

Introduce Yourself

Neha Suchak

Sep 28 2006 4:06PM

Tell us a little about yourself and why you chose to participate in this conference.

Susan Mitchell

Oct 18 2006 4:09PM

My name is Susan Mitchell...I have worked for the past 15 years on USAID funded private sector health programs, primarily in the Asia and LAC regions.. I'm currently the Director of the POUZN Project which works to make point-of-use water treatment and pediatric zinc products available globally through the private sector. I'm based in Washington DC.

My biggest concern is that in many countries that I've worked, particularly in Africa, people have nowhere else to go but the private sector; the public sector is simply not accessible to them. For those countries I want to hear about effective strategies for making products and services affordable and accessible to the poor.

In other countries that I've worked, the public sector is disproportionately serving those in urban areas and the wealthy. In those cases I want to hear about successes in holding government accountable for serving those who are truly in need of those limited resources.

Lisa Tarantino

Oct 18 2006 6:27PM

My name is Lisa Tarantino, I currently work on the global USAID funded Banking on Health project. Our project helps increase access to finance for private providers and distributors in Latin America, Asia, Africa, and Eastern Europe. We work with both the practices/businesses themselves and with financial institutions. I am interested in discussing barriers that private providers face in their business, commercial and policy environments which inhibit expanding quality services and products. I am personally involved in managing activities in the Philippines and Romania this year.

Neha Suchak

Oct 18 2006 6:45PM

Hello, my name is Neha Suchak and I'm the Director of Communications for Abt Associates PSP-One Project. I'm located in Washington DC, and look forward to getting to know many of you overseas and sharing stories about our experiences in private sector health.

Jeffrey Barnes

Oct 19 2006 3:14PM

Hi, I'm Jeff Barnes and I work on the PSP-One project for Abt Associates in Bethesda. What brought me to PSP-One is firm conviction based on nearly 20 years of working on health projects in Africa that public health and development are best served by leveraging and working with the private sector. I started my career with an NGO which conducted a lot of rural, community-based health activities. While those efforts are important, I also

saw that reliance on subsidies and donor funding can have serious negative consequences in terms of perpetuating dependence and discouraging commercial investment. I have also managed social marketing programs in South Africa and Ivory Coast. I think social marketing of products and services is one effective bridge between the public and private sectors, but even in this area, I find programs tend to ignore the bigger picture and too little consideration is given to how activities impact the total market and how populations should be segmented to minimize donor dependence and maximize commercial investment.

I look forward to discussing these and other issues with you in the forum.

Nadia Khan

Oct 20 2006 3:42PM

Hi, I'm Nadia Khan, and I work on the PSP-One project for Abt Associates in Bethesda, Maryland. I'm a Senior Analyst working as a Country Coordinator supporting PSP-One in-country work. The countries my work supports include: Ethiopia, Zambia, Bolivia, Honduras, Guatemala, the Asia/Near East region, and the Philippines. I have six years of experience with a focus on the epidemiology of microbial disease, specifically HIV/AIDS. My interests within PSP-One have expanded to include behavior change communication, monitoring and evaluation and strategic policy initiatives that aim to increase access to high quality reproductive health care in developing countries. I look forward to discussing these and other issues with you in the forum.

Brian Pagels

Oct 20 2006 4:16PM

Hi, I'm Brian Pagels and I work in online communications for the Abt Associates PSP-One project. I work for Forum One Communications, a web strategy and development company based in the Washington, DC area. I look forward to meeting those of you from around the globe!

Pascal Kaplan

Oct 24 2006 6:50PM

Hi Susan, please update your intro

Francoise Armand

Oct 26 2006 5:24PM

Hi, my name is Francoise Armand. I am the director of social marketing and pharmaceutical partnerships for the PSP-One project. I have worked on public/private partnerships since 2001 when I joined the Commercial Market Strategies project. I am based in Bethesda at Abt Associates.

I have a strong interest in the private sector because it is highly efficient in bringing products to users and also offers the widest contraceptive product choice. I believe in giving consumers as many options as possible and the private market can do that provided there is demand for those products..A lot of what we do at PSP-One is help grow markets by developing generic and branded strategies to increase informed demand. There are also opportunities to leverage private sector resources if we take the time to

understand where common ground may exist between private sector and public health interests...

Eliseo Martell

Oct 27 2006 8:54PM

Hi, my name is Eliseo Martell, I have a medical degree, a master in public health and a master in public administration. I am originally from El Salvador in Central America, but I moved to Canada fifteen years ago. I have worked in the area of Public Health in Canada for thirteen years but because my origins I am interested in health issues in developing countries. I am currently the Manager of the Youth Health Program for my region and my programs address child and youth health. Our current focus are violence prevention and social skills development as strategies to build in children the capacity to make the right decisions related to their health. We try to implement systemic strategies when addressing child and youth issues. I am also involved in health promotion, community development and health planning and evaluation. I am interested in learning about international health and how the public sector can contribute to better health for developing countries population. I also would like to contribute to the area of public health in developing countries. I see this conference as an opportunity to learn and reflect on issues related to the public sector and health.

Tarry Asoka

Oct 27 2006 11:36PM

Hi Everyone,

This is Tarry Asoka - Health Systems Management Consultant based in Nigeria. In my previous life I was Health Adviser for UK Department for International Development (DFID) in Nigeria for five years. During this period I facilitated DFID's engagement in working with the private sector - both for-profit and non-for-profit to make services available to poor people in Nigeria. In addition to policy dialogue with government to find appropriate roles for the public and private sectors in health within the framework of a 'private sector led economy'.

As a private sector player now, I am constantly and actively seeking for opportunities that can expand the space for private sector participation in service delivery with a view to making accelerated progress towards the MDGs.

I may be misunderstood at times because I advocate for 'markets for health care'. But what I really stand for is getting the job done well irrespective of who does it - without any ideological hang ups.

One area we have capitalised upon in Nigeria is to get the private lead on what it does best such as marketing, mobilising resources, and so on while encouraging the public sector to increase business confidence for the private sector to invest in a 'public good, such as health.

As the conference progress I would be glad to share some specific experiences such as the National Health Insurance Scheme that has an explicit PPP arrangement.

Luis Azpurua

Oct 28 2006 2:16AM

Hi, I'm Luis Azpurua. I'm a pediatric Intensivist with 16 years of experience in the public health sector in Venezuela. I had the chance to be part of the board of directors of the Health Corporation of the second populated state in Venezuela for four years. Also, right now I'm the head of a pediatric emergency department of one of the busiest hospital in Caracas. Besides I'm the project leader of a new Emergency Hospital that will be open on the first quarter 2007. So I know the whole public sector from the managerial point of view and from an intern client point of view.

In the private sector, I'm running a project related to occupational health

The reason for being in this conference is the huge gap that we have in Venezuela between the public and the private sector. My aim is to learn a lot and exchange opinions in order to begin to understand how the public and the private sector can work smoothly together in order to close this gap. So I'm willing to share opinions and experiences in order to have a productive experience.

Benjamin Loevinsohn

Oct 30 2006 1:50AM

Hi, I'm Benjamin Loevinsohn and I'm a lead public health specialist at the World Bank which I joined in 1999. I'm the team leader for health sector activities in Afghanistan and Pakistan and I also work on health systems issues through out the South Asia region. I spend about a quarter of my time on monitoring and evaluation. Prior to joining the World Bank, I worked as a health specialist at the Asian Development Bank (1993-1999), advisor to Philippine Department of Health (1990-1993); Technical Officer, Unicef, Sudan (1987-1989); and Primary Care Physician, Government of Nicaragua (1984-1985). I did my medical training at McMaster University in Canada and studied public health at Harvard.

Nadeem Akhtar Khan

Oct 30 2006 11:20AM

hi! Everyone

I am Nadeem Akhtar Khan ,currently working with CEDPA ,India as a state team leader for School AIDS Program with government.I also worked with CARE India for their new born care and maternal care Evaluation project in india.

I would love to share my experience in working with public and private partnership we through capacity building of service providers and communication strategies using local resources,mediums were able to put a dent in some harmful practices prevelant in one of the district of India

There are evidence that we were able to reduce the pre lecteal,iable to promote delay bathing of child ,increase cholostrum and exclusive breast feeding through quality counseling by service providers

I would like to know how the issue of managing newborn and post partum complications stories of other countries with poor resources and unavailability of service providers at community level.

Tania Dmytraczenko

Oct 30 2006 10:08PM

Hello. My name is Tania Dmytraczenko. I am an senior health economist at Abt Associates. I currently serve as the health financing advisor on the PSP-One Project. Over the past 12 years, I have worked with counterparts in Africa, the Middle East and Latin America on a wide range of health system issues, including insurance, provider payment systems, public-private partnerships and resource tracking. I am particularly interested in evaluation and building the evidence base to support sound policy decision-making.

Denise Averbug

Oct 31 2006 8:54PM

Hi, I'm Denise Averbug, a Senior Analyst at Abt Associates, located in Maryland, US. I've been working on the PSP-One Project for 2 years and ever since have been interested in a range of private sector issues in health, especially quality assurance and equity. The two main activities I'm involved in the project are in Honduras, where we're introducing non-scalpel vasectomy services in the private sector, and in India, where we're partnering with Hindustan Lever on a bottom of the pyramid initiative to improve rural health. I'm originally from Brazil and speak Portuguese and Spanish. I look forward to hearing about the experiences of fellow public health specialists throughout the world regarding the private health sector.

Nancy Pielemeier

Oct 31 2006 8:54PM

Hello - my name is Nancy Pielemeier. I'm a vice president in the International Health Division at Abt Associates in Washington, DC. I manage the health systems and infectious diseases/HIV/AIDS practices within the division. I am particularly interested in the involvement of private as well as public sectors in health policy, reform and health systems strengthening, especially the issues of quality and access.

George Gotsadze

Oct 31 2006 10:34PM

Hi, I am George Gotsadze, based in the Republic of Georgia (former Soviet Union). Being a medical doctor for past 10 years I have been working on health policy and health systems issues in the post communists countries, where private sector is growing at a fast pace. This is my first time in online conference and my interest mainly relates to understanding policy issues that commonly capture the needs of private as well as public sectors, contribute to health care reforms aimed at health systems strengthening. The second issue that I am interested in relates to the possible role of private insurance in the countries, where nations spend significant amount from private sources, but these resources are not pooled in pre-paid risk pools due to weak public sector.

Moncef Bouhafa

Oct 31 2006 11:30PM

Greetings from Moncef Bouhafa -- I head a firm that works on strategic communication and that did some work in the area of the private sector in Africa for the World Bank last year. More about us at <http://www.cendevcom.org> Currently in Bangkok with a UNFPA

workshop -- but interested in learning more form the conference as ir proceeds and sharing materials

Vaibhav Gupta

Nov 3 2006 5:42PM

I am Vaibhav Gupta, a Masters student in Public Policy at Georgetown University, and interested in working on Global Health issues, especially related to improving health service delivery in developing countries, health economics, health education (HIV/AIDS), and public-private partnerships. I am especially interested in HIV/AIDS issues in South Asia particularly India.

Lionel Vigil

Nov 3 2006 11:35PM

Hi, everyone, my name is Lionel Vigil, I work at MSH-Peru, as a coordinator in the Healthy Municipalities and Communities Project. The four-level intervencions in this project are: municipalities, communities, schools and families, which uses the Health Promotion Approach as a public health strategy that tries to improve the health conditions of populations and individuals by acting on the health determinants such us: water and sanitation, education, ocupation, social status, the environment. The website of this project is: www.comunidadesaludable.org, whis is only available in spanish. I would like to learn and also share my views for better understanding the theme in this conference, the role of the private sector in improving the access, quality and equity of health services for the most excluded population in developing countries, I think the power point providen in the conference website, shows remarkable arguments for that, althought I'm not very sure about the data, I expect to see more empirical data that support the retorics of it.

kind regards

Lionel

Dr. Uzodinma A. Adirieje

Nov 4 2006 12:45PM

Dear All,

My name is Uzodinma Adirieje. I am the Health Resource Centre Manager of the Health Reform Foundation of Nigeria (HERFON), and concurrently work as the Head of the Secretariat/Secretary of the National Steering Committee of the Nigerian National Health Conference 2006. I was a UNAIDS/ILO/UNDP/NACA consultant on 'PPP and HIV/AIDS in Nigeria' (2004) and later the Programmes Manager of the 14th International Conference on AIDS and STIs in Africa (2005). I worked as a volunteer for Polio plus, Save-Our-Sight and some other Rotary International and Rotary Clubs projects in different parts of Nigeria during 1986-1995. My articles on 'PUBLIC-PRIVATE PARTNERSHIPS FOR SUSTAINABLE COMMUNITY-BASED HIV/AIDS ADVOCACY' and 'PUBLIC-PRIVATE PARTNERSHIP AND NIGERIA'S DEVELOPMENT' are available at PSP-One's (website/online) Resource Centre. I continue to participate in other community development/leadership activities. During the period 1997-2004, I led/coordinated outreach teams that went to some rural and sub-urban communities in Lagos State to mobilize and work on HIV/AIDS, MCH, nutrition

and blindness prevention education, capacity-building, advocacy and interventions. I welcome opportunities for local and international collaborations in Public Private Partnerships, Health-System-and-Development Projects planning, implementation and M & E, Research, Health care financing, Policy Analyses, Mobilization/Advocacy and Health Writing.

Meerim Sarybaeva

Nov 6 2006 3:31AM

Hello everybody. My name is Meerim Sarybaeva. I am from Kyrgyzstan (Central Asia). I am working in the unit for coordination and monitoring in HIV/AIDS area. We are in the structure of Prime-minister's office. My interest is how to involve private sector in HIV preventin activities. Of course, we know that there should be some incentives for them, bit still would be helpful to learn experinces that you might have.

Bedan Gichanga

Nov 7 2006 6:14AM

Hi my name is Bedan Gichanga and I work with USAID/Kenya concentrating mostly on the area of health systems and health sector reform and working largely with the Kenyan government on the same. I worked for several years in Kenya's private sector both as a provider of care and also a procurer of care for a local health insurance company. I am thus very interested in the private sector and believe it can contribute significantly to improving health indicators in developing countries BUT!!!

Like all the solutions espoused for the health sector I do not believe there is a silver bullet solution that will magically transform the sector and there is need to look at core competencies of both the public sector and the private sector and probably identify ways of creating synergies rather than competiton between the two sectors.

I am hoping to see some of the competencies of the private sector highlighted particularly in regards to the provision of care and also the competencies of the public sector highlighted say in the area of regulation or low cost financing (taxes are cheaper to collect than any fee for service system I would argue) and see whether we can identify areas for each of the sectors to play the lead.

Richard Boustred

Nov 8 2006 4:59PM

Hi, my name is Richard Boustred. I manage the social marketing and procurement portfolio of Marie Stopes International which is a UK based charity providing reproductuve health solutions in 38 countries througout the developing world.

I worked through the private sector in developing countries for the last 8 years to distribute RH products and expand RH services well beyond the scope of the public sector. While I believe that the private sector is (and has to be) motivated only by profit, I believe that it can be the most efficient sector in terms of health returns per \$ invested, even where very rural or disadvantaged communities are concerned.

I would like to discuss and know more about everyone's experiences with incentivising the private sector to serve communities that they would not serve without the subsidy. I'm not just thinking of direct cash incentives but also of reducing private sector costs through tax incentives, simplifying & harminising product registration procedures etc. I'm also

interested in knowing more about experiences of governments sub contracting the private sector to provide health services where the private sector can provide those services more efficiently.

ABHINAV SINHA

Nov 12 2006 1:05AM

Hello all,

I am Abhinav Sinha, working as Assistant Professor in the department of community medicine at R D Gardi Medical College, Ujjain (MP) INDIA. Our institute has multiple local and international collaborative research projects in our field practice area under the public private partnership. Under this, I am particularly interested to do further research into developing an ideal, parallel and synergistic private health care delivery system for the rural poor. The system will be self-sustained and will help the strengthening of the existing government sector. Please comment on the feasibility of such studies

We are also having a DEMOGRAPHIC SURVEILLANCE SYSTEM (DSS) consisting of 60 villages as a part of our field practice area.

Barbara O'Hanlon

Nov 12 2006 4:46PM

Greetings! My name is Barbara O'Hanlon and I work on policy issues, such as legal/regulatory frameworks, policy dialogue, public/private/partnership, attempting to foster better collaboration between the public and private health sectors. I am interested in hearing about successful models for foster better dialogue between the public and private sector and country examples where the public and private health sector work together. Additionally, I am interested in learning about country examples where the public sector has created effective mechanisms to monitor the quality of private sector health services. I will be participating the policy break out session looking for comments in these two areas. Cheers! Barbara

olayinka Ayankogbe

Nov 13 2006 7:24AM

I am Dr.Olayinka Ayankogbe . I am a Senior Lecturer at the Institute of Child Health & Primary Care, College of Medicine University of Lagos. I am a Family Physician and my research base is in general practice/Family Medicine. I am currently involved in practice based research networks as a vehicle of Public Private Partnership between academia and the private general practice network in Lagos, Nigeria. I got the information for this conference while I was browsing my online POP reports from John Hopkins. Since I was already interested in private public collaborations, having spent 15 years in the private hospital sector in Nigeria before coming into academia as a clinician. I joined this conference to meet with colleagues who share my vision and passion for public private collaboration, especially in research and generation of evidence base for accurate engagement of the public and private sectors in Lagos and Nigeria as a whole. Health Systems in Africa have to tap into the resources of the private health sector . The Private sector has to tap into the discipline and orderliness of the public health sector, influencing government policy. It is the only way forward for quality health care delivery in Africa

Raman Kutty

Nov 13 2006 7:25AM

i am raman kutty. i am a medical doctor working in public health, with a background in pediatrics, epidemiology and health economics, and i currently teach health policy and epidemiology to masters students at a course in india, besides working with various ngos in health. my interest in the conferences stems from two sources:

1. i think it will provide valuable resource to teach my students
2. i live in kerala, which has been noted for the excellent health statistics in spite of the poor economic indicators, and where there is a burgeoning private sector in health. the issues around the co-existence of the public-private sectors are very much alive in my state- regulation, financing, quality of care etc etc. i want to know what other parts of the world have experienced.

Luis Mauricio Pinet Peralta

Nov 13 2006 3:04PM

Good morning,

My name is Luis Mauricio Pinet Peralta. I am originally from Mexico, health services specialist by training currently working as a research assistant at the University of Maryland, working towards my PhD in health policy. I decided to join this conference to share a little bit of what I think I know :) but mostly to learn from what others have achieved in terms of reducing health disparities, improving healthcare access and quality and using limited resources as efficiently as possible. I have worked as a paramedic and emergency medical services manager in the United States and Mexico, and have also gotten involved with Emergency Management. While volunteering at the Red Cross, I was a shelter manager during hurricane George's (1999, Mobile, AL) and have gained considerable knowledge and expertise in emergency public health issues. I worked for the Maryland Department of Disabilities and for the Maryland Department of Health and Mental Hygiene, Primary Care Office. I know that having strong health systems that provide quality preventive services are at the core of building strong communities; strong communities are also more resilient and adapt better to changes in their environment. I expect to learn much from you and have enjoyed this conference so far.

Regards,

Luis Pinet

Susan Wright

Nov 13 2006 3:13PM

Hello, I am Susan Wright, the Private Sector Team Leader of the Population and Reproductive Health Office of USAID/Washington. I have mainly worked in reproductive health and maternal and child health in several countries in Francophone Africa and in Morocco, but I am now based in Washington.

Our team, as the name suggests, works to encourage productive roles for the private sector in promoting public health. PSP-One and Banking on Health are two of the activities that are managed by the PRH private sector team. We are very pleased to be able to support this conference, and I look forward to hearing the presentations and reading your responses to them. I would also be interested in finding out whether you

find this virtual conference a good format for exchanging experience and ideas across geographic regions and time zones.

Monte Achenbach

Nov 13 2006 3:55PM

Hi all, it's great to see such a diverse range of backgrounds and experiences represented here.

I am Monte Achenbach, the Regional Deputy Director for Central America at PSI. I've recently arrived at my new post in Nicaragua after more than two years serving as the Executive Director of Greenstar Social Marketing in Pakistan, PSI's local affiliate. Greenstar began its social franchising program with the simple idea that medical providers needed high-quality training and follow up to ensure the proper insertion of IUDs for long-term contraception -- reducing risk of infection and other complications. Since its inception, providers responded with enthusiasm -- nearly 20,000 participants have attended Greenstar training programs, from FP to broader maternal health -- because they saw the value in growing their skills, offering quality medical products, and marketing themselves, with Greenstar's help. Greenstar is now in the process of building its base of active participants in the network (nearly 3,000 receive regular monitoring visits) and expanding beyond FP to maternal and child health under a new brand called GoodLife.

In Central America, we're designing a program that will use franchising techniques to increase quality, accessibility, and awareness of voluntary counseling and testing for HIV and other STIs. The context is quite different, obviously, in this region. I look forward to learning from all of you.

Bruce Mackay

Nov 13 2006 8:34PM

Hello, this is Bruce Mackay, Lead Specialist on Private Sector issues for HLSP, an international consulting firm based here in the UK. HLSP manages DFID's health resource centre, and has a long-standing interest in health systems. I myself am most interested in what consumers want and get out of private health transactions, and in finding ways to build public health on that fundamental reality, because it is what drives the health market, not what providers do. I am not fully persuaded that there are any sustainable ways to do this, so I am sceptic, but a comradely one!

Eric Derks

Nov 13 2006 8:37PM

Hello. I'm Eric Derks, Senior Manager at Action for Enterprise (AFE), which specializes in value chain/market development approaches to economic development. I am very interested to see how applicable these approaches that promote business growth and inter-firm relationships are to achieving healthcare objectives through private sector players. I recently participated in a value chain analysis of some healthcare products in Bangladesh and am now researching several private sector health projects to understand how applicable value chain approaches are. I'm looking forward to learning from all the participants and I hope to contribute where I can.

Jorge Astorga

Nov 14 2006 5:37AM

Greetings,

My name is Jorge Astorga, MD, MBA. I am working as a professor of Physiology and Physiopathology at the School of Medicine in Tijuana, Mexico. As a specialist in Anesthesiology, Critical Care and Internal Medicine, I have experience in both the public and private healthcare sector.

I wanted to ask if topics such as Leadership, Policy, Quality, or other activities that may impact this market will be discussed. In addition, how can this market be segmented in a Mexico/U.S. border?

Meaghan Smith

Nov 14 2006 6:02PM

Hi Everyone,

I am glad to see so many people who are interested in the private health sector. My name is Meaghan Smith and I am a Managing Partner at Banyan Global and the Director of the Banking on Health Project. Banking on Health is a USAID funded project that seeks to increase access to financing for private health care businesses in the developing world thereby improving their ability to offer quality reproductive health and family planning services. Banking on Health works with local financial institutions to promote health sector lending. We also work with private providers to improve their business skills so that they can manage their businesses profitably and access financing. We are currently working in Nicaragua, Peru, Romania, the Philippines, Zambia and Uganda. To learn more about our work, please go to www.bankingonhealth.com. I would be happy to chat with anyone who has experience in working on these issues or who is interested in learning more about how improving access to financing for private health providers can impact public health outcomes.

Ruth Berg

Nov 14 2006 6:51PM

Hello Jorge, thanks for your question. Could you elaborate a little? What specific questions do you have pertaining to leadership, quality, policy and segmentation?

Edith Patouillard

Nov 15 2006 1:51PM

Dear All,

My name is Edith Patouillard, I am a research fellow in Health Economics and Policy at the London School of Hygiene and Tropical Medicine.

I am currently undertaking a systematic review of the literature on the effectiveness of working with private for-profit providers to improve utilisation of quality and affordable health services by the poor (in low and middle income countries)

I would like to take the opportunity provided by this forum to ask all participants if they have knowledge of interventions (social marketing, vouchers, pre-packaging, training, contracting-out, regulation, franchising and accreditation) which impact has been evaluated by studies with either RCT, pre-post, control, retrospective control design.

many studies have probably been conducted but few might have been published hence accessing them is rather challenging - sharing experiences and knowledge with participants this week is a great opportunity to complete such piece of work!
Many thanks in advance to all
Edith

Susan Mitchell

Nov 15 2006 7:00PM

I noticed a few of you commented on, or had questions about the role of the private sector in HIV/AIDS programs. There is an interesting discussion on the topic following presentation \"C\" on Panel 2 in the Conference Hall titled: \"The invisible hand of government in the medical market\". Please join that discussion and post your comments/experience with the private sector and HIV/AIDS prevention or treatment programs.

Sohail Agha

Nov 15 2006 9:00PM

Dear Edith,

A number of private sector interventions have been evaluated in peer reviewed journals:

1) In social marketing:

Agha, Sohail and Van Rossem, Ronan. \"The Impact of a School-Based Peer Sexual Health Intervention on Normative Beliefs, Risk Perceptions and Sexual Behavior of Zambian Adolescents.\" Journal of Adolescent Health, 34: 441-452.

Agha, Sohail. \"A Quasi-Experimental Study to Assess the Impact of Four Adolescent Sexual Health Interventions in Sub-Saharan Africa.\" International Family Planning Perspectives, 28(2): 67-70 & 113-118

Agha, Sohail and Van Rossem, Ronan. \"The Impact of Mass Media Campaigns on Intentions to Use the Female Condom in Tanzania.\" International Family Planning Perspectives, 28 (3): 151-158.

Agha, Sohail, Karlyn, Andrew and Meekers, Dominique. The Promotion of Condom Use in Non-regular Partnerships in Urban Mozambique.\" Health Policy and Planning, 16: 144-151.

2) A franchise intervention was evaluated using a pre-post design:

Agha, Sohail, Gage, Anastasia and Balal, Asma. 2006. \"Changes in Perceptions in Quality of and Acces to Services Among Clients of a Fractional Franchise Network in Nepal.\" Journal of Biosocial Science: 1-14.

3) A microfinance intervention has been evaluated using a quasi-experimental design

Agha, Sohail, Balal, Asma and Ogojo-Okello, Francis. 2004. \"The Impact of a Microfinance Program on Client Perceptions of the Quality of Care Provided by Private Sector Midwives in Uganda.\" Health Services Research, 39(6): 2081-2100.

Please also search under Dominique Meekers who has done evaluations of social marketing interventions and health communications interventions.

Meaghan Smith

Nov 15 2006 10:28PM

I would like to make a comment on Richard Boustred's introduction and interest in government's that sub-contract the private sector and how to incentivize the private sector to serve the underserved. The Banking on Health Project is currently working on this issue in two countries. In Romania we are working with family doctors. These are private providers that are contracted through the National Health Insurance House to provide care. They operate throughout the country, including in rural and poor areas and have been a big part of Romania's success story in increasing CPR. Recognizing the importance of the family doctors in expanding access to reproductive health and family planning services in rural area, Banking on Health is working to improve their viability. We have developed and are rolling out a training program to improve the business management of the family doctors and we will be working with financial institutions to promote lending to these doctors. We believe that improving the viability of the family doctors will improve the sustainability of recent gains in women's health in Romania. In addition, Banking on Health has been working with Nicaragua's Social Security Institute, which offers health coverage to formal sector workers by contracting a combination of public, NGO and private providers. The vast majority are private. Banking on Health has been working to improve reproductive health and family planning outcomes within this capitated system. Over the past year, we have been working with the Social Security Institute to expand coverage to informal sector workers. Last year we conducted a feasibility study and worked with the Social Security Institute to design a pilot microinsurance program. We identified three microfinance institutions to partner with. The microfinance institutions will sell the health insurance to their informal sector clients. The pilot was launched in October and the PSP-One project will be monitoring it so we can get some lessons learned for expanding health insurance to lower income, underserved populations. You can find out more about this work on www.bankingonhealth.com.

Birger Forsberg

Nov 16 2006 9:13PM

Dear All,

This conference is a great initiative!

If you are not aware of the Karolinska/Harvard research programme called Private Sector Programme in Health (PSP) (Yes - PSP! The Programme started in 2002.) please visit the programme website at <http://www.psp.ki.se> The research programme links 10 institutions in 8 countries together around research and policy issues related to the role of the private sector in health care delivery and improving health outcomes, especially for the most vulnerable and poor. (See website for more details, research toolkit and reports.)

Within the PSP we just arranged an international conference with around 25 international and 50 Chinese participants at the Center for Health Management and Policy in Jinan, Shandong Province, China with the head of the center, Professor Quingyue Meng, as host. At the end of the conference participants took a statement that I attach below for your information. It will also be put on the PSP website soon together with the conference report with proceedings.

An important conclusion from the conference documented in the statement was that "time is ripe for a broader, more open network to be created for scholars and policy makers interested in issues related to the role of the private sector in health care delivery

and public health.\" Our hope is that all individuals and organisations interested in this can come together at a meeting at the forth-coming World Congress of the International Health Economics Association (iHEA) in Copenhagen, July 8-11 2007. (See <http://www.healtheconomics.org>) to form such a network.

For more details on this please write to me, Birger Forsberg at Birger.Forsberg@ki.se or Jesper Sundewall at Jesper.Sundewall@ki.se or Yuanli Liu at yuanliu@hsph.harvard.edu.
Birger Forsberg, PSP Programme Coordinator
MD MPH BSc Lecturer, International Health (IHCAR), Dept of Public Health Sciences, Karolinska Institutet, S-171 77 Stockholm, Sweden

Statement from the Shandong Conference on
\"The Private Sector in Health Care Delivery - Potentials and Challenges\"
September 26-28, 2006

Researchers from a collaborative international programme on the role of the Private Sector (PSP) in health and policy makers and international scholars met in Jinan, Shandong Province, China, September 26-28 September 2006 for a conference on \"The Private Sector in Health Care Delivery - Potentials and Challenges\".

The conference heard findings from six countries involved in the PSP programme: China, India, Laos, Vietnam, Uganda and Zambia. Researchers and policy makers from China also shared experiences regarding private sector involvement in health in China. Speakers from the World Health Organization, the Alliance for Health Policy and Systems Research, the Bangladesh Rural Advancement Committee (BRAC), the World Bank, Harvard School of Public Health, USA, and Karolinska Institutet, Sweden also made presentations

Major study findings were shared during the conference:-

Findings from two districts in Zambia indicate that informal providers constitute more than 75% of health care providers.

District level studies in Uganda show that people's positive assessment of the skills of informal providers contributed to their decision to use these providers. Yet, very little is still known about quality of care among informal health care providers. More information is needed on how less than fully qualified providers can be better utilised by governments to deliver services, especially in under-served areas.

\"Research conducted in Guangdong, China, indicated that health services offered by private qualified providers are growing rapidly and that patient satisfaction is generally higher among clients of private health care providers than among those of government

April Harding

Nov 17 2006 12:29AM

I'm April Harding. I'm an economist, working at the World Bank. I've been working on the policy issues related to the private health sector in developing countries for the past 7 years. While I'm interested in all the issues being discussed at this conference, I'm particularly interested in: - contracting with private providers to expand access and quality;

the role that the private sector plays, and could play, in improving child health; and,
- public-private partnerships for hospital services
I look forward to chatting with you!

April Harding

Nov 17 2006 2:37AM

Nice conference write up B.

Malaisamy Muniyandi

Nov 17 2006 4:09AM

Tuberculosis Research Centre (ICMR) has been identified as a nodal centre for training in Revised National Tuberculosis Control Programme (RNTCP) by Central TB Division (CTD). TRC has taken the responsibility of studying the epidemiological and clinical impact of DOTS (Directly Observed Short course chemotherapy) in a project entitled \"DOTS Demonstration and training project\". I am one of those actively involved in this project and doing operational research studies on economic aspects of DOTS.

My current interest has been in the study of the socio-economic impact of tuberculosis on patients, families and the nation. The study to assess the economic impact of tuberculosis on patients started on treatment before implementing DOTS, it revealed the high cost incurred by patients mainly on account of loss of work days and resultant indirect costs. This study also revealed the impact on school going children of tuberculosis patients, that one fifth of the children of the study population discontinued school. This study was published in IUALTD and was much acclaimed by international agencies. Currently we are exploring this field further in model DOTS project area to assess the cost-benefits of DOTS. It was observed that in the DOTS area treatment success rate was more, patient costs were less and patients returned to work early. These findings establish the economic benefits to patients treated under DOTS and lend support to rapid expansion of DOTS programme particularly in low-income countries. Other study is focused on whether the TB programme is outreaching the poorer segment of the community. This study clearly shows that two thirds of TB patients who have access to the TB programme were poor and meets the health need of the most vulnerable segment of the population. Another study on \"impact of external aid on tuberculosis control in India\" revealed that external aid is significantly contributed to filling the financial requirement for RNTCP in India. The current challenge is to identifying the strengths and weakness of stop TB partners: ESI, Railways, TB hospitals, Medical Colleges, Private sector. How to make the DOT more acceptable to patients by networking with other sectors India has one of the largest private health care sectors in the world, with an estimated 8 million private practitioners. These are often the first point of contact for a significant percentage of TB suspects and patients. RNTCP had made a concerted effort to develop partnerships with the private health sector and NGO in order to widen access to quality of care. The success of RNTCP in public and private partnership is due to the human bonds built by its dedicated team. They have overcome many a challenge to build this bridge. In these aspects we can estimate the strengths and weakness of national stop TB partners to strengthen TB control in India.

This workshop is eye opener for me and stimulating me to do think much more on these issues. I am expecting the details you are going to provide us is very useful. We need

your continuous support and collaboration. This will help us to achieve the millennium development goal of TB control.

With warm regards

Yours sincerely

Dr. M. Muniyandi

Health Economist

Tuberculosis Research Centre (ICMR)

Chennai, India

Malaisamy Muniyandi

Nov 17 2006 4:21AM

Hello

Nice to see you Economist in this forum. I want to know any studies on what is the investment for involving private sector for public health intervention programme. I hope you aware in India the private sectors are for profit. If we involve private sector for TB control what is the investment.

With regards

Muniyandi

Malaisamy Muniyandi

Nov 17 2006 4:38AM

In India, there is no standard regimen and the treatment is very costly. At present NGO and very few private sector doing the preventive measures. Government done lot for awareness and condom use as a preventive measures, but paucity of information on effectiveness. Tuberculosis Research Centre (ICMR), Chennai is planning to do study on cost and effectiveness of preventive interventions India. International Institute for Population Sciences, Mumbai is doing a project on Reproductive Interventions for Sexual Health Theory to Action. This is ongoing project we don't know the findings.

Malaisamy Muniyandi

Nov 17 2006 5:01AM

Dear sir

I am happy to provide the materials already available models on Public private involvement for TB control in India. three papers published in International Journal of Tuberculosis.

There are three models Hyderabad, Delhi and Tiruvallur.

if you want any more information i am happy to provide.

Muniyandi

Birger Forsberg

Nov 17 2006 6:12AM

Thanks, April! Hope others read it, too! The idea of a network is good. (Was not mine).

Let us work to make it happen! This conference is already a great start. Birger

CARLOS AROSQUIPA

Nov 17 2006 2:24PM

Hi

My name is Carlos Arosquipa, from Peru. I am phisicyan, specialist in Public health and International Public health. I have worked in the health public sector all my life, and I believe that the only way to improve health situation of people, is strenghtening the government role. But, it is important to engage all sectors and institution on this effort; obviusly the private sector.

I hope to know others experience and change opinions with others collegues.

Carlos

olayinka Ayankogbe

Nov 17 2006 8:09PM

I am Olayinka Ayankogbe, a Family Physician Specialist working at the College of Medicine, University of Lagos. I am a senior lecturer in nFamily Medicine. At Ruth's request, I am posting the rudiments of the ongoing study we are doing at the Institute of Child Health, College of Medicine University of Lagos. I would have uploaded the document verbatim, but I am using my home computer. I will have to get to my office computerr where I can access it. Maybe I will do this tommorow when I get to the office.

Thanks

Basically we are mapping out the illnesses and diseases that present in a sample of 4,000 private health practices in Lagos State Nigeria. We are also gathering data on 400+ practionner profiles. We are using the ICPC-2 to classify the diseases. This is needed to be able to calculate the burden of disesases that present in private practices and to provide evidence on policy changes needed in capitation fees setting.

we will use 6 months to do the study. We are a team of 6 doctors with 4 professors of Medicine and 2 Senior lecturers. I am the lead investigator. I will upload our full proposal document tommorow.

Dr. Olayinka. O. Ayankogbe

Yinka

Carmen Bravo De Rueda

Nov 19 2006 6:39AM

My name is Carmen Bravo De Rueda, I'm a psychologist working in a private Clinic in Peru and I'm currently president of the Peruvian Association for Women's Mental Health, a non- profit private organization. Our main objective is the protection and promotion of mental health; but also empowerment, education, reproduction, etc. and other conditions specifically related to women that affect their mental health. We work basically based on free collaborations of health professionals to help others and will like to hear from you other alternatives. One of the problems we observed is the little communication among public and private organizations, which implies double efforts in several areas. Great inequalities in services, is another problem that prejudices patients. Congratulations, this online conference is a great initiative and help us a lot.

Delila Lojo

Nov 19 2006 12:42PM

Greetings form Manila, Philippines!

My name is Nina Lojo; my area of specialization is business development and pharmaceutical marketing. I have worked in the pharmaceutical industry, and with two private sector projects of USAID in the Philippines

I do believe that working with the private sector will significantly help fast-track the achievement of the different health objectives. The private sector has significant resources that can be productively leveraged. In addition, engaging the midwives in private practice can be a major factor in a public-private partnership

I would be interested in more ideas on helping further empower private midwives.

Congratulations to the organizers of this e-conference...!

Nina I. Lojo

imtiazh ahmed

Dec 13 2006 8:57AM

Dear All,

At the very outset let me introduce myself. My name is Imtiaz Ahmed and I have done my Bachelors in Medicine and subsequently done my Masters in Health administration from Tata Institute of Social Science in India. Presently I am working with the Centre for Insurance and Risk Management, at Chennai, India

The centre is looking at developing innovative insurance product for the poor and vulnerable section of the society which will act as an effective risk mitigating instrument for them. In this regard we are very much interested in looking at HIV/AIDS as it is fast becoming a disease of prominence assuming epidemic proportion. The situation is worse in underdeveloped and developing countries which reports more than 95% of new cases. Latest estimates according to UNAIDS 2006 Report on the Global AIDS Epidemic showed that in Asia some 8.3 million people were living with HIV/AIDS at the end of 2005 and more than 2/3rd of them (5.7 million) live in India.

Apart from being a public health problem, HIV/AIDS has become an economic problem of great concern, as typically it is a disease characterized by expensive ARV treatment (recent estimate puts the cost of ARV drugs at \$15,000 per patient per annum) and treatment required for opportunistic infections which also include expensive hospitalisation. These high cost associated with tackling HIV/AIDS, overburdens the already struggling economy of the developing countries which are grappling with the burden of communicable diseases coupled with a systematic reduction in the overall spending on health by the state over the years. A recent report by the National Council of Applied Economic Research (NCAER), India projects that HIV/AIDS can cause a fall in 0.86% of economic growth in India annually over the next decade

Apart from the larger economic implication for the state, the high expenditure hits the People Living With HIV/AIDS (PLWHA) hard as they not only have to deal with the disease and attached stigma but also have to deal with the financial aspect associated with it. In the absence of any financial alternative which addresses their risk, they are forced to borrow money or sell assets to cover their expenses which increase their overall vulnerability forcing them in to the trap of poverty

In such a scenario, an alternative risk mitigating instrument like insurance could play a vital role which will ensure that neither the individual nor the state is overburdened financially and will also ensure that the PLWHA receives a more humane treatment which is their justified due. In this regard we are very keen to know about private

financing for the AIDS in terms of providing insurance cover for Patient Living With HIV/AIDS.

In this regard my query is as follows:

* What is the feasibility of offering insurance for PLWHA and what can be the possible bottle neck (political, administrative, financial, socio-cultural etc) that may be encountered?

* Has there been any experience globally as regards providing insurance for PLWHA and what has been the experience?

Looking forward to hearingf from all of you

Sincerely,

Imtiaz

Dr. Imtiaz Ahmed,

Centre for Insurance and Risk Management,

Chennai.