

**BUILDING SUPPORT FOR PUBLIC PRIVATE PARTNERSHIPS
FOR HEALTH SERVICE DELIVERY IN AFRICA**

*CRITICAL ISSUES FOR COMMUNICATION: RESULTS FROM A
STAKEHOLDER CONSULTATION*



**The Center for
Development
Communication**

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EXECUTIVE SUMMARY

The World Bank commissioned the Center for Development Communication (CDC) to develop a communication strategy to help boost public-private partnerships in the African continent. CDC consulted with key informants and stakeholders identified by the World Bank's Public-Private Partnerships (PPP) working group in order to develop a stakeholder analysis to help inform the larger communication strategy. This report summarizes the results of that consultation.

The analysis confirmed that there is significant potential in greater public-private partnerships. Both of the sectors who work separately to provide health service delivery can work together to achieve more effective and efficient high quality health services. The role of a communication strategy is critical in highlighting the importance of developing and promoting this relationship. Communication can facilitate dialogue and help move the overall PPP question further on the policy and decision makers' agenda.

While the potential is significant, there are many challenges in implementing PPPs. These include but are not limited to the following:

- Recognizing the important role that the private sector plays in health service delivery and therefore encouraging its further development
- Further developing and defining the concept and definition of public private partnerships
- Establishing a clear distinction between the roles of public and private sectors
- Involving the private sector more fully in the planning process

These challenges have implications for communication in terms of defining audiences and messages. For example, the public sector may need to be further educated about the private sector's role in health service delivery.

The reluctance to implement and further expand PPPs seems to stem from possible misconceptions based on perceptions and real programmatic (policy frameworks, capacity, etc) obstacles. From a communication perspective, a common misconception to address would be that the private sector is there to take over the role of public responsibility and at the same time make more money for itself. Specifically, there is great fear of working with the *for profit private sector*. The concern seems to be that if partnerships were created between this and the public sector- it would lead to more corruption. The profit motive would lead to increased bribery and kickbacks. Specific communication messages can be developed to address these concerns.

Potential programmatic obstacles in implementing PPPs have also been confirmed to be at all levels including the institutional, operational, political and cultural level. In some of these areas, communication can play a key role in helping to overcome some of these obstacles.

- The very nature of how public and private institutions are set up (*communication can acknowledge this difference and help the sectors move forward in developing a partnership*)
- There is an absence of real political commitment, policy and framework for PPPs (*communication can highlight the importance for developing policies*)

- The transaction costs for implementing PPPs seem to be high (*communication can illustrate that the benefits are greater than the costs*)
- Lack of communication between the public and private sector (*communication can promote dialogue between the two sectors*)

Many of the stakeholders consulted have confirmed that within the same institutions there are people who support PPP and there are people who still need to be convinced about its potential. In trying to identify potential target audiences for a communication strategy, the analysis revealed the following groups of people and/or institutions and what they need to achieve:

- National level elected officials (politicians)- *know and understand the benefits of PPPs for health service delivery*
- Ministers of Health and all public health related officials- *advocate for PPP implementation and expansion; explain the benefits of PPPs to public; encourage work with private sector*
- Ministers of Finance and Economy- *understand the cost-benefits of PPP; mobilize resources for work with private sector*
- Relevant private sector decision makers- *engage in dialogue with public sector for working relationships*
- Private sector health workers- *understand how PPP can help reach the poor and disadvantaged*
- Multilateral and Bilateral agencies - *advocate for greater PPP expansion and promote/facilitate dialogue between the sectors; mobilize resources for partnerships*

Communication messages need to address perception barriers and programmatic barriers. They should be developed stressing the positive aspects (e.g. benefits) of PPPs for the larger population. Messages should avoid being negative or isolating any particular institution or group of people. In general they should highlight the efficiency, effectiveness, accountability that partnerships offer. Partners and allies such as WHO (and specifically WHO-Afro), UNAIDS, African Development Bank, USAID, various academic institutions, local NGOs and media outlets who are also working in this area should be engaged to help further the dialogue and expansion of greater public-private partnerships.

KEY RESULTS

Opportunities and Challenges

While many of the respondents felt that there are great opportunities in public-private partnerships there were some who felt that the subject should be approached with caution as public-private partnerships can be difficult to implement and lack practicality. Working with the not-for profit sector seems to have more potential (as the profit variable is removed). All the respondents, however, seemed to agree that the main objective of setting up PPPs is to provide low cost quality health care aimed especially toward reaching the poor.

There is significant potential in PPP. There was general consensus that each sector-private and public- work in parallel to each other. They could “complement each other in serving the customer (patient)” if they were to work together. The demand for health services is increasing as the population ages and the public sector does not have the capacity to deal with such a demand by itself. The private sector has had tremendous growth in the last couple of decades whose potential can be tapped in to meet the increasing demand.

In some countries tools for enhancing and implementing PPP already exist. In one country’s health policy there are specific clauses which allow for the possibility to finance public health by the private sector.

- “PPP by definition is suppose to be a win-win proposition for all the people involved”
- It is “useful when parties come together that don’t normally work together. They could achieve a bigger aim than each of them individually could come to achieve on their own.”
- The “opportunity to ensure more effective high quality delivery is only going to be achieved if there is a close partnership between the public and private sectors.”
- “Partnerships will ensure quality assurance in health provision. The technology will be updated, while capacity building will not only concentrate on public providers, but the private formal and non-formal providers will benefit too.”
- “Creating alliances with the private sector (for profit, not for profit sector) can help us move forward in service delivery and certain types of health programming in Africa”
- “Strong frames of reference exist: A national health policy, a contracting policy, a resource mobilization strategy”

The important role the private sector plays in health service delivery should be recognized and the further development of the private sector should be encouraged.

The private sector should be encouraged to work in the public field through technical and financial arrangements. They should also have “real expertise in health.” Often times the private sector “assumes that because they use a private mechanism- its enough. But its not enough, they need to develop expertise to deliver health services.

And in health this is a real challenge. Many organizations are private but they do not hire the appropriate expertise they need.”

- “through direct financing, setting up of performing technical protocols, organizing in house training sessions...”
- “Must work internally for people to appreciate added value and the centrality of the private sector in achieving health goals”
- “We’re seeing that in many countries in Sub-Sahara Africa, people go to some sort of private provider and the national programs have not taken that into account with trainings and preparations.”
- In the private sector “they need training and support but not as they do in the public sector like workshops and seminars all the time. All the modern approach of training that people are using should be promoted in the private sector.”

There should be a clear distinction between the roles and responsibilities of the public and private sectors. Particularly in the area of health, many respondents noted that “there is a huge ambivalence about dealing with the private sector” as it relates to roles and responsibilities. Many of the respondents agreed that the main responsibility of the public sector should be in providing a favorable policy environment which promotes public-private partnerships.

- “The private sector has an important role to play for profit and not for profit but not the same as the public sector.”
- “Through a clear distribution of the roles between the public sector (Ministry of Health and Prevention) and the private sector (especially at the community level).”
- “The private sector takes advantage of the public sector unless there are strong systems in place to guard against misuse.”
- The “role of private sector frequently seen as adversarial, if not redundant with the public sector, so part of the challenge is about roles and responsibilities of public sector vs. private sector- whether its international level or Ministry of Health, that there be appreciation and recognition that private sector is playing a very central role in terms of health service delivery...”

PPP terminology itself can cause much confusion and therefore should be clearly defined. Many respondents noted that the term “PPP” means different things to different people. It is not a product that is defined clearly and so can be hard to promote or even sell. This presents a great challenge for communication in how to promote PPP implementation and expansion when there does not seem to be any agreement on its definition.

- “I am not at all convinced on the PPP terminology...[each sector has a different role to play]...that’s why when you bring everybody in on the same terminology you don’t know whose in charge of what....don’t know whose thinking what when they come to the table.”
- “The idea of partnerships varies with each individual. If you enter a room with 40 people you will have 40 different ideas of what a PPP should be. There are various definitions of PPPs.”
- “I think (it) is an enormously important definitional/ terminology question because there is an enormous difference between a true public private partnership and

privatization and health services delivery or even separate from private sector service delivery for health in general.”

- “People use this term (PPP) to cover a very wide range of very different activities. The considerations in each of these areas is very different. If you have a not-for-profit truly joint venture where decision making is totally shared- people call that a public-private partnership. But people are also calling private sector for profit delivery of health services a PPP- that’s vaguely related to what the government wants to achieve.”
- “The PPP terminology is not always the same for all the different actors or stakeholders. When we talk about PPPs the scope of the PPPs should be clearly defined at first when we discuss it. I often realize in discussions that people don’t always cover the same subject when they talk about PPP.”
- “PPP is sometimes the buzz word. Its very up to date so people mention it here and there but am not sure if there is a real content behind that. At this stage its better to develop a dialogue because we don’t have a concept that is clearly enough defined. People are not ready to have one definition of PPP.”

Programmatic Challenges

There are institutional, operational, political and cultural obstacles which need to be overcome. For example, at the operational level there is an “absence of a mechanism for the implementation of PPPs” and at the cultural level there is a perception that health services are a “medical concern” and therefore communities are not involved in the implementation of such services. And at the political level, “some politicians in the field perceive certain associations or NGOs (private sector) as rivals.” There is a lack of knowledge and understanding of PPPs which can lead to programmatic obstacles (implementation and expansion).

The very nature of how public and private institutions are set up. Public institutions are there for the people and have little or nothing to do with profit- whereas private institutions by their very nature are results oriented and for profit. Understanding the very origins of how these two sectors are set up to function can help to target people more effectively for developing PPPs. Communication can acknowledge this difference and help the sectors move forward in developing a partnership.

- “The current dichotomy between the public sector and the private sector (wrongly considered as solely profit making)”
- “Public and private sector management styles do not merge. In the former, there is a lot of bureaucracy and it is more process oriented, while the private sector is results oriented”
- “A public organization is created on behalf of society to explicitly pursue the public global good and is explicitly not for profit. Private sector- expect principles of economics to be at work and the more greed at the individual level and in large numbers is good for everybody. They have different ways of doing business because the sub-culture of a private company is not the same for a public one.”
- “You need someone to define the priorities and protect the most neglected populations/ abandoned populations. The private sector is not in the best position to do that.”

There is an absence of real political commitment, policy and framework for PPPs at the national level. The public sector needs to develop sound frameworks in which partnerships with the private sector (for-profit or non-profit) and NGOs can be enhanced. At this point, there seems to be a lack of clear operational frameworks in place which allow for PPP work. There also seems to be a lack of capacity, especially in the public sector to implement the necessary health policies. The private sector in some countries is also not strong enough to meet the increase in demand for health service delivery. A communication strategy should highlight the importance for developing such policies and frameworks.

- “In Africa in particular they speak different languages and people are afraid to engage in PPP that use public monies that could be used to support civil society or otherwise might be funneled to favor private sector companies”
- “Absence of consistent and long term health policy with clear objectives”
- “Without a framework policy structure endorsed by the policy makers viz parliament, it is difficult to implement PPP”
- “The right capacities are not at the right place to implement the health policy”
- “The partnerships could also open up something for the population if the public were to leave the process and put some framework in place.”
- PPPs are “difficult to implement when there is no framework” and in some “third world countries the responsibility of the NGOs are so huge because there is no counterpart or very little counterparts to put something into place.”
- “There is no strategy to structure PPP, no real political will to set up PPP”
- “The PPP should operate under strict regulations; standards of service must be high”
- “Obstacles on both sides [including] the government’s ability to manage contracts, the general policy, contracting blockages are difficult, weak policy framework, capacity building on both sides”
- “The private sector needs to have a legal framework. Right now there are too many constraints- need to be more efficient. These are issues where the policies can really help.”

The private sector must be fully involved in the planning process. Collaboration mechanisms must be developed where the two sectors jointly participate in the planning process of programs.

- “private sector ...[should be] fully involved including in the identification/ selection of the priorities and the evaluation of the final outcome”
- “Through a direct and concrete integration of the private sector within the health programs (design of the program, implementation, etc)”
- “The private sector itself also needs to be educated on ways of working with [the] government without undue influence from them (corruption). They should be part and parcel of the policy formulation team.”
- “Collaboration instruments to find ways to work with [the] private sector so it isn’t just a vendor or contractual relationship but really a joint planning and joint funding of activities.”

The transaction costs for implementing PPPs seem to be high. A communication strategy can help illustrate where benefits are greater than costs.

- “Big challenge in engaging the private sector at the country level is for them (our missions and others) to fully appreciate the effort that’s required to engage the private sector...there are transaction costs associated with working with the private sector. It requires a different way of doing business- conceptualizing and operationalizing your work. You need to bring the staff up to speed with how this works.”
- “The transaction costs are quite high for PPPs to work well. And part of the reason is that if you were to do it really in a business fashion then you would agree to jointly have one supervisor for all the parties. But some funding agencies would not give up their supervisory role (which is already budgeted for)...they maintain it- so therefore the cost of the person who supervises it comes on top of it.”

There is a lack of communication between the public and private sector. “They need to listen to each other and to cope with one another’s different approaches.” There are instances where the public and private sector will be working side by side with no communication as to what each one is doing and it seems that the individual is the one who loses out. For example, “the largest referral hospital has patients lying on the floor for lack of space, while the nearby largest private hospital in ...will have empty beds.”

The two sectors can really learn from each other. “From the private sector- the management strategy which they use is more efficient and effective and is something ignored in the public sector in Africa. The issues of management, leadership and transparency are something we admire.” The public sector can set the priorities to achieve health goals. This is an area where a communication strategy can promote dialogue between the sectors.

Potential Misconceptions

There seem to be some misconceptions about PPP which need to be addressed in a communication strategy. And many times these misconceptions can lead to road blocks in PPP expansion as people are reluctant to engage in a fruitful dialogue. Some of the important misconceptions identified by the stakeholders center on perceptions of the private sector. “There is a misconception in understanding the private sector. They feel it is a way of getting more money, getting better salaries. They do not see the real issue is not the salary but the effectiveness and using the best we have possible.”

A common misconception to address from a communication perspective would be that the private sector is there to take over the role of public responsibility and at the same time make more money for itself. Specifically, there is great fear of working with the *for profit private sector*. The concern seems to be that if partnerships were created between this and the public sector- it would lead to more corruption. The profit motive would lead to increased bribery and kickbacks. “Suspicion of the profit-making motive in health.”

Many respondents also felt that there should be avoidance toward considering PPP “the result of the failure of the public sector”. In addition, there is a clear lack of information available to the public about PPPs and their mechanisms of implementation.

- “Private sector is solely about profit making”
- PPP “may be perceived as having profit motives”
- “Greed of the private sector”
- “Target and educate the people at the grassroots to understand PPP, before going to the people at the top.”
- PPP does not mean “withdrawal of the public sector from health activities” or that “prices of health services will increase exceedingly and will be out of control”
- “Business principles driven by profit motivation cannot be applied to health care service delivery.”
- “Corruption from both the private and public sectors especially if PPP is between public and private *for profit* organizations”
- “The anxiety that’s always there when you are using private sector profit driven things is that they will marginalize the poorest even more because they don’t have a political voice and a financial voice so that profit driven services- unless they are carefully designed probably will automatically gravitate to not serving the very poorest.”

The whole population, especially the poor stand to benefit from greater PPPs. But a common pitfall is that “communities are not involved in the decision making process.” There is an “absence of involvement of communities in the decision making process.” A respondent noted that “the issue is how can we get them (the community) involved in the PPP process. With transparency it can happen. The community can be aware of it, can share the results, share the funding...we should have a mechanism by which PPP can be open to the community so it will know what is going on.”

Primary Audiences Who Need to be Convinced

Many of the interviews have confirmed that within the same institutions there are people who support PPP and there are people who still need to be convinced about its potential. Many health professionals and decision-makers in various government ministries and agencies “need to be informed and sensitized on PPP’s objectives and advantages.” One respondent stated that “we really need to advocate and explain to the public (sector) what they are going to get out of it (partnerships) in terms of solving the problem. We have to really create an acceptance of the private sector- this is a big concern.”

Besides the obvious Ministries of Health, Economy and Finance, additional ministries to target include the Ministry of Foreign Affairs (“for governmental cooperation aspect”); Ministry of Local Authority (for “decentralized cooperation aspect”) and Ministry of Information (for the “externalization of contracting policy”).

In one country, there seems to be support at all levels including the political, institutional and legal and regulation level. There are “comparative advantages [which] exist within the private sector” as well as policy frameworks (from the public sector)

such as “existence of a Local Authority Code, a Public Market Code, a[n] Investment Code, etc.” which allow for the expansion of PPPs.

Specifically, the primary audiences would include:

- National level elected politicians
- Ministers of Health and all public health related officials
- Ministers of Finance and Economy
- Relevant private sector decision makers
- All health service providers
- Medical and Physician’s Associations
- Multilateral and bilateral agencies who put great amount of monies and expertise into strengthening health systems.

Secondary Audiences

- Civil societies
- NGOs and CBOs
- Religious leaders/ organizations

Key Behavioral Objectives

The overall goal of a communication strategy as suggested by this consultation would be to facilitate dialogue between all the key players and have the overall public private partnership question moved on the agenda of the policy and decision makers. This process will help address misconceptions on PPPs and the private sector and work through key African and international media channels. Below is a table listing the primary audiences as identified by the respondents and the behavior objectives we want them to achieve for communication and toward implementing PPPs (programmatic).

Primary Audience	Behavioral Objective
Public Sector	
Politicians (national level elected officials)	Communication <ul style="list-style-type: none"> - know and understand the benefits of PPPs for health service delivery and its objectives - advocate for PPP implementation and expansion
Ministers of Health and all public health related officials	Communication <ul style="list-style-type: none"> - know and understand the benefits of PPPs for health service delivery and its objectives - advocate for PPP implementation and expansion - educate public about how PPP can benefit general population - encourage work with private sector Programmatic <ul style="list-style-type: none"> - develop PPP friendly health policy - develop appropriate frameworks such as operational guidelines for PPP expansion - develop and enforce regulations on the private sector for standards of care

	<ul style="list-style-type: none"> - increase capacity in public sector to work with private sector
Ministers of Finance and Economy	<p>Communication</p> <ul style="list-style-type: none"> - advocate for PPP expansion - mobilize resources <p>Programmatic</p> <ul style="list-style-type: none"> - develop financial frameworks to work with the private sector
Private Sector	
Professional Medical Associations	<p>Communication</p> <ul style="list-style-type: none"> - advocate for greater PPP expansion - understand how PPP can help reach the poor and disadvantaged
Relevant Private Sector Decision Makers	<p>Programmatic</p> <ul style="list-style-type: none"> - develop institutional mechanisms for working with the public sector (including development of a large umbrella organization representing the whole private health sector)
Doctors/ private sector health practitioners	<p>Communication</p> <ul style="list-style-type: none"> - understand how PPP can help reach the poor and disadvantaged
Private sector for profit	<p>Communication</p> <ul style="list-style-type: none"> - work to educate public about the myths surrounding the private sector for profit <p>Programmatic</p> <ul style="list-style-type: none"> - provide structure and means to work with public sector
Private sector not for profit	<ul style="list-style-type: none"> - support means of working with the public sector
Multilateral and Bilateral Agencies	<p>Communication</p> <ul style="list-style-type: none"> - encourage dialogue between the sectors - document and encourage experience exchange - know that PPPs do strengthen health systems <p>Programmatic</p> <ul style="list-style-type: none"> - develop and propose mechanisms to enhance implementation of PPPs - increase expertise within organization on PPP (e.g. training)
Consumer groups/associations	<ul style="list-style-type: none"> - play a more active role in helping communities increase their choices for health services

Possible Messages

Many of the messages emerging from the stakeholder interviews fell into two categories:

1. *Perception barriers* (how each sector is perceived to be working). Many of the respondents felt that positive messages about the private sector should be communicated to the public sector. For example, one participant noted that “there are so many important messages to be conveyed to the public sector for them to accept and even imitate the way the private sector functions.”
2. *Programmatic barriers* (definition of PPPs; how they are set up- e.g. contracting is not considered by some a formal PPP; lack of policy support and frameworks, etc). Messages addressing these barriers maybe difficult to formulate and agree upon as there were many obstacles identified at many levels in both sectors. The role of communication here would be to help clarify the many definitions or terminology of PPP and help promote its understanding so that favorable policies can be developed.

The following are some general messages which emerged from the consultation:

- ***The health system needs to be considered in its entirety.*** Working with the public sector alone will not achieve much progress. By engaging the private sector, we are optimizing use of limited resources. “The development landscape has changed a lot over the past few decades. Specifically looking at how health problems in developing countries are addressed, you really do need to look at a multi-sectoral approach, and involving the private sector on some of these issues to focus on sustainability.”
- ***“Around one-half of the poor people in Africa already use the private sector when their child is sick, lets ensure they get cheaper and good quality of care there.*** This means we are not inventing a new approach, we analyzed what poor people do and we want to help them get more for their money.”
- ***The potential of the private sector can be harnessed to increase coverage and quality of health services- especially to the poor.*** Data from many African countries show that many of the poorest 20% go to the private sector for health services. “The benefit is higher coverage reaching the maximum number of people with a high quality of services.”
- ***The public and private sector - each has its own comparative advantage.*** If both sectors were to work together - with the public sector providing a policy framework for the population and the private sector providing management and capacity, Africa can come close to reaching the MDGs.
- ***Implementing or expanding PPPs does not translate into increased health care costs.*** National economies and specifically health costs will improve with private sector partnerships.
- ***The role of the public sector does not diminish in working with the private sector.*** There is a misconception that the private sector will take over the responsibility of the public sector if PPPs were institutionalized.
- ***“Investing in the private sector is not necessarily at the expense of the poor or disenfranchised.*** By engaging the private sector, you have the potential to increase access to critically needed services and goods that otherwise would not be available. The private sector, through either its manufacturing or delivery capability are better positioned to deliver than the public sector, so its not at the expense of anyone and it’s a win-win situation.”

- *“What you get (health service) is more important than who delivers it.”* The quality of health care service is more important than the source of its delivery. By partnering with the private sector you are increasing access to good quality care.

Partners and Allies Who Can be Used for Communication on PPP

- International development agencies who are already working in this area- WHO (specifically WHO-Afro), UNAIDS
- Regional agencies: African Development Bank (ADB)
- Donor agencies who are already working in this area e.g. USAID, GTZ
- Academic Institutions- who may be doing research in this area e.g. University of Kwala-Zulu Natal in Durban, South Africa; they can also develop training courses on PPP for public and private professionals
- Local NGOs who are currently partnering with the public sector e.g. K-MET in Kenya, Sopey Mohammed in Senegal among others
- Media Outlets who can be tapped for stories on working public-private relationships

METHODOLOGY

The stakeholder study utilized qualitative methods consisting of conducting face-to-face and telephone interviews using a semi-structured question format. A total of 28 interviews were conducted in Washington DC (7), Tunis (5), Dakar (7), Nairobi (5) and Geneva (4). Approximately sixteen face-to-face interviews and 12 telephone interviews were conducted. Responses were collected over a 2 month period from May-June 2005. The interviews were conducted by the following:

STAFF	ROLES
Saidou Dia	<ul style="list-style-type: none"> • provided input in the formulation of the interview guide • identified key stakeholders in both sectors and carried out interviews in Senegal
Fourat Dridi	<ul style="list-style-type: none"> • carried out interviews with the African Development Bank in Tunis
Saima Iqbal	<ul style="list-style-type: none"> • provided input in the formulation of the interview guide • managed the stakeholder consultation process out of Washington DC • interviewed stakeholders in Geneva and Washington DC • drafted the analysis report
Stella Kihara	<ul style="list-style-type: none"> • provided input in the formulation of the interview guide • identified key stakeholders in both sectors and carried out interviews in Kenya.

The questionnaire consisted of eight open-ended questions aimed at having a consultation with the following objectives:

- To understand more about potential concerns of various stakeholders involved in the process and how these are or can be addressed

- To determine what are some misconceptions about PPP which need to be addressed
- To identify groups and individuals that can be instrumental in promoting the strategy, as well as refine information on examples where there have been some successes
- To gather information on your experience as to what are some obstacles to overcome in establishing PPP in health service delivery from a programmatic (policy, operational, institutional, etc) view point

The interview guide could not be field tested due to time constraints but it was the result of several consultations among our staff as well as approval by a Lead Public Health Specialist for Africa Region/ World Bank. The questions in the survey were designed to serve more as a guide rather than a scientific instrument. Many of the participants contacted for interviews were not available for consultations due to the short notice as they were often times traveling. And due to limited resources in terms of time and budget, the CDC was not able to interview the desired sample selected from the list. For example, only two interviews were conducted at the World Bank. It should also be noted that while there is fair representation from various parts of the public sector, the sample includes only a small number from the private sector. This again was due to people's availability and CDC's time constraints.

Participants were pre-selected based on the following criteria:

- They were thought to be broadly representative of the target audience
- They were also recommended by the Africa Region of the World Bank
- Their availability to participate in the interview sessions as well as meet with our staff present in two African countries- Kenya and Senegal.

Those interviewed included staff from:

- Government agencies: Ministry of Health
- Private Institutions: Association of Physicians/ Medical Societies/ Association of Private Hospitals
- Civil Society: NGOs and other not- for-profit groups working in this area (Sopey Mohammed, Senegal; K-MET, Kenya; Academy for Education Development; Drugs for Neglected Diseases Initiative- DNDi; Advance Africa)
- University professors working in this area - Cheikh Anta Diop University, Senegal; University of Nairobi, Kenya
- Regional agency- African Development Bank
- Multilateral and bilateral agencies: World Bank, UNAIDS, USAID

List of Participants in Stakeholder Analysis

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Geneva conducted by Saima Iqbal			
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Stakeholder Interview Guide

Public-Private Partnerships for Health Service Delivery in Africa

Introduction *(to be adapted on site by the interviewer)*

The Center for Development Communication is consulting with key informants and stakeholders identified by the World Bank's Public-Private Partnerships working/ advisory group in order to develop a stakeholder analysis that will be the foundation for a *comprehensive communication strategy* for promoting public-private partnerships in health service delivery in Africa.

You have been pre-selected for this interview and we welcome your views. Please know that strict confidentiality will be maintained and no names will be identified. Our purpose is to gather viewpoints in order to inform a stakeholder analysis. Your participation is greatly appreciated.

Objectives:

- To understand more about potential concerns of various stakeholders involved in the process and how these are or can be addressed
- To determine what are some misconceptions about PPP which need to be addressed
- To identify groups and individuals that can be instrumental in promoting the strategy, as well as refine information on examples where there have been some successes
- To gather information on your experience as to what are some obstacles to overcome in establishing PPP in health service delivery from a programmatic (policy, operational, institutional, etc) view point

Methodology *(for the staff conducting the interview):*

Interviews with stakeholders will be conducted in parts of East and West Africa, Geneva and Washington DC with the following guidelines:

1. Please set up an interview time between 15 to 20 minutes with total time being no longer than 20 minutes. Review the objectives.
2. Determine if it will be a face-to-face or a telephone interview. Please determine if you need to record the interview ahead of time or just take notes.
3. State that confidentiality will be practiced. No direct names will be identified as this is not a research report, rather it is to inform the communication strategy where their respective views will be taken into account.
4. When the interview is completed, make a 1 page summary in English (for each interview- see attached response sheet) and send to Saima Iqbal. Please retain your complete notes in case they are needed for clarification later on.

Questions for Interview:

1. Do you (really) believe that PPPs in health service delivery have any potential? Why or why not?
2. Based on your experience:
 - a. Who do you think needs to be convinced in order to increase partnerships with the private sector in your country or in the countries you work on?
 - b. What key individuals, groups and institutions already support this?
 - c. At what levels and how?
3. What are some programmatic (policy level, institutional, operational) obstacles which you feel need to be overcome so that the PPP strategies can be implemented?
4. Who, in your experience, are the main beneficiaries of greater public-private partnerships in health service delivery? Any potential losers?
5. Any thoughts on who might be an advocacy champion for this in your country? (like Jim Grant was for Children, or Graca Machel in Africa. Any thoughts?)
6. What are 2 messages which you consider most important to communicate on PPP for health service delivery?
7. What are some potential misconceptions and/or pitfalls to avoid?
8. Based on your experience and knowledge of PPP in health service delivery- what types of partnerships (e.g. contracting, franchising, concessions, health mutuals, leasing, etc) would you say are working the best? Do you have examples which seem to be working?

Recording Sheet for Interview Responses

1. Do you believe PPPs have any potential? Yes No
Why/ or why not?

2. a. Who needs to be convinced?

b. Who already supports this?

c. What levels and how?

3. Programmatic obstacles identified:

4. Beneficiaries of PPP:

Potential losers:

5. Advocacy champion in your country:

6. 2 key messages on PPP to communicate:

a. _____

b. _____

7. Potential misconception/ pitfalls to avoid:

8. Types of partnerships working best:

Specific examples:
