE ‘CORE’, ‘SUPPORTING FUNCTIONS’ AND ‘RULES’

**BOX 1. WHAT IS A HEALTH MARKET SYSTEM?**

A health market system consists of:

- A core market in which health consumers and health care providers / suppliers “transact” with one another.
- Supporting functions (SFs) and rules and regulations (R&Rs) – the attributes of the health market system that collectively support, shape, inform, enable, and constrain such transactions.
- Connected markets that produce inputs into the ‘core’ market, such as human resources, medical commodities, and financial services, that influence a market system’s operations. Connected markets are also influenced by supporting functions that can impact their performance and demand and supply.



## What does stewardship involve?<sup>1</sup>

Stewardship involves aligning the incentives, capacities, and accountability structures among diverse market actors to address the underperformance of key market functions so that the FP market operates in a manner that improves FP outcomes. Various tools and instruments of government<sup>2</sup> help market actors operationalize stewardship, put into practice the market system attributes required, and measure their performance. Important stewardship tools / instruments / actions include the following (note, this list is not exhaustive!):

- Mobilizing or consulting market actors through the platforms for policy dialogue.<sup>3,4</sup>
- Diagnosing the FP market’s core market operations and its market systems performance.
- Co-creating a vision of a well-performing FP market that aligns the market actors – public, private, and consumers – roles, responsibilities, and actions.<sup>5</sup>

<sup>1</sup> For a full description and explanation of market systems analysis, please refer to the FHM Engage Operational Handbook **Chapter 1 Diagnose**.

<sup>2</sup> Salamon, Lester M. *The Tools of Government: A Guide to New Governance*. University Press. 14 March 2002.

<sup>3</sup> Bossert T, Hsiao W, Barrera M, Alarcon L, Leo M, Casares C. Transformation of ministries of health in the era of health reform: the case of Colombia. *Health Policy Plan*. 1998; 13, 59-77.

<sup>4</sup> Lagomarsino, Gina, Stefan Nachuk, and Sapna Singh Kundra. 2009. *Public stewardship of private providers in mixed health systems: Synthesis report from the Rockefeller Foundation—sponsored initiative on the role of the private sector in health systems*. Washington, DC: Results for Development Institute.

<sup>5</sup> World Health Organization. 2020. *Strategy Report: Engaging the private health service delivery sector through governance in mixed health systems*. Geneva: World Health Organization.

- Collecting, analyzing, and disseminating market intelligence about health-related products and services to influence market actors’ incentives and behaviors.<sup>6</sup>
- Strengthening and facilitating regulation of ‘care-seekers’ and/or ‘care-providers’ activities.<sup>7</sup>
- Ensuring financing that supports or shapes ‘care-seekers’ and ‘care-providers’ activities.<sup>8</sup>
- Monitoring performance and holding market actors accountable.

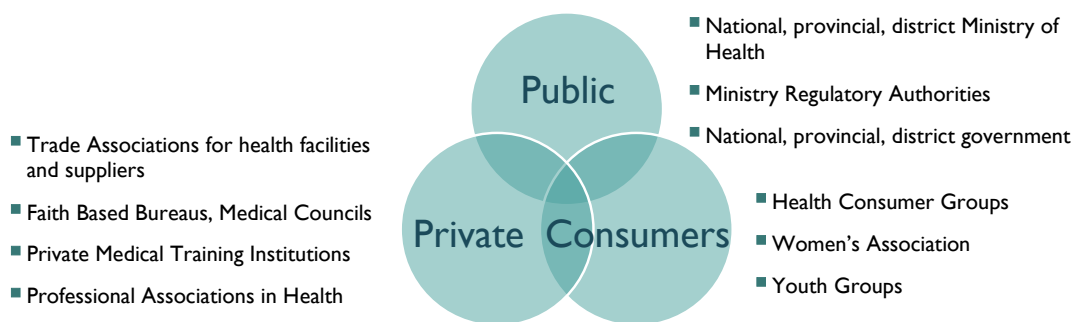
## So, who exactly does stewardship?

Government health authorities retain the ultimate responsibility – as the authorized representative of the public interest – to monitor and sustain progress on health and FP outcomes. For this reason, the government in general, and often the Ministry of Health in practice, can be regarded as “the steward of the stewards” in a health market system.<sup>3</sup> Government authorities have an important role in a FP market in ensuring that *all* the market actors have the incentives and capacities they need – alongside appropriate accountability mechanisms – to ensure the delivery of safe, affordable, appropriate FP services and products.

Though the Ministry of Health has a unique role in the health system – in making system-wide decisions, creating the means to achieve them, and mobilizing actors accordingly – it is not the only actor that can perform stewardship. Other actors can and do perform stewardship. In some cases, they may have stronger incentives and capacities to do so. As the “steward of stewards,” the Ministry of Health has the authority to delegate specific stewardship components, such as quality oversight and financing.

While many aspects of stewardship are most naturally performed by government authorities, stewardship of an FP market can be performed by multiple different actors (see Figure 2), including:<sup>9</sup>

FIGURE 2: ILLUSTRATIVE STEWARDS FOR A FP MARKET



- Public market actors representing the wide and diverse range of government actors at national, regional, and district levels;<sup>10</sup>

<sup>6</sup> Mangone, E, and Romorini, S. 2021. *Private Sector Engagement in National Health Management Information Systems: Barriers, Strategies, and Global Case Studies*. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates Inc.

<sup>7</sup> Riley, P, Callahan, S, and Dalious, M. 2017. *Regulation of Drug Shops and Pharmacies Relevant to Family Planning: A Scan of 32 Developing Countries*. Bethesda, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates Inc.

<sup>8</sup> Estévez, I, Ladha, H. 2022. *Unlocking Finance for the Private Health Sector*. Brief. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates.

<sup>9</sup> Moran M. *Governing the health care state; a comparative study of the United Kingdom, the United States and Germany*. Manchester, Manchester University Press, 1999.

<sup>10</sup> Sriram V, Sheikh K, Soucat A, Bigdeli M, 2002, *Addressing governance challenges and capacities in Ministries of Health*. Geneva: World Health Organization; 2020.

- Private market actors comprised of associations representing both for-profit and not-for-profit FP providers, suppliers, and training institutions as well as healthcare professions; and
- Civil society groups representing key segments of FP consumers.

Notably, not all market actors will consider themselves “stewards.” Indeed, many will not be. Examples of actors who are not stewards may include commercial finance and insurance firms, health products suppliers, and technology providers. Market actors such as these perform important functions, many of which are critical to the market’s core operations (supply and demand) and overall performance. However, as such activities are driven by commercial incentives and not by the intention to ensure good health outcomes, they fall outside the definition of “stewardship.” They are, nevertheless, still important market actors and targets for FHM Engage.

## How can FHM Engage strengthen stewardship of health markets?

Strengthening market actors’ ability to steward an FP market effectively will often – though not always – be an important focus of FHM Engage’s activities. There are two levels in which FHM Engage can strengthen stewardship of FP markets: 1) building market actors’ capacity to become effective stewards, and 2) building market actor’s capacity to implement the policy instruments and government tools that support critical market functions.

Building market actor’s stewardship capacity can take many forms. Through the market description or diagnosis process, FHM Engage landscapes the full range of market actors and identifies those who can potentially play a stewardship role complementary to and/or in support of the Ministry of Health. FHM Engage also identifies existing policy platforms and/or coordination mechanisms that can convene and coordinate these market actors to become, as a group, stewards of a FP market. In addition, FHM Engage supports the platform and builds the group’s coordination and collaboration skills to achieve a common purpose – in this case, improving the FP market performance.

Maximizing the performance of critical stewardship tools, instruments, or actions is another approach to strengthening stewardship. A market system requires specific rules and supporting functions to be present and performed well (though exactly what attributes are needed is context specific!). Where critical attributes are absent, they must be created. Where they are present, but performance is poor, that also needs to be addressed. This can mean working with government (and often, the Ministry of Health) to improve and strengthen governmental activities across mixed health system strategies, regulating commercial actors, supporting demand, mobilizing or consulting market actors, etc. Or it can mean identifying non-state market actors who can share and/or assume some of the government’s stewardship functions. Examples of this stewardship function sharing include the cases of joint inspections in Kenya<sup>11</sup> or self-regulation in Uganda.<sup>12</sup> Table I provides further examples of strengthening stewardship functions through market facilitation.

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<sup>11</sup> Bedoya, Guadalupe, Das, Jishnu and Amy Dolinger. Randomized Regulation: The Impact of Minimum Quality Standards on Health Markets. World Bank. Policy Research Working Paper 10386. March 2023.

<sup>12</sup> <https://www.independent.co.ug/ministry-launches-tool-monitor-private-health-providers/>

**Table 1. Examples of market facilitation efforts focused on strengthening stewardship functions**

Targeted (stewardship) function	Focus of (market facilitation) efforts
Mobilization of market actors through the creation / maintenance of platforms for inclusive policy dialogue.	<ul style="list-style-type: none"> <li>• USAID’s bilateral Private Health Support (PHS) program in Uganda supported the Uganda Private Health Association to become a fully operational and sustainable organization representing 65 members - predominantly associations. Recognized as the legitimate private sector representative, The Uganda Healthcare Federation (UHF) serves as the co-chair of the Public Private Partnerships (PPP) Technical Working Group, which meets quarterly to discuss a wide range of policy challenges and partnership opportunities.</li> </ul>
Collection, analysis, and dissemination of information on health-related products / services.	<ul style="list-style-type: none"> <li>• Several development partners (World Bank Global Financing Facility (GFF)/USAID) have supported health ministry efforts to generate more accurate data on private sector facilities and activities to improve planning, coordination, and alignment of resources. This includes conducting a nationwide census of private health facilities to update and digitize its licensing registry in countries like India, Ivory Coast, Senegal, and Tanzania, to name a few.<sup>13</sup></li> </ul>
State regulation of care-seekers or care-providers.	<ul style="list-style-type: none"> <li>• World Bank / GFF supported the Ivory Coast Ministry of Health in conducting a consultative process with private actors to update its policy and regulatory framework. This included a comprehensive review of all (over 33) policy documents to identify barriers to private sector development and the introduction of a new regulatory framework to license / accredit and prepare private facilities in anticipation of the newly introduced strategic purchasing policy.</li> </ul>
Financing to support / shape activities of ‘care-seekers’ or ‘care-providers’.	<ul style="list-style-type: none"> <li>• In Senegal, the Health Systems Strengthening Plus (HSS+) program brokered a PPP incorporating the Agence de la Couverture Maladie Universelle (aCMU) and the Alliance du Secteur Privé de la Santé du Sénégal to increase the scale and scope of contracts between health mutuelles and private providers to cover priority health products and services such as family planning and other reproductive health services.</li> <li>• Strategic Purchasing for Primary Health Care (SP4PHC)) assisted PHILHEALTH and the Ministry of Health (steward) in mapping the roles, functions, and public and private spending to understand why PHILHEALTH’s generous FP benefits package – which includes long-acting and reversible contraception – has had little impact on FP coverage.</li> </ul>

<sup>13</sup> Diop, I.L., I. Touré, M. Koita, M. Diop, and M. El-Khoury. 2018. Cartographie du Secteur Privé de la Santé au Sénégal 2016–2017. Dakar, Senegal: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates Inc.

# What is the difference between market stewardship and facilitation?

In the context of MDA, it is operationally useful – and perhaps less confusing – to think of “stewardship” and “market facilitation” as different things. In effect, market facilitation is what FHM Engage *does*. Stewardship of the health market system is what market actors *do*.

Stewards of the health market system are **internal** to the market. For example, a Ministry of Health will always be an integral part of the market system beyond the life cycle of any single donor program. Its activities will always play a powerful role in determining a market system's incentive and accountability environment. To ensure the sustainability of impact, the Ministry of Health is (or should be) involved in creating supporting functions and rules that impact the operations and performance of all other market actors. This same principle holds true for the other market actors performing stewardship and stewardship-like functions. These non-state entities – private and consumer groups alike – are integral players in a market system and will therefore remain in the market, ensuring continuity and sustainability of the steward function they are performing.

In contrast, FHM Engage, as a market facilitator, is **external** to the FP and other health markets. This remains the case even though it is trying to improve the performance of internal actors, including “stewards.” FHM Engage’s role is as a temporary, catalytic agent of change working through market actors – including stewards – to achieve large-scale, inclusive, and sustainable change. Although market facilitation can be seen as a form of stewardship, FHM Engage does not play a stewardship function in a market system. Instead, through market facilitation, it strives to strengthen stewardship capacities and functions – whether performed by the state or some other actor in the market system.

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Frontier Health Markets (FHM) Engage works to improve the market environment for greater private sector participation in the delivery of health products and services and to improve equal access to and uptake of high-quality consumer driven health products, services, and information. FHM Engage is implemented by four core consortium partners: Chemonics International (prime and co-technical lead), Results for Development (co-technical lead), Pathfinder International, and Zenysis Technologies, and a host of Network Implementation Partners (NIPs).

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