

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

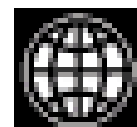
A Communication Strategy



The Center for
Development
Communication

Building Support for Public-Private Partnerships for Health Service Delivery in Africa: A Communication Strategy

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CONTENTS

Introduction	2
Strategic Communication Framework	4
Summary of Results from Stakeholder Analysis	11
Media Overview in African Countries	13
Annexes:	
A. Stakeholder Consultation Meeting Notes	17
B. Critical Issues for Communication: Results from a Stakeholder Analysis	20
C. InterMedia Report: Media Overview in African Countries	40
D. Media Contact List	56
E. Regional African Institutions & Others	62
F. Chronogram with Proposed Budget	67

INTRODUCTION

Research suggests that much of health service delivery in Africa is focused on the public sector, even though there is evidence suggesting that much money is being spent by populations on private sector services. This would mean that the health sector is not being considered in its entirety and progress on the Millennium Development Goals (MDGs) will be difficult to achieve. Public-private partnerships in health offer a way to ensure that monies being spent are utilized in the most efficient way for the best possible care, while bringing innovation, management expertise and delivery capabilities to limited resources.

In this context, the World Bank published a report titled *“Trends and Opportunities in Public-Private Partnerships to Improve Health Service Delivery in Africa”* by T. Marek, C. O’Farrell, C. Yamamoto, and I. Zable, Africa Region Human Development, Working Paper Series Number 93, 2005 which presents the research in further detail. The World Bank also commissioned the Center for Development Communication (CDC) to develop a communication strategy to call attention to these partnerships and help boost them in Africa.

Global communication for development experience suggests that in order for policy reforms to take hold, they require a strong vision that is communicated in an effective way with messages that are designed to persuade key stakeholders in the benefits of adopting the policy. And in the case of PPPs for health, the audiences that need to be reached are varied both in terms of their ability to influence policy at the global, regional and local levels and in their geographic location. Therefore, in developing the communication strategy, the CDC undertook the following approach:

- First, key stakeholders identified by the World Bank’s Public-Private Partnerships working group were consulted to develop a stakeholder analysis. This was done to help develop an understanding of the core issues (e.g. potential concerns, common misconceptions, obstacles to overcome in establishing PPPs, etc) involved in trying to build a strong coalition of interested stakeholders. The process involved interviewing health officials, development partners and health practitioners in both sectors. The results were presented to small group of constituents who reviewed the audiences and messages and made suggestions. The full report *“Building Support for Public-Private Partnerships for Health Service Delivery in Africa: Critical Issues for Communication”* is presented in Annex B.
- The use of mass media is critical to any communication strategy. To effectively reach the target audiences, it is important to know their media habits. The CDC has a partnership with InterMedia Institute in Washington, DC which conducts media habits research throughout the world. Data were purchased on the media use patterns in four African countries who were thought to be representative of Sub-Saharan Africa and comparable data were available. The full report from InterMedia is attached in the Annex C: *“Media Overview in African Countries.”*

- Given its extensive media experience, the CDC identified and developed a list of key media in print, wires and electronic and broadcast TV with contact information of correspondents and editorialists from international and trans-national mainstream media. These media can be tapped for encouraging debate on the issue as well as writing success stories of PPPs in Africa. The full list is provided as Annex D: “*Media Contact List.*”
- Finally, a combination of mass media and interpersonal channels will be used to launch out the strategy. Therefore, the CDC identified key events taking place either internationally or in Africa where messages on PPPs can be delivered in person to key stakeholders. A list of regional African institutions and others who can be partnered with, along with information regarding specific events can be found in Annex E.

The resulting final strategy which defines the audiences, behavior objectives, messages, tactics and tools as well as the monitoring indicators is presented as the main text supported by the stakeholder and media analysis. A chronogram with an estimated budget for the proposed activities is presented in Annex F.

STRATEGIC COMMUNICATION FRAMEWORK

The communication strategy developed for promoting public-private partnerships is driven by the research presented in the paper titled *“Trends and Opportunities in Public-Private Partnerships to Improve Health Service Delivery in Africa”* by T. Marek, C. O’Farrell, C. Yamamoto, and I. Zable, Africa Region Human Development, Working Paper Series Number 93, 2005 and the stakeholder analysis (see full report in Annex B: *“Building Support for Public Private Partnerships for Health Service Delivery in Africa: Critical Issues for Communication”*) which was conducted to gather opinions on the subject. Therefore, based on the research findings in both instances two broad areas have been identified for the direction of the communication strategy:

1. A major effort will be needed to persuade and convince key actors in both the private and especially the public sector on the benefits of engaging in public-private partnerships. Both sectors need to be explained why partnerships should be developed.
2. The second major area will need to focus on the people who are already convinced but need to acquire the “know-how” on developing and implementing partnerships. They will also need to be provided information on what types of partnerships there are and the details involved in developing them.

In both cases, there is a need for greater definition of what is an acceptable public-private health partnership. The paper casts the net very wide, while other groups (like the UN) have more specific definitions.

The communication approach for the first group will target people such as parliamentarians (elected officials), the technical decision makers in government including officials in the Ministries of Health and Finance and the specialized media. A special internal communication effort will be needed for team task managers (economists) in the World Bank.

The second group will include the economists and the technical health experts who already understand that PPPs are beneficial but need technical information about what works and the “how” in implementing them. This group would also include the health practitioners in the multi and bilateral agencies. Some bilaterals such as USAID, KFW and GTZ are already working in this area. USAID is funding a project called Private Sector Partnerships for better health. Specifically, PSP-One which is “USAID’s flagship project to increase the private sector’s provision of high-quality reproductive health and family planning (RH/FP) and other health products and services in developing countries” (<http://www.psp-one.com/section/aboutus>). KFW is helping partner a voucher program on HIV/AIDS in Uganda.

The private sector decision makers are another key audience but they need to be targeted in a way that helps them overcome the skepticism they have in working with the public sector and in turn become advocates for PPPs.

A stakeholders' meeting was organized (see attached minutes in Annex A: "*Stakeholder Consultation and Analysis: Notes for the Meeting*") during which it was suggested that the communication strategy use a layering approach in targeting the audiences. This would mean that not all the suggested audiences be targeted at once and individually—rather vehicles be identified through which messages can be delivered. For example, the parliamentarians would be targeted through the regional African institutions such as the AU, UNECA and NEPAD among others. Major events in or relating to health in Africa can also serve as venues where presentations, discussions and debates on PPPs can take place. The specialized media can be brought on board to facilitate dialogue on the issue and help target both the decision makers as well as inform the general population.

The attached strategic communication framework provides more detail on the behavior objectives, messages, the tactics and tools proposed for each audience as well as the indicators to monitor progress on the strategy.

Strategic Communication Framework

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
<p>Parliamentarians- Elected Officials</p>	<ul style="list-style-type: none"> - Be able to understand how PPPs can benefit health of citizens - Understand that PPPs improve access and quality to health care Make PPP an African Issue 	<ul style="list-style-type: none"> • About one-half of poor people already use the private sector for their health needs. Data from research show that the poorer segments of society use the private sector extensively. • Each sector- public and private- has its own comparative advantage. If both sectors were to work together- with the public sector providing a health policy framework for the population and the private sector providing management, efficiency, new technologies and capacity, Africa can come closer to reaching the MDGs. 	<ul style="list-style-type: none"> • Country specific briefings (presentations and organized debates) for parliamentarians at both regional and local level meetings: <ol style="list-style-type: none"> 1. Annual conference of parliamentary networks on the WB : Reseau des parlementaires Ouest Africains sur le questions de population; l'assemblee parlementaire de la Francophonie (parliamentary assembly of the Francophone) 2. ECOWAS (Economic Community of West African States)- also have a Parliamentary network with no set meeting dates available yet • High-level Forum on the Health Millennium Development Goals meeting in 2006 • Side meeting at World Economic Forum on Africa 2006 (31 May- 2 June 2006) Cape Town, afica@weforum.org • Fund African journalists –based in key capitals to write about PPP using both examples and interviews with key officials • Organize discussion and debate on PPPs on the radio between the hours of 6-7am when most likely listened to by this group. Radio networks would include RFI, Africa No 1, BBC, among others • Organize background briefings with the media in media hubs of Johannesburg, Nairobi and Dakar 	<ul style="list-style-type: none"> • Process Indicators • Number of Briefings • Level of Participation • Impact Indicators • Statements made by Politicians on the issues or interviews given • Debates organized in relevant committees • Debates aired on trans • African media • Legislation pertaining to PPPs
<p>Ministry of Health Officials Ministry of Finance & Economics Officials</p>	<ul style="list-style-type: none"> - To gain acceptance of working with the private sector - Be informed on how to develop and implement PPPs effectively Make PPP an African issue 	<ul style="list-style-type: none"> • Health systems should include not just the public but private sector service delivery as well. In some countries, the private sector provides half of all health services and in most others at least one-third of health services • Implementing or expanding PPPs does not mean higher health care costs. National economies and specifically health care costs will improve with private sector partnerships. The resulting health care system will be more effective, efficient and accountable to the population it serves • Partnerships are not about privatizing health. Rather they help ensure that the money being spent by the population is spent more efficiently and for the best quality care possible 	<ul style="list-style-type: none"> • Hold roundtable discussions on PPP at selected meetings that bring together senior officials. These may include: <ul style="list-style-type: none"> • Annual Meetings of the AfDB , UN-ECA and the AU; African Union (AU) Summit: 16-24 January 2006, Khartoum, Sudan • NEPAD Meeting (tentative October 2006) • SADC- (Ministers of Finance Meeting 20 January 2006)- no others details available yet • ECSA (East, Central and Southern African) Health Community • WAHO (West African Health Organization): Commonwealth Regional Health Community for East, Central and Southern Africa (www.crhcs.or.tz) 42nd Regional Health Ministers Conference, 6-10 February 2006, Mombasa, Kenya • Session of African Union Ministers of Health followed by an experts' meeting which can also have presentations and debates on PPP- highlighting working examples on PPPs October 2006 • Regional Office for Africa/ WHO – meeting date TBD (http://www.afro.who.int/) • Fund a senior health official to participate in the Cambridge 10th International Health Leadership Programme (CIHLP), March 14-21, 2006, Programme available only to senior health sector leaders from public and private health sector organizations. Some scholarships are available for leaders from developing economies. • Create a community of interest and practice by encouraging linkages with other websites to direct them to the relevant WB site and PSP One. 	<ul style="list-style-type: none"> • Process Indicators • Number of roundtables • Leaflets and other materials distributed • Additions to the mailing lists • Impact Indicators • Outcome Indicators

Strategic Communication Framework

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
	<ul style="list-style-type: none"> - Help mobilize resources for working with the private sector Learn how to develop financial frameworks for implementing partnerships 	<ul style="list-style-type: none"> As public funding is limited, it is time to ensure that the money being spent by populations using the private sector is being spent in the most efficient way possible in buying quality services from the private sector. Hence, utilizing the private sector will optimize use of limited resources Investing in the private sector is not necessarily at the expense of the poor. 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 management, 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. 	<ul style="list-style-type: none"> Hold side meeting, presentation and roundtable discussion at the following meetings: <ul style="list-style-type: none"> Session of the Commission/ Conference of Africa Ministers of Finance, Planning and Economic Development, Abuja, Nigeria (5/ 2006) World Economic Forum: Annual Meeting 25-29 January 2006 Davos, Switzerland; one sub-theme is "Building Trust in Public Private Institutions" World Bank's annual meetings in Spring and Fall (Singapore 19-20 September 2006) SADC- Meeting (Ministers of Finance Meeting 20 January 2006)- no others details available yet World Economic Forum on Africa 2006 (31 May- 2 June 2006) Cape Town, africa@weforum.org ECOWAS (Economic Community of West African States) - also have a Parliamentary network with no set meeting dates available yet. Develop position papers and send to mail box including "Trends and Opportunities" paper 	<ul style="list-style-type: none"> Process Indicators Number of meetings held Level of participation Impact Indicators Public statements by officials Outcome Indicators Changes in Funding and Policy
Specialized Media-focussing on health: <ul style="list-style-type: none"> Radio Networks (BBC French, RFI, Africa No. 1) Television (TV 5, Africable) 	<ul style="list-style-type: none"> - Facilitate an informed debate on public-private partnerships and help move the overall PPP question further on the policy and decision-makers' agenda 	<ul style="list-style-type: none"> Organize briefing sessions for the media in selected media hubs and at critical moments designed for reporters, editors specialised in health Special invitation to all events discussing PPP in Africa including the annual meetings of AfDB, UN-ECA and the AU- where PPPs will be specifically discussed Facilitate reporters to cover PPPs by providing resource materials periodically, posting best practices, facilitate coverage by working in partnership to produce programs on PPP for electronic media e.g. chat shows, discussion fora; call-in programs, etc Recommend websites listing PPP resources for media 	<ul style="list-style-type: none"> Process Indicators Number of briefing sessions Quality and quantity of journalist that are involved Materials distributed or made available on the websites Impact Indicators Number of articles and or reportages that appear as a result (requires outsourcing a media monitoring contract) Outcome Indicators Levels of knowledge and opinion 	<ul style="list-style-type: none"> Process Indicators Level of Participation and Attendance List of names to PPP mailing list Impact Indicators Changes in funding policy by donors Outcome Indicators Increase/Decrease in funding levels for PPP
Multilateral and bilateral agencies (specifically program managers)	<ul style="list-style-type: none"> - Understand that PPPs do strengthen health systems - Document and encourage experience exchange between the sectors on effective 	<ul style="list-style-type: none"> At the moment, most donor aid is being used to subsidize the public sector which research shows is used extensively by the rich- who usually know someone and don't have to pay for services. The poor use the private sector in the form of pharmacies, midwives, next-door healers, etc. In Mauritania, for example, 40% of the richest people consume 72% 	<ul style="list-style-type: none"> Organize a side meetings at the: <ul style="list-style-type: none"> High-level Forum on the Health Millennium Development Goals meeting in 2006 World Economic Forum: Annual Meeting 25-29 January 2006 Davos, Switzerland; one sub-theme is "Building Trust in Public Private Institutions" World Economic Forum on Africa 2006 (31 May- 2 June 2006) Cape Town, africa@weforum.org, where donors will be present (see tactic under that audience) Organize debates and discussion at the Private Sector Working Group Meeting organized in Washington DC by ABT Assoc and funded by USAID 	<ul style="list-style-type: none"> Process Indicators Level of Participation and Attendance List of names to PPP mailing list Impact Indicators Changes in funding policy by donors Outcome Indicators Increase/Decrease in funding levels for PPP

Strategic Communication Framework

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
	<p>partnerships</p> <ul style="list-style-type: none"> - Help develop and increase expertise internally as well as externally on PPPs 	<p>of public subsidies given to hospitals, while the 20% poorest people only benefit from 2% of those subsidies.</p> <ul style="list-style-type: none"> Working with the public sector alone will not achieve much progress. The development landscape has changed a lot over the past few decades. Specifically looking at how health problems in Africa are addressed, you really do need to look at a multi-sectoral approach, which means involving the private sector to focus on sustainability. MDGs are unlikely to be achieved through the official resources alone. Estimates of the financing gap range from US \$50 billion to US\$100 billion a year (approx. double the current level of aid). (WEF) 	<ul style="list-style-type: none"> Organize a side meeting to present the communication strategy at the PSP- One 1 Day High level meeting in Washington DC in April/ May 2006 Distribute “Trends and Opportunities...” publication to selected donors (e.g. USAID, GTZ, KFW and DFID) Produce successful PPP examples from global partnerships such as The Global Fund for AIDS, TB and Malaria; Stop TB; AIDS Vaccine Initiative; GAVI; and The Vaccine Fund where they have had success in Africa in PowerPoint Presentation to send to donors 	
<p>Health Practitioners Professional Medical Associations Directors of Health Services</p>	<ul style="list-style-type: none"> - Play a more active role in helping communities increase their choices for health services - Understand potential of PPP in Africa and act as lobbyist 	<ul style="list-style-type: none"> Many of the poorest already utilize the private sector for health services. For example, a survey conducted in Malawi in 2000 showed that 74% of the poorest 20% used the private sector when their child was sick. Developing partnerships will result in higher coverage reaching the maximum number of people with a high quality of service. 	<p>Organize side meetings with presentations and relevant institutional examples of working examples of PPPs:</p> <ul style="list-style-type: none"> ECSA- Health Community: The Directors Joint Consultative Committee brings together Deans of Medical Schools, Directors of Health Services and Directors of Health Research Institutions (a network service by ECSA)- would be a good fora for discussion and debate on PPP and where one can get some African ownership. Commonwealth Regional Health Community for East, Central and Southern Africa (www.ehcs.or.tz) 42nd Regional Health Ministers Conference, 6-10 February 2006, Mombasa, Kenya XVI International AIDS Conference co-organized by International AIDS Society and UNAIDS in Toronto, Canada (August 2006) Forum 10 – Global Forum for Health Research – brings together policy makers, development partners and the resources, directors and users of resources. Cairo, Egypt (10/29-11/2, 2006) 6th International Conference on Priorities in Health Care, Toronto, Canada (9/20-22/2006) 	<p>Process Indicators</p> <ul style="list-style-type: none"> Number of side meetings held Level of participation Impact Indicators Follow up activities by Practitioners Lobbying efforts undertaken Outcome Indicators Increased PPP in terms of quality and quantity
<p>Private Sector Leaders (both for profit & not for profit) Pharmaceutical Industry Traditional healers associations</p>	<ul style="list-style-type: none"> - Overcome scepticism in working with the government by engaging in a fruitful dialogue with the public sector for establishing working relationships. 	<ul style="list-style-type: none"> The demand for health services is increasing as populations age 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. The private sector will bring to the table new technologies, ability to provide essential goods and 	<ul style="list-style-type: none"> The Kenya Association of Private Hospitals’ meeting in 2006 can be expanded to the region as a forum to discuss and debate PPPs; experts from public sector invited; private sector experiences shared to highlight way forward. Organize a satellite meeting at the Forum 10 – Global Forum for Health Research – brings together policy makers, development partners and the resources, directors and users of resources. Cairo, Egypt (10/29-11/2, 2006) Sponsor a session at the World Economic Forum on Africa 2006 (31 May- 2 June 2006) Cape Town, http://www.weforum.org/africa Target the following groups at their meetings with materials (leaflet & PPT) on PPPs: 	<p>Process Indicators</p> <ul style="list-style-type: none"> Number of meetings that are held Level of participation Additions to the PP mailing list Impact Indicators Levels of understanding of PPP Outcome Indicators Increase/Decrease in

Strategic Communication Framework

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
	<p>- Learn how to develop institutional mechanisms for working with the public sector</p> <p>Serve as advocates for PPPs</p>	<p>services, efficiency and management expertise. Applying these competencies will result in “clear, economic benefits, e.g. labour productivity, human resource costs, marketing and brand recognition strategies.” (WEForum)</p> <ul style="list-style-type: none"> • “Private sector resources and competencies can improve development outcomes.” A stakeholder analysis conducted by the World Economic Forum emphasized that the mere involvement of business and NGO personnel in a partnership project often produces management efficiencies, innovation and a performance culture that can be as valuable as the resources committed. 	<ul style="list-style-type: none"> o Corporate Council on Africa (HIV/AIDS Initiative) o South Africa Business Coalition for HIV/AIDS and others o Global Business Coalition on HIV/AIDS • Traditional healers regional or sub-regional meetings (Global Summit on HIV/AIDS Traditional Medicine and Indigenous Knowledge, 14- 18 March 2006, Accra, Ghana) 	<p>partnerships</p>
<p>Internal to the World Bank: Bank Task Team Leaders (TTLs) Economists</p>	<p>Know and understand how to develop and implement PPPs</p>	<ul style="list-style-type: none"> • Working with the public sector alone will not achieve much progress. The development landscape has changed a lot over the past few decades. Specifically looking at how health problems in Africa are addressed, you really do need to look at a multi-sectoral approach, which means involving the private sector to focus on sustainability. MDGs are unlikely to be reached through official resources alone. Estimates of the financing gap range from US\$50 billion to US \$100 billion a year (approx. double the current level of aid). • Around one-half of the poor people in Africa already use the private sector when their child is sick, lets ensure they get low cost 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. • Increasing spending on public sector health services does not 	<ul style="list-style-type: none"> • Produce a summary leaflet on PPP’s with case studies of different types of working partnerships in Africa • Produce an FAQ on PPP’s that can be posted on the World Bank and other websites • Key Presentations at Network Meetings., using an updated PowerPoint presentation • Bring experts and officials from working PPP projects in Africa to network meetings • Generate increased coverage of working examples of PPPs in Africa in the media read/ watched/ listened to by this group , through background briefings with key correspondents (see list) • Features & in-depth articles written in journals read by Bank staff including: The Economist, Newsweek, J.A. Economie, L’Intelligent, Le Monde, Le Monde Diplomatique • Hold side meetings at the following events to promote PPP. Use round table debate formats. <ul style="list-style-type: none"> • African Union (AU) Summit: 16-24 January 2006, Khartoum, Sudan • World Economic Forum: Annual Meeting 25-29 January 2006 Davos, Switzerland; one sub-theme is “Building Trust in Public Private Institutions” • Forum 10 – Global Forum for Health Research – brings together policy makers, development partners and the resources, directors and users of resources. Cairo, Egypt (10/29-11/2, 2006) - Bank TTLs and Sector Leaders usually attend. • Africa Economic Summit (31 May- 2 June 2006) Cape Town, africa@weforum.org • 6th International Conference on Priorities in Health Care in 	<ul style="list-style-type: none"> • Process indicators • Number of network meetings held • Number of leaflets produced and distributed • Numbers of hits on relevant pages of websites or frequency of downloads • Number of background briefings and other contacts with the media • Impact indicators • Number of task managers that attend the sessions and presentations. • Number of key media contacts on contact list • Number of articles that appear in the media and electronic shows that are broadcast (requires a media monitoring service to be contracted out) • Outcome indicators • Bank investment in PPP in Africa

Strategic Communication Framework

Audience	Behaviour Objective	Messages	Tactics and Tools	Monitoring Indicators
		<p>translate into increased spending on poor people. Partnerships offer a way of better utilizing resources in reaching more of the poorer population. In Tanzania, insecticide-impregnated bed nets were successfully distributed because they were sold at a substantially reduced price which the poor could afford.</p>	<p>Toronto, Canada, 9/20-21/2006</p> <ul style="list-style-type: none"> • Collaborate in activities proposed by PSP-One (who will target technical people in USAID and other donors): <ol style="list-style-type: none"> 1. Participate in a delegation to a country with good example to study PPPs 2. Participate in a "mini-training" of "how to" on PPPs 3. Produce a tool-kit on PPP. 	

SUMMARY OF RESULTS FROM STAKEHOLDER ANALYSIS

To help develop and inform the larger communication strategy, the Center for Development Communication consulted with key informants and stakeholders identified by the World Bank's Public-Private Partnerships (PPP) working group and developed a stakeholder analysis. Below is the summary of that consultation. The full report can be found in Annex B.

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.

MEDIA OVERVIEW IN AFRICAN COUNTRIES: Results from an Audience Analysis

The mass media will play an important role in implementing the communication strategy for public–private partnerships for health service delivery in Africa. In order to reach the audiences effectively, especially the decision makers, it is important to know their media habits. Therefore, the Center for Development Communication purchased data from InterMedia on the media use patterns of general and “elite” populations (most likely to be the decision makers and henceforth addressed as such) in four African countries: Mali, Kenya, Cameroon and Nigeria. These countries were chosen because they were thought to be representative of Sub-Saharan Africa and comparable data were available. The data are drawn from surveys conducted in 2004. The full report from InterMedia is attached in the Annex C: “*Media Overview in African Countries*”.

The sampling included the general population defined as adults 15 years and older with nationally representative samples from Mali, Kenya and Nigeria. Data from Cameroon was from urban surveys. The number of surveys ranged from about 1400 to 3900. The table below shows the definition for the decision maker population.

Table 1: Definition of “Decision Maker” Group by Country

	MALI (N=70)	KENYA (N=139)	CAMEROON (N=173)	NIGERIA (N=394)
Age group	Adults 25 +	Adults 25+	Adults 25+	Adults 25+
Education	At least a univ. degree	Some univ educ	Some post high school educ	Some level of higher educ
Residency	Bamako	Nairobi	Urban areas	Urban areas

Results from each of the four countries are presented below.

Mali

Close to seventy percent of both populations (general and the decision makers) considered ORTM to be very trustworthy for news and information. The decision makers also consider TV5 to be very trustworthy- more than the general population. According to the results this would be the medium of choice to use for message delivery for that group.

In terms of the press, L’essor was read by about 61 % of the decision makers in the past seven days. Eighty-one percent of the decision makers identified RFI as their most important source of information followed by ORTM with 50.7 %.

Radio is often the medium of choice in reaching the African audience. In Mali, the peak morning time for radio listening for both groups is from 6-7 am with 37% of decision maker tuning in at 7am. The numbers go up again in the evening starting at 5pm and continuing until 7:30 pm. The peak evening time for the decision makers is at 6 pm with 29% tuning in. These data indicate that there are more listeners in the morning than

evening. Hence, more messages through the radio should be delivered in the morning for Mali and the larger Western Africa.

Kenya

KTN TV is considered by the decision makers to be the most trustworthy for news and information followed by Nation TV and CNN International. A third of the population- both general and elite- consider KBC TV to very trustworthy.

An overwhelming majority (~94%) of the decision makers identified the Daily Nation as the press most read in the past seven days followed by the Standard with 66.9%. Parents and Newsweek magazine were identified as the two common ones read in the past 7 days.

The general population considers KBC and Citizen FM as their important sources of information. Those most likely to be the decision makers, however, identified KTN TV and Nation TV as their most important sources of information.

Reaching the audience in Kenya through the use of radio would be more effective in the morning as the peak listening time is between 6-7 am. The group we most want to target listen more in the morning (45%) than in the evening (34%) - but there are clear peaks in listening during both parts of the day. The evening hours range from 7-9 pm.

Cameroon

The decision makers identified Euronews and TV5 as being very trustworthy for news and information whereas the general population also identified Canal + Horizons as being very trustworthy.

In terms of the press most read in the past 7 days- it was Cameroon Tribune and Le Messenger accounting for almost one-half to one-third of the readings by the decision maker group. Mutations was read by almost 25 % of the elites.

Euronews and RFI were considered the most important sources of information by the two groups, although a higher percentage of the decision makers listed them. CRTV was also listed by close to 33% of that group.

Forty-five percent of the “elite” population of Cameroon listens to radio in the morning from 6 to 7 am. The general population also listens at that time, although at a smaller percentage (32%). There is also a peak to radio listening in the evening from 8-10 pm although at a smaller percentage (30% for elites and 25% for the general population). It is worth noting that for the decision maker group, the peaks occur at the beginning of each hour, i.e. at 8 pm, at 9 pm and then at 10 pm followed by a decline. For the general population, the peak listening time is at 8 then it falls off.

Nigeria

CNN International and BBC World were identified by both groups as being very trustworthy for news and information.

The Punch, the Guardian and the Sun were the most read newspapers by both groups in the past 7 days. Tell, Hints and Newswatch were the most read magazines in the past days.

VOA and the BBC were identified as the most important sources of information by both groups.

The best time to reach audiences in Nigeria would be in the morning between 6-7:30 am. The peak for the general population is at 6:30 am (32%), and for the elite group it is at 7am (44%). The radio reach just falls off the rest of the day with only about 14% of the elites listening in the evening at 7pm.

Table 2: Summary of Media Habits by Country

	COUNTRY			
	Mali	Kenya	Cameroon	Nigeria
Most trustworthy for news and information	ORTM TV5	KTN TV Nation TV CNN Intl KBC TV	Euronews TV5 Canal+Horizons	CNN Intl BBC World
Press most read in past 7 days	L'essor	Daily Nation Standard Sunday Nation (decision makers) Taifa Leo (gen)	Cameroon Tribune Le Messenger	The Punch The Guardian The Sun
		Mags: Parents Newsweek		Mags: Tell Hints Newswatch
Most important source of information	RFI ORTM TV5 (elites)	<u>Decision Makers:</u> KTN TV Nation TV <u>General:</u> KBC Citizen FM	Euronews RFI (101.1, 97.8, 105.5) CRTV- Radio Poste National (88.8)	BBC VOA
Radio reach at various times of day	morning: 6-7am peak: 7am evening: 5-7:30pm peak: 6 pm (for the decision maker group)	Morning: 6-7 am Peak: 7 am Evening: 7-9 pm Peak: 7 pm (decision makers)	Morning: 6-6:45 am Evening: 8-10 pm with peaks at top of each hour General pop peaks at 8 pm then falls away	Morning: 6-7:30 am Peak: 7 am Evening: no significant listening noted at this time by either group

What does this mean for the PPP Audiences?

The above data would seem to suggest that while they are not representative of all of Africa, some generalizations however can still be drawn. The data presented by Mali can probably be applied to West and francophone Africa, while the one from Cameroon can be used for Central Africa and Kenya's for East Africa. Due to data, time and resource constraints, we were not able to obtain data for any country in Southern Africa.

The target audiences for the proposed communication strategy include economists working in the World Bank, parliamentarians- elected officials, Ministries of Health and Finance and Economics officials, private sector leaders, program managers in multilateral and bilateral agencies, health practitioners (professional medical associations, directors of health services), specialized media and consumer groups/ associations. The demographic profile of Parliamentarians and other government officials would generally tend to be of those in the 35+ age group, medium to high income levels, with a higher level of secondary education (at least a college degree or higher).

The data have helped identify the particular television and radio stations, newspapers and journals through which the proposed audiences can be reached. Again, it should be noted that although the data are country specific, they can still be extrapolated to the larger Sub-Saharan African continent. The TV stations include TV5, Euronews, KTN, Nation TV, CNN International and BBC World. The radio stations would be RFI (101.1, 97.8 and 105.5) and Radio Poste International (88.8). Newspapers would include Daily Nation, Standard, Le Messenger, The Punch, the Guardian and the Sun and some magazines such as Newsweek. More detail along with graphs and charts of the media habits analysis is presented in the Annex C: "*Media Overview in African Countries*".

**Building Support for Public-Private Partnerships for Health Service Delivery in
Africa
Stakeholder Analysis and Consultation
Notes for the Meeting
June 30th 2005**

Introduction

In keeping with the technical approach and methodology of the work plan, a meeting of key stakeholders was organized in Washington DC with the following objectives:

- Present and review results from the stakeholder analysis conducted by the Center for Development Communication.
- Propose an initial list of priority audiences for the communication strategy as well as key objectives and possible messages for validation by the group.
- Inform the group about the next steps in the development of a communication strategy

A summary of the key points from the discussion and next steps are listed below.

Background

Key Points:

1. Public-Private Partnerships have not been mainstreamed yet. The communication strategy should help to achieve this.
2. The paper on trends and opportunities will be published soon.
3. The Bank's TTL's are also not trained on PPPs.
4. A review of the communication strategy process and plan was presented.
5. The CDC will share the stakeholder questionnaire with Abt Assoc as they are also planning to do a stakeholder analysis scheduled for sometime in September

Presentation of Stakeholders Analysis- Key Results

Audiences

Key points:

1. The HNP task managers support implementing PPPs but need more technical support in terms of how to do it. The Bank programmers can be advocates for PPPs.
2. The concept of a layering approach was also discussed. The wide range of audiences can be reached through regional African organizations/ institutions such as:
 - NEPAD (New Partnership for Africa's Development)
 - AU (African Union)
 - WAHO (West African Health Organization)
 - ECSA- Health Community (East, Central and Southern African)
 - SADC (South African Development Community) among others.

At the same time the media can be tapped including the international media as well as the independent outlets in Africa. Grassroots can also be targeted- thru use of local media- but perhaps later on as the policy makers and others come on board.

3. A review of the audiences suggested that it might be better to have a trickle down approach. An order coming from the top may have more of an impact toward implementing PPPs.
4. The media should be involved in having a more informed debate on PPPs- they have good channels which can be utilized. There are a number of mechanisms which can be used to target the audiences including: journalists networks and gatekeeper editors (radio & print)
5. There are 2 groups of private not for profit sector who should be targeted separately: NGOs and CBOs

Messages

Key Points:

1. Make sure the messages are not negative; that they are “non-opposition” and do not go against any particular group-i.e. public and private; and are adjusted for each audience
2. Arguments for health specialists versus economists are different
3. A key message should be developed highlighting the quality of services instead of the source of the service
4. Messages should be developed to help keep the private sector on board

Next Steps

Key Points:

1. Consultations with this group will continue. Another consultation will take place perhaps in September to review the draft and have a further discussion
2. Follow two parallel tracks: identify regional African organizations/ institutions; key upcoming meetings and conferences, and start to identify credible independent African media
3. Set up an internet chat around PPPs on PSP-One website
4. Some agreement also needs to be discussed around development of prototype materials

List of Participants to PPP Stakeholder Consultation Meeting
Thursday 30 June 2005 (11am-12:30 pm)
The World Bank
1818 H St (Room MC5-500)
Washington DC

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**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**

CONTENTS

<i>Executive Summary</i>	3
KEY RESULTS	5
<i>Opportunities and Challenges</i>	5
<i>Programmatic Challenges</i>	7
<i>Potential Misconceptions</i>	9
<i>Primary Audiences Who Need to be Convinced</i>	9
<i>Key Behavioral Objectives</i>	11
<i>Possible Messages</i>	11
<i>Partners and Allies Who Can be Used for Communication on PPP</i>	14
<i>Methodology</i>	14
<i>List of Participants for Interviews</i>	16
<i>Stakeholder Interview Guide</i>	20

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 are 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

	- increase capacity in public sector to work with private sector
Ministers of Finance and Economy	Communication <ul style="list-style-type: none"> - advocate for PPP expansion - mobilize resources Programmatic <ul style="list-style-type: none"> - develop financial frameworks to work with the private sector
Private Sector	
Professional Medical Associations	Communication <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	Programmatic <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	Communication <ul style="list-style-type: none"> - understand how PPP can help reach the poor and disadvantaged
Private sector for profit	Communication <ul style="list-style-type: none"> - work to educate public about the myths surrounding the private sector for profit Programmatic <ul style="list-style-type: none"> - provide structure and means to work with public sector
Private sector not for profit	- support means of working with the public sector
Multilateral and Bilateral Agencies	Communication <ul style="list-style-type: none"> - encourage dialogue between the sectors - document and encourage experience exchange - know that PPPs do strengthen health systems Programmatic <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	- 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

NAME	TITLE	LOCATION	TELEPHONE/E-MAIL ADDRESS
Washington DC conducted by Saima Iqbal			
Suzanne Pryor-Jones	AED/AID's Contractor	Washington DC	Tel: 202-884-8812 sprysor@aed.org
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Emmett Moriarty	Health Specialist/ IFC	Washington DC	Tel: 202-473-9051 emoriaty@ifc.org
Eric de Roodenbeke	Public Health Specialist/ Africa Region	Washington DC	Tel: 202- 458-8275 ederoodenbeke@worldbank.org
Dennis Carroll	Senior Advisor Infectious Disease USAID	Washington DC	Tel: 202 712 5009 DCarroll@usaid.gov
Barbara Addy	Global Development Alliance USAID	Washington DC	Will send contact info baddy@usaid.gov
Issakha Diallo	Project Director, AdvanceAfrica	4301 North Fairfax Drive, Suite 400 Arlington, VA 22203	Tel: 703 310 3500 703 248 1633
Geneva conducted by Saima Iqbal			
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Roy Widdus	Global Health Futures Network	International Center Cointrin (Entrance G, 3 rd Flr) 20 route de Pre-Bois PO Box 1826 1215 Geneva 15 Switzerland	Tel: +41 22 799 4088 or 4086 (assistant) Roy.widdus@globalhealthfutures.net

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Nairobi to be conducted by Stella Kihara			
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Dr. Stephen Ochiel	Chairman, Kenya Medical Association	P.O. Box 00100-48502 Kenya, Nairobi	Tel : 254-020-2714991 E-mail : kmanec@wananchi.com
Dr. Solomon Otero	K-MET, Authorizing Official	K-MET P.O. Box 6805 Kisumu, Kenya	Tel: 254-035-22148 Fax: 254-035-41305 e-mail: solorero@kmet.co.ke or solorero@hotmail.com
Dr. Sam Nthenya	Director, Nairobi Women's Hospital and Finance Committee Chairman, Kenya Association of Private Hospitals	Nairobi Women's Hospital the Hurlingham Medicare Plaza, Arwings Kodhek Rd Nairobi, Kenya	Tel: 020-272-6827 e-mail: thenvasam@yahoo.com
Dr. Edwin Muinga	CEO, Kenya Association of Private Hospitals and Medical Director, The Makupa Hospital	The Makupa Hospital Jomo Kenyatta Avenue Makupa Mombasa, Kenya	Tel: 254-41-249-1006 e-mail: kaphnac@yahoo.com

NAME	TITLE	LOCATION	TELEPHONE/E-MAIL ADDRESS
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Pr. Abdoul A. Hane	Chief of Pneumonia Unit, CHU of Fann, Cheikh Anta Diop Univeristy	Dakar, Senegal	Tel: 221 825 37 21/ 869 1804 +221 63 92 313 (mobile) Fax: +221 82 53 721 dhane@sentoo.sn
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Mr. Magatte Wade	Former Director General AGETIP- Senegal (currently member of Board of Directors) President, Board of Directors, ABM External Advisor for the Prime Minister of Senegal		Cell: 639 56 42 Fax: 221 820 9894 wademagatte@hotmail.com

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.

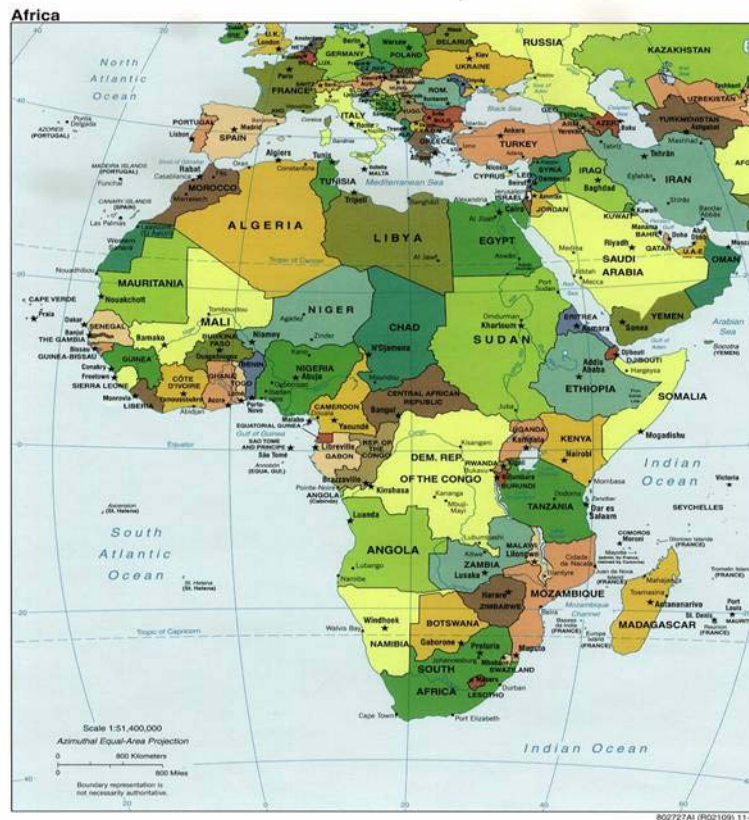
b.

7. Potential misconception/ pitfalls to avoid:

8. Types of partnerships working best:

Specific examples:

Media Overview in African Countries: Towards a Communications Strategy for Elites



2003 and 2004

Contents

Introduction

Conceptual Definitions and Method	2
Sampling	3

Mali

Media Use	4
Media Use: Leading Sources	5
Listening Times	6

Kenya

Media Use	7
Media Use: Leading Sources	8
Listening Times	9

Cameroon

Media Use	10
Media Use: Leading Sources	11
Listening Times	12

Nigeria

Media Use	12
Media Use: Leading Sources	13
Listening Times	14

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Introduction

This analysis compares the general interests and media use patterns of general and elite populations in four African countries: Mali, Kenya, Cameroon and Nigeria. This comparison will facilitate the creation of a communications strategy to target elite population groups in these countries for the Center for Development Communications. The data for the analysis are drawn from surveys conducted in Mali, Kenya, Cameroon and Nigeria in 2004. The surveys in Mali, Kenya and Cameroon come from nationally representative samples, and the Cameroon data comes from an exclusively urban survey.

We begin with the overview of conceptual definitions and the method of analysis, followed by the description of sampling for each country. We report the range of error for the samples of general populations and elite groups for each country in the sampling section. We then present the charts that compare the general and elite populations.

Conceptual Definitions and Method

For this analysis, we define elite population groups as adults 25 and older with post-secondary education or higher residing in urban areas. Specifically, the elite group in Mali consists of adults 25 and over with at least a university education residing in Bamako. In Kenya, elites are 25+ residents of Nairobi with some university education. In Cameroon, the elite group comprises those 25+ who have completed some post high school education and reside in urban areas. In Nigeria, elites are urban residents who are 25 and older with at least some level of higher education.

Topics of general interest include city, regional and international political developments, health and medicine, science and technology, sports, morality, education, the lives of ordinary people, news on religious developments and others. For the purposes of this analysis, for each country we selected the top eight topics in which general population respondents reported being “very interested.” For comparison, we showed the distribution of “very interested” answers for the same topics for the elite groups.

To compare media use patterns of general and elite populations in each country, we focused on the following characteristics: leading press sources (newspapers and magazines separately, in Kenya), most important media sources for information, and degree of trust in television stations. In addition, we examined “yesterday” listening times for both population groups.

As for general topics of interest, we selected the top eight leading press sources and top 10 important sources of information identified by the general population, and then we examined how those same sources were ranked by the elites. To compare the degree of trust in television stations, we selected the top 10 television stations the general populations in Mali, Kenya and Cameroon identified as being “very trustworthy.” (We selected eight television stations in Nigeria.) We compared the distribution of “very trustworthy” answers for these television stations among the general population and the elite groups.

Introduction

Sampling

The **Mali** survey collected data from 1,460 interviews during April and May 2004. The survey is representative of all adults in Mali 15 and over residing in population centers of 5,000 people or more in the regions of Kayes, Segou, Sikasso, Mopti, Bamako and Koulikoro. The regions of Gao, Kidal and Timbuktu were excluded due to their remoteness and low density. For the purposes of this analysis, and drawing on the definition of the elite population outlined in the Conceptual Definitions and Method section, we selected 70 cases to represent the elite population group. Due to a small elite sample size, the results presented in the analysis should be interpreted with caution. Given a sample of 1,460-strong, the range of error with a 95 percent confidence interval would be ± 2.6 percent; for the elite sample size the range of error would be ± 11.7 percent with a 95 percent confidence interval.

In **Kenya** 2,000 interviews were conducted during June/July 2004. Of these, 1,991 were used in the final analysis. Based on the definition of the elite group, we focused on 139 cases and compared them with the general population. Given a 1,991-strong sample, the range of error with a 95 percent confidence interval would be ± 2.2 percent; for the elite sample size the range of error would be ± 8.3 percent.

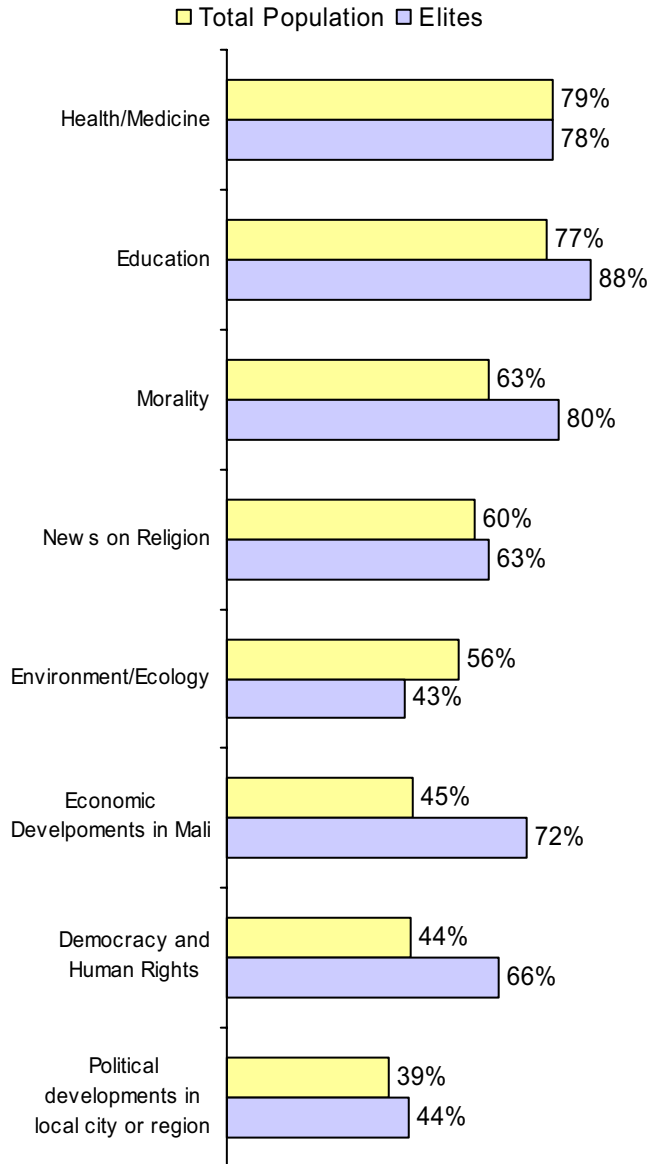
In April 2004, the **Cameroon** survey sampled adults (15 and older) in and around provincial capitals in Cameroon, hereafter referred to as “urban.” For the purposes of this analysis, we used data collected from 1,445 interviews for the general population and data from 173 interviews for the elite population group. Given a sample of 1,445 adults, the range of error with a 95 percent confidence interval would be ± 2.6 percent; for the elite sample size the range of error would be ± 7.5 percent at the 95 percent confidence level..

In **Nigeria**, a nationwide survey sampled 3,923 adults (15 and older) during the summer of 2004. We selected 394 cases to examine the elite population group in our analysis. Given an overall sample of 3,923, the range of error with a 95 percent confidence interval would be ± 1.6 percent; for the elite sample size the range of error would be ± 4.9 percent.

General Interests and Media Use in Mali

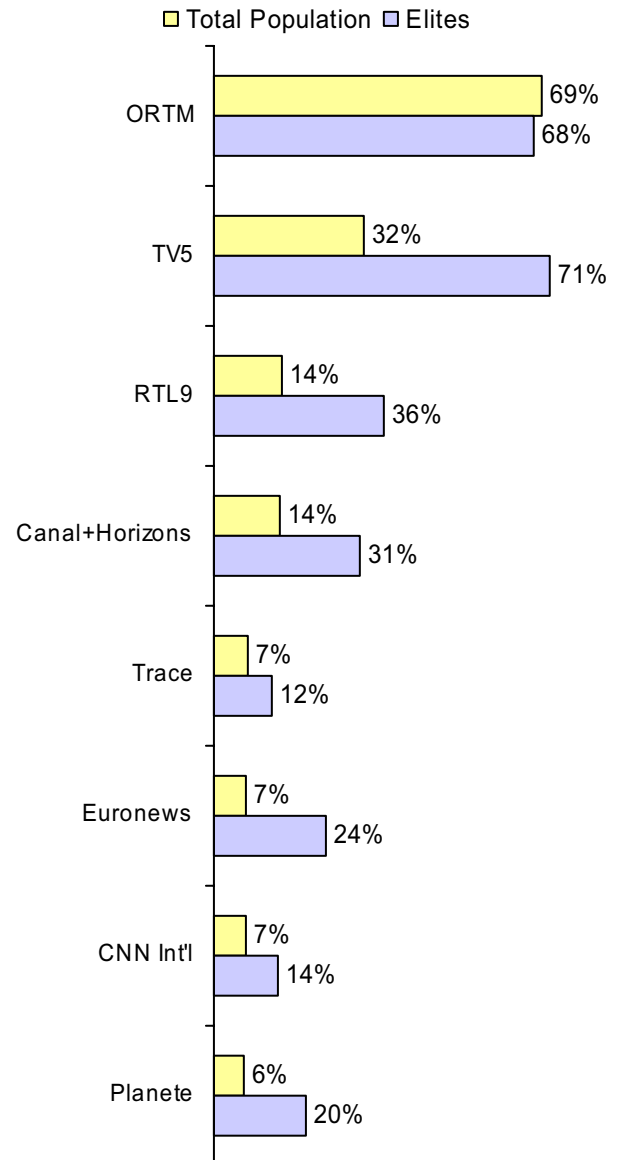
Topics of Interest

(Percentage of adults answering "very interested")



How trustworthy is the news and information heard on....?

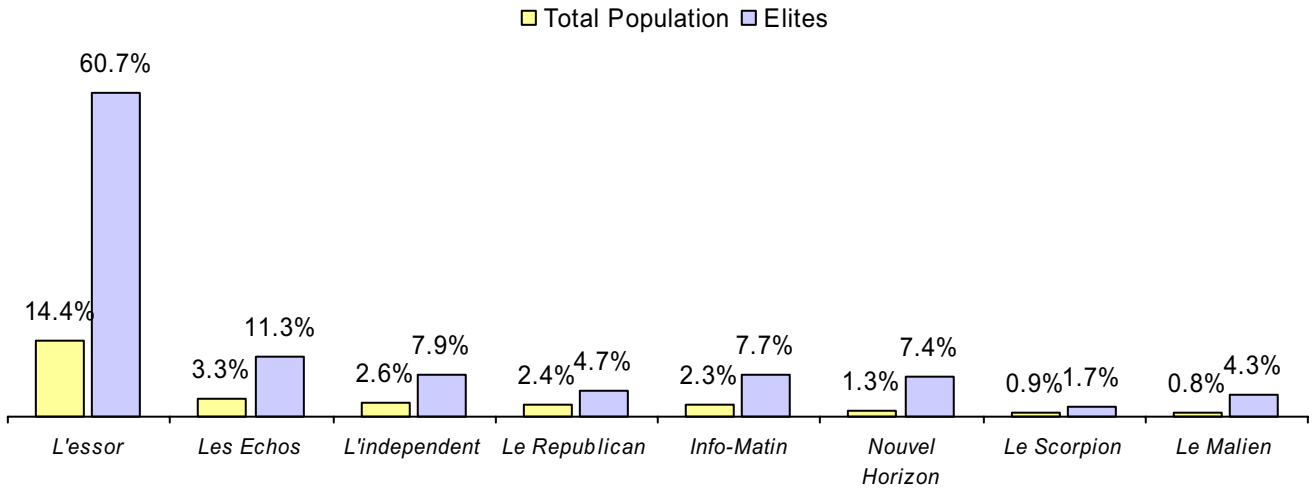
(Percentage of annual listeners answering "very trustworthy")



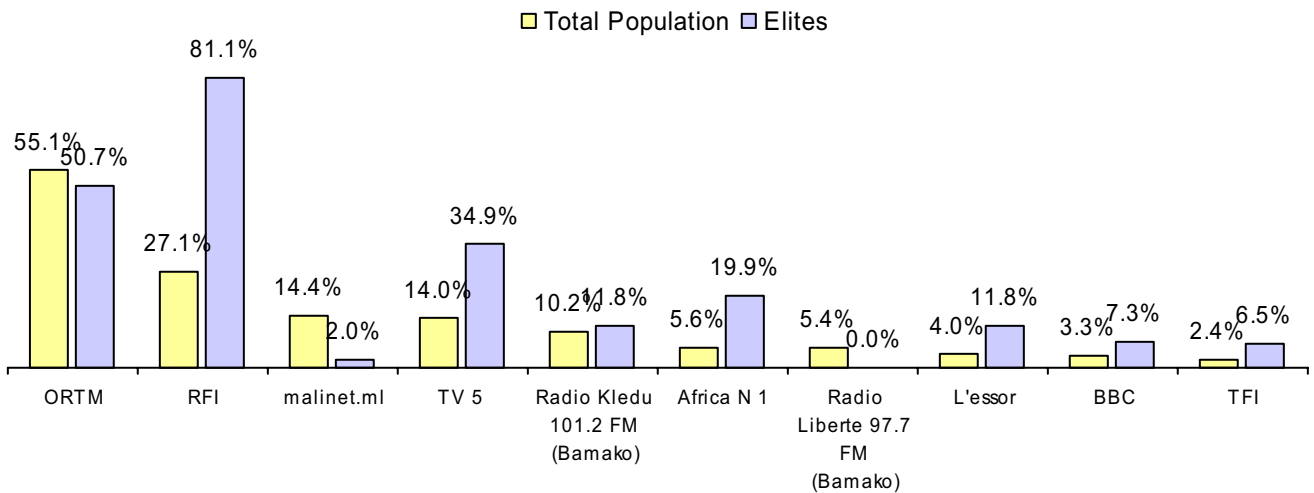
Base: n=1,460 (adults 15 and older); n=70 (elite adults 25 and older) in Mali

Media Use: Leading Sources in Mali

Press (read in past 7 days)



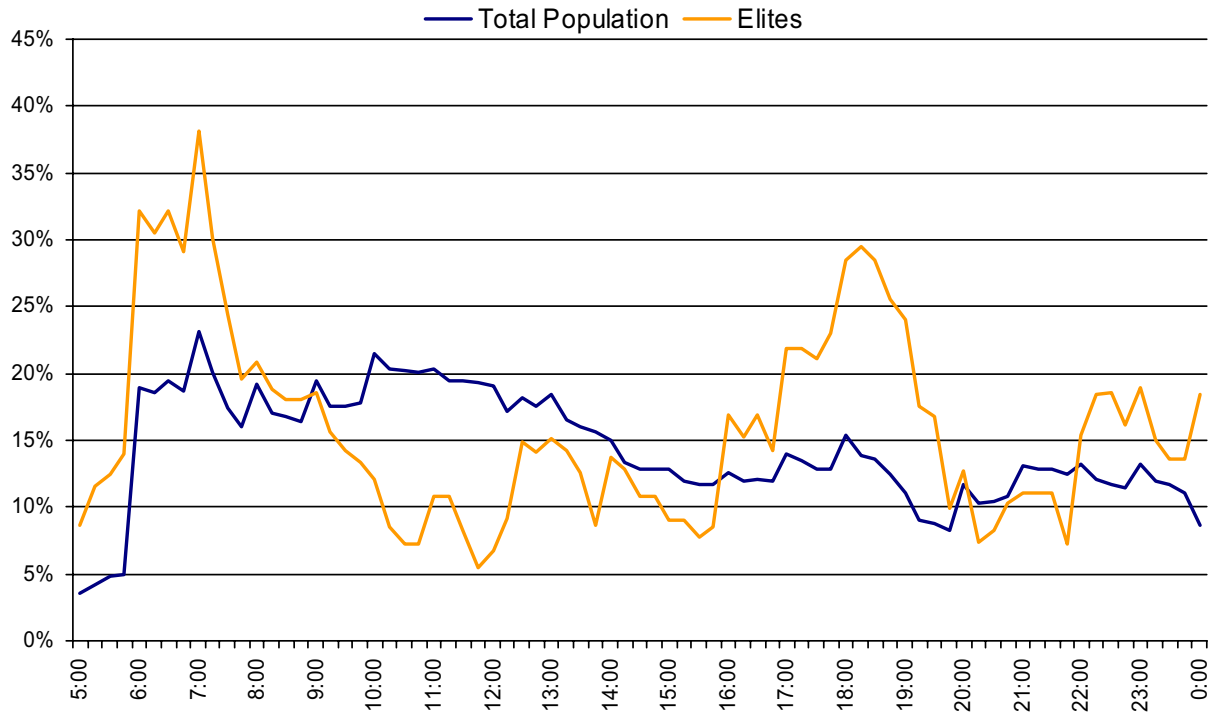
Which television stations, radio stations or newspapers are your most important sources of information?



Base: n=1,460 (adults 15 and older); n=70 (elite adults 25 and older) in Mali

Media Use: Listening Times in Mali

Radio Reach at Various Times of Day Percentage of Adults Listening “Yesterday”

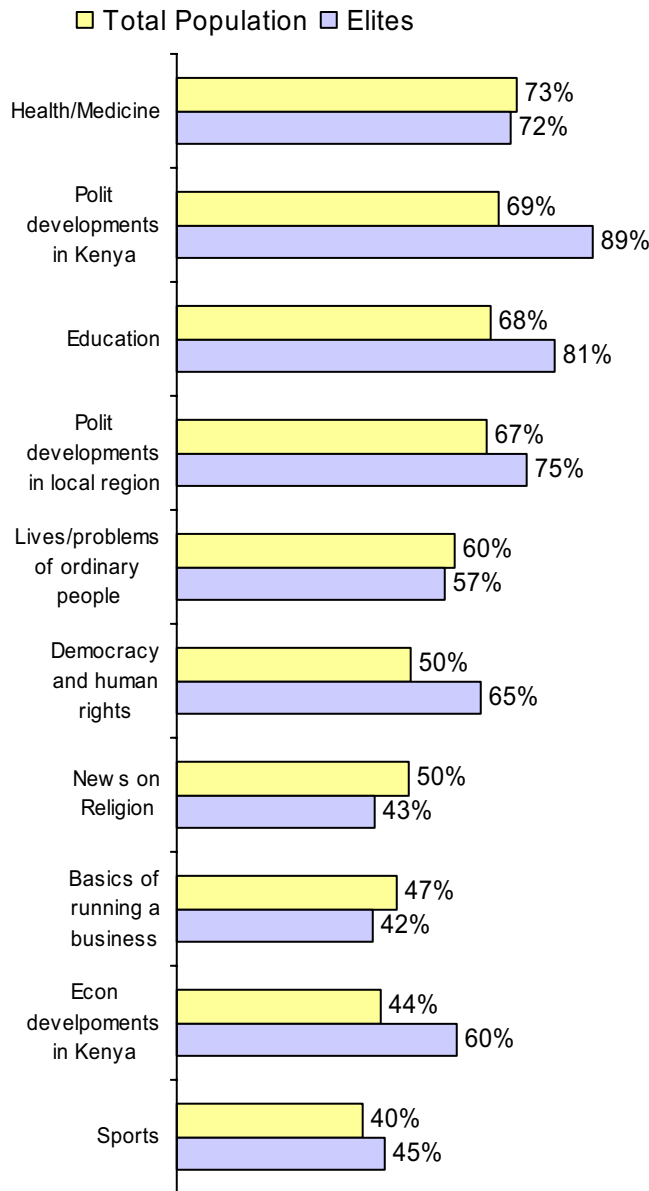


Base: n=1,460 (adults 15 and older) ; n=70 (elite adults 25 and older) in Mali

General Interests and Media Use in Kenya

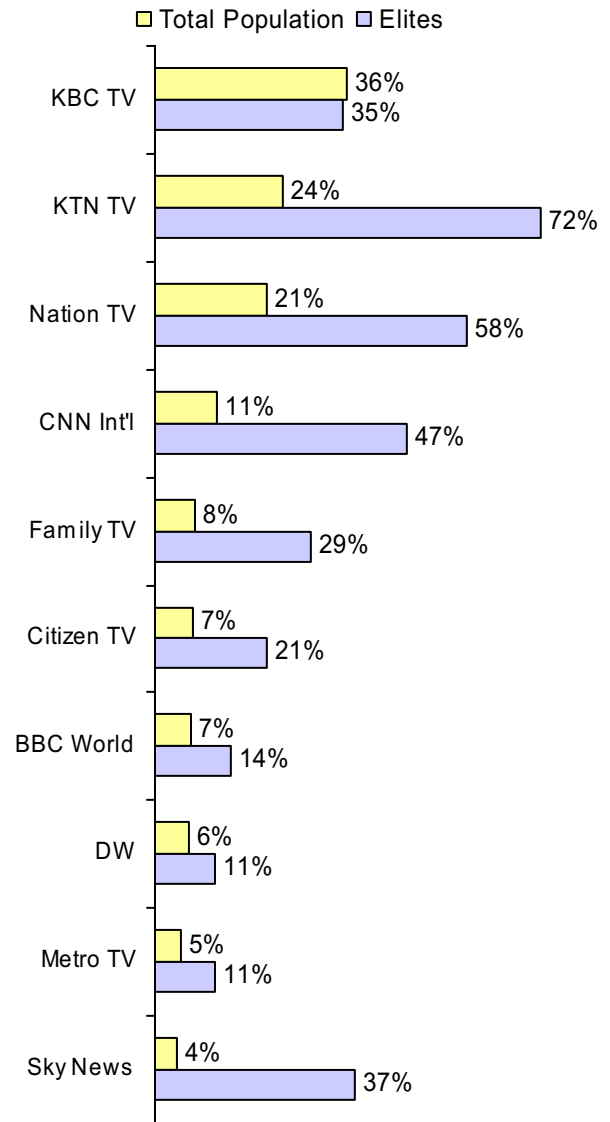
Topics of Interest

(Percentage of adults answering "very interested")



How trustworthy is the news and information heard on....?

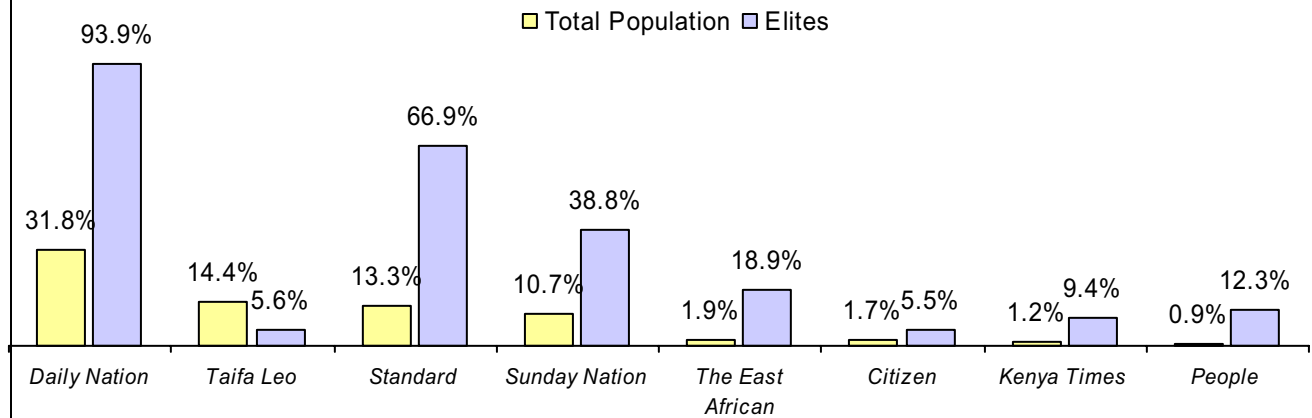
(Percentage of annual listeners answering "very trustworthy")



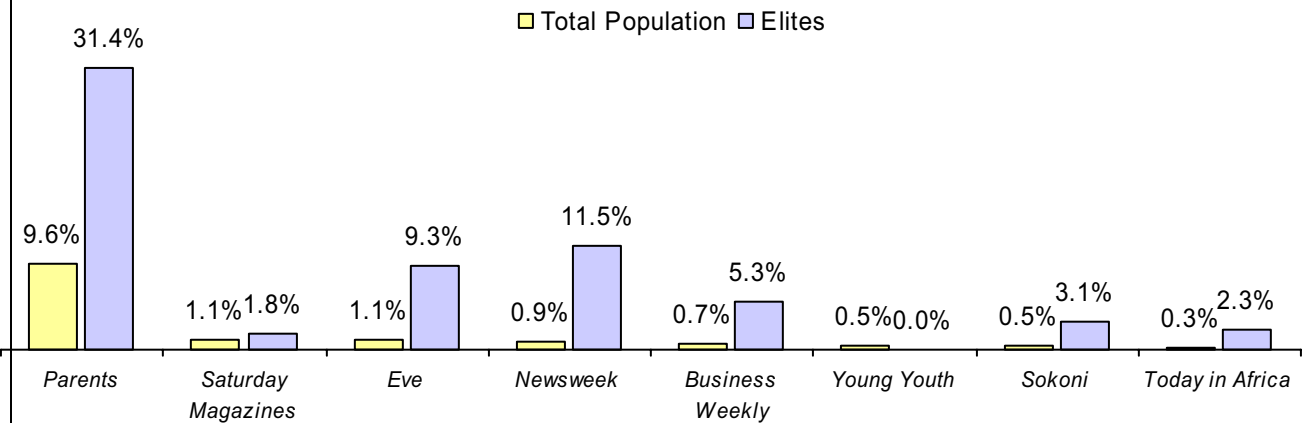
Base: n=1,991 (adults 15 and older); n=139 (elite adults 25 and older) in Kenya

Media Use: Leading Sources in Kenya

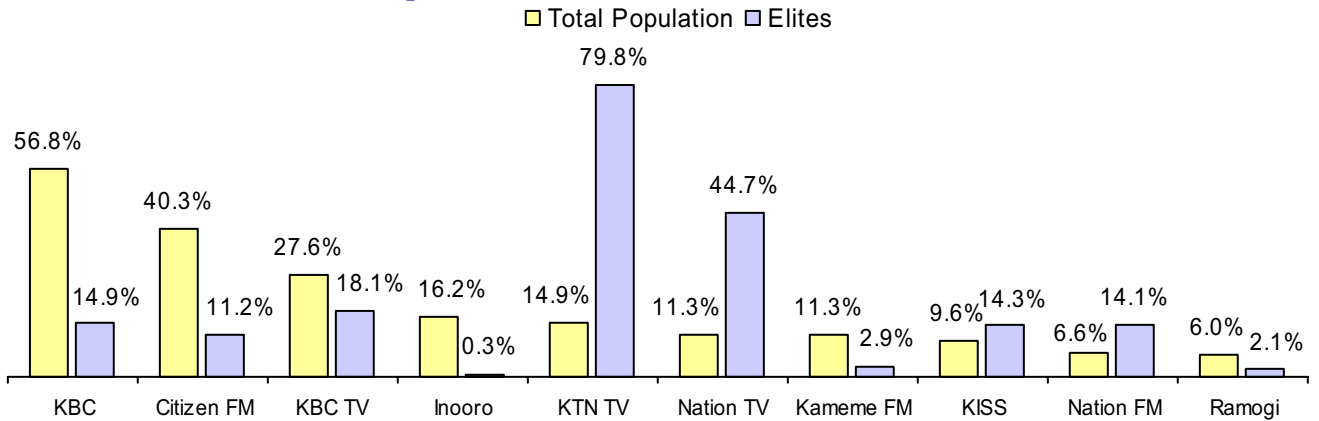
Newspapers (read in past 7 days)



Magazines (read in past 7 days)



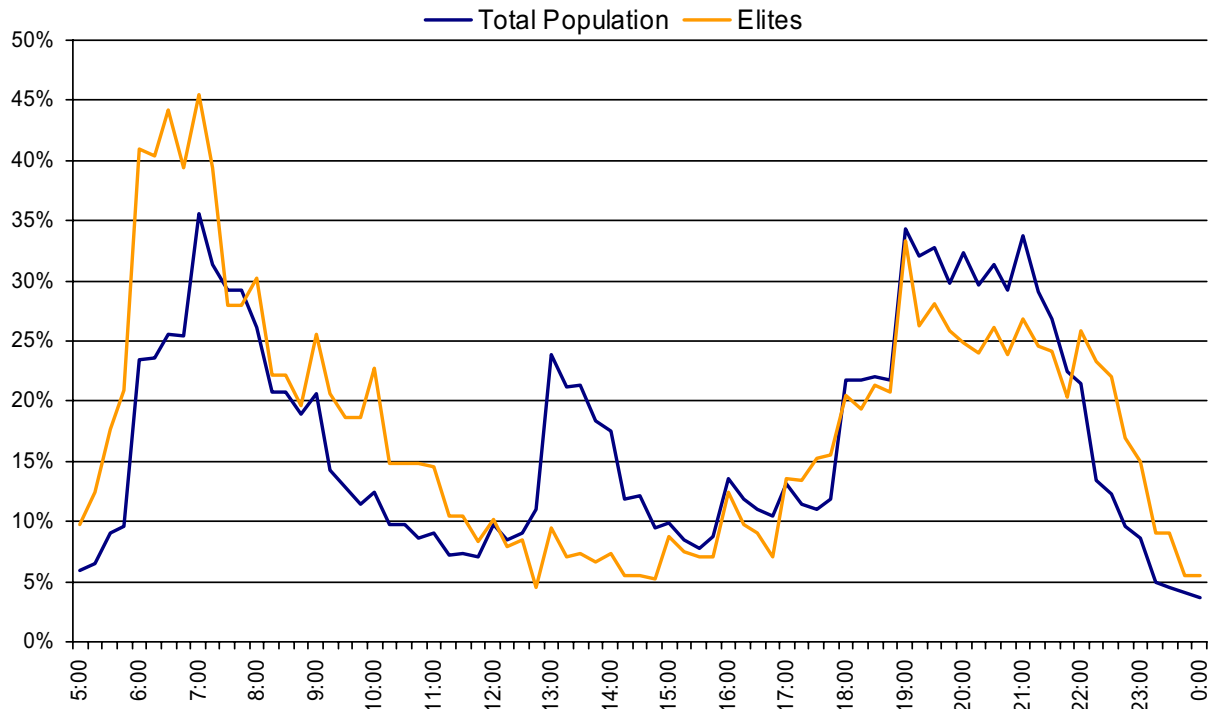
Which television stations, radio stations or newspapers are your most important sources of information?



Base: n=1,991 (adults 15 and older); n=139 (elite adults 25 and older) in Kenya

Media Use: Listening Times in Kenya

Radio Reach at Various Times of Day Percentage of Adults Listening "Yesterday"

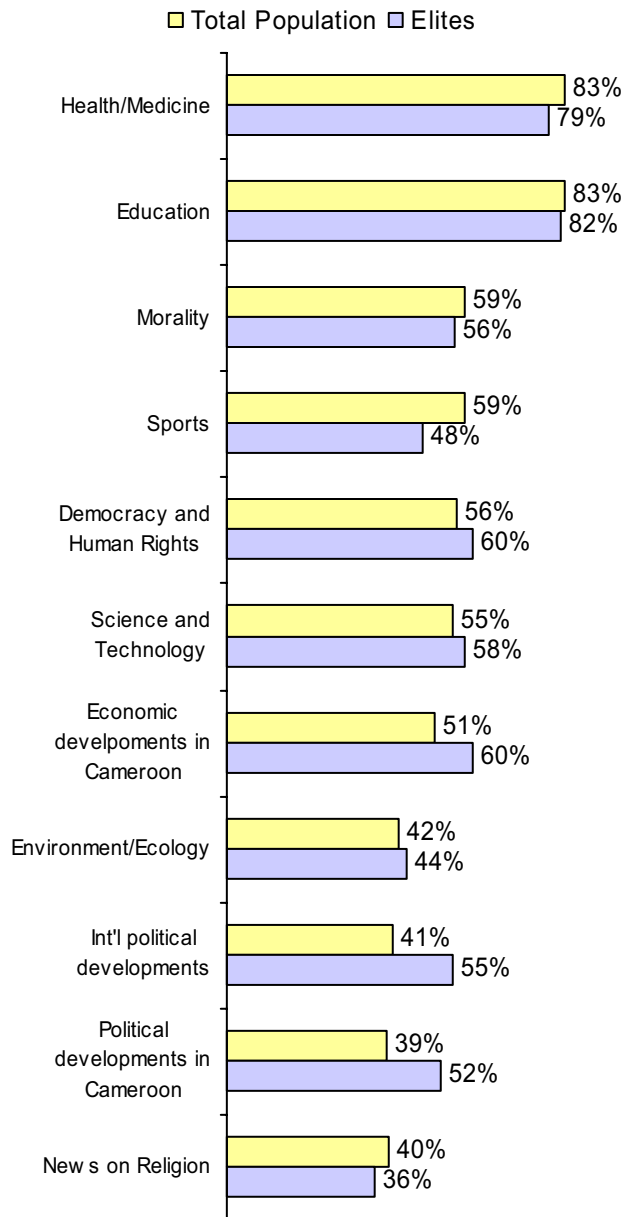


Base: n=1,991 (adults 15 and older); n=139 (elite adults 25 and older) in Kenya

General Interests and Media Use in Urban Cameroon

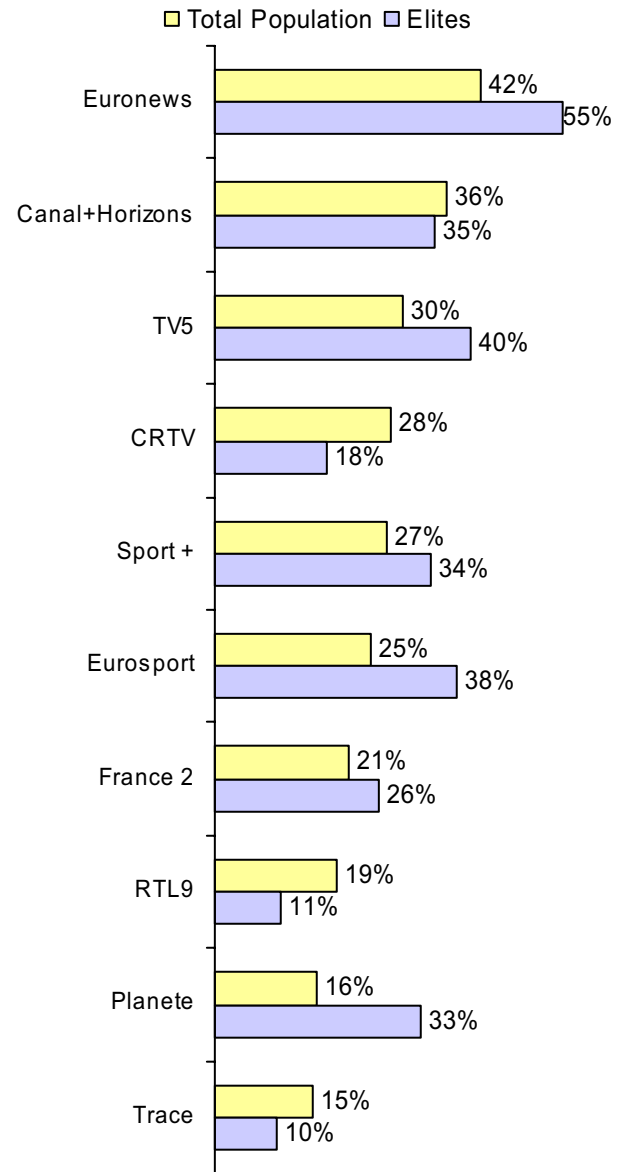
Topics of Interest

(Percentage of adults answering "very interested")



How trustworthy is the news and information heard on....?

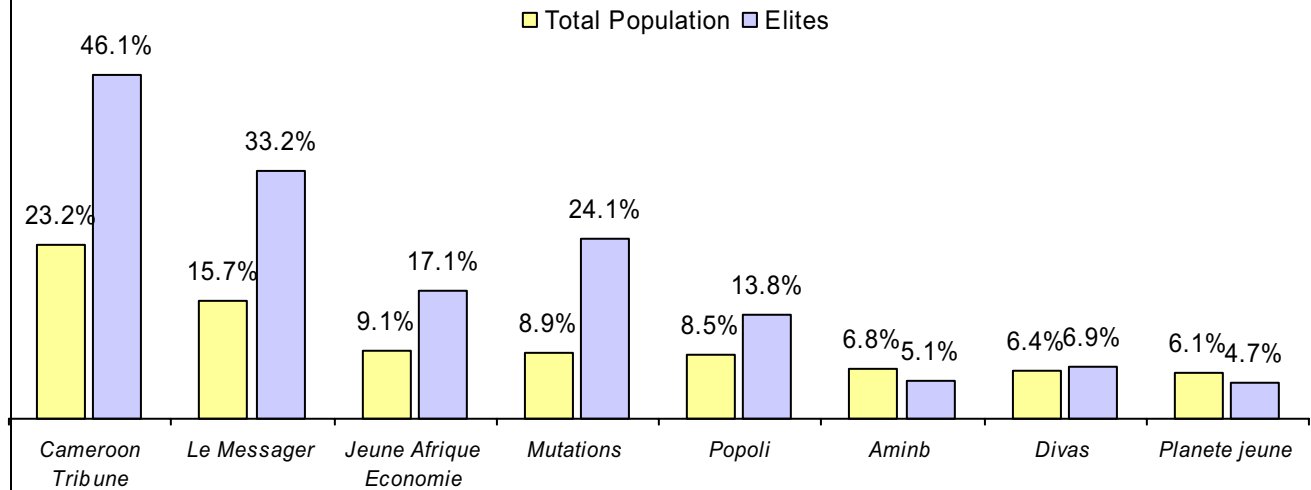
(Percentage of annual listeners answering "very trustworthy")



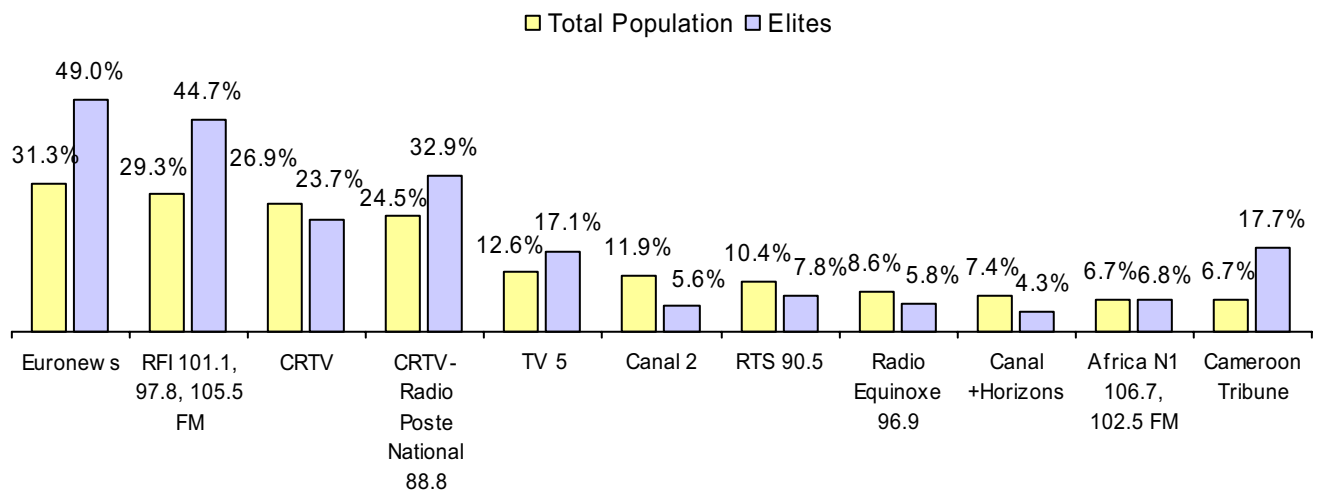
Base: n=1,445 (adults 15 and older); n=173 (elite adults 25 and older) in urban Cameroon

Media Use: Leading Sources in Urban Cameroon

Press (read in past 7 days)



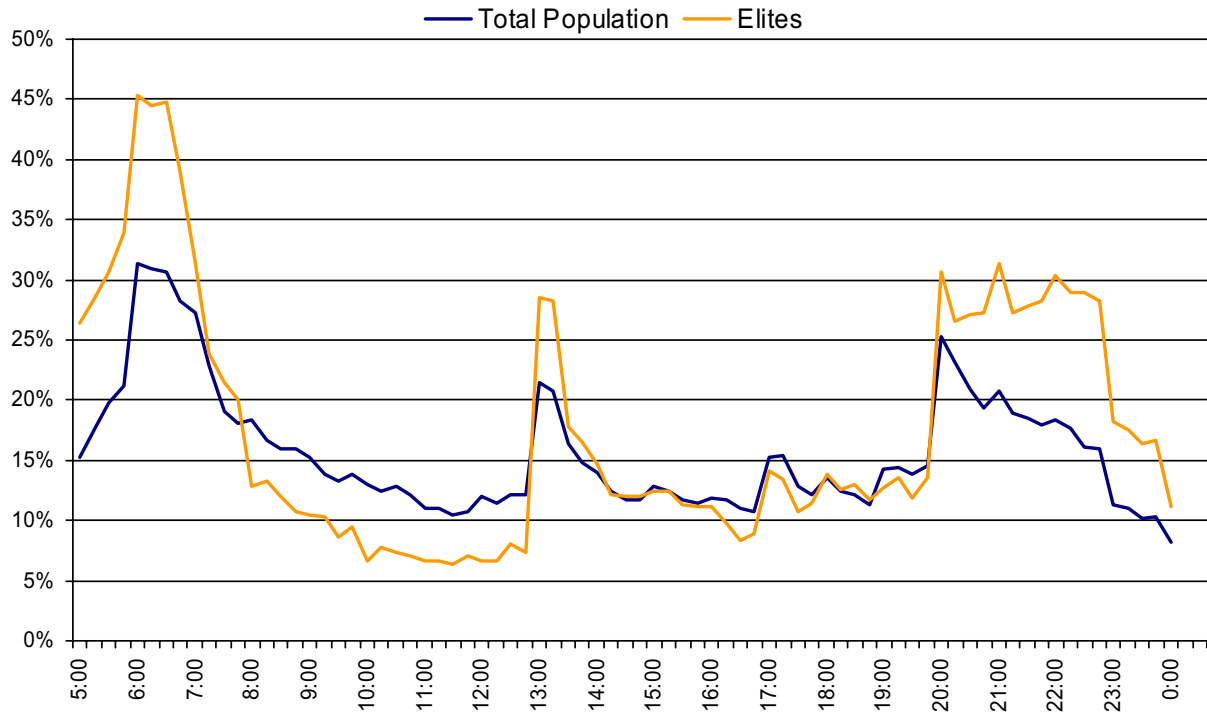
Which television stations, radio stations or newspapers are your most important sources of information?



Base: n=1,445 (adults 15 and older); n=173 (elite adults 25 and older) in urban Cameroon

Media Use: Listening Times in Urban Cameroon

Radio Reach at Various Times of Day Percentage of Adults Listening “Yesterday”

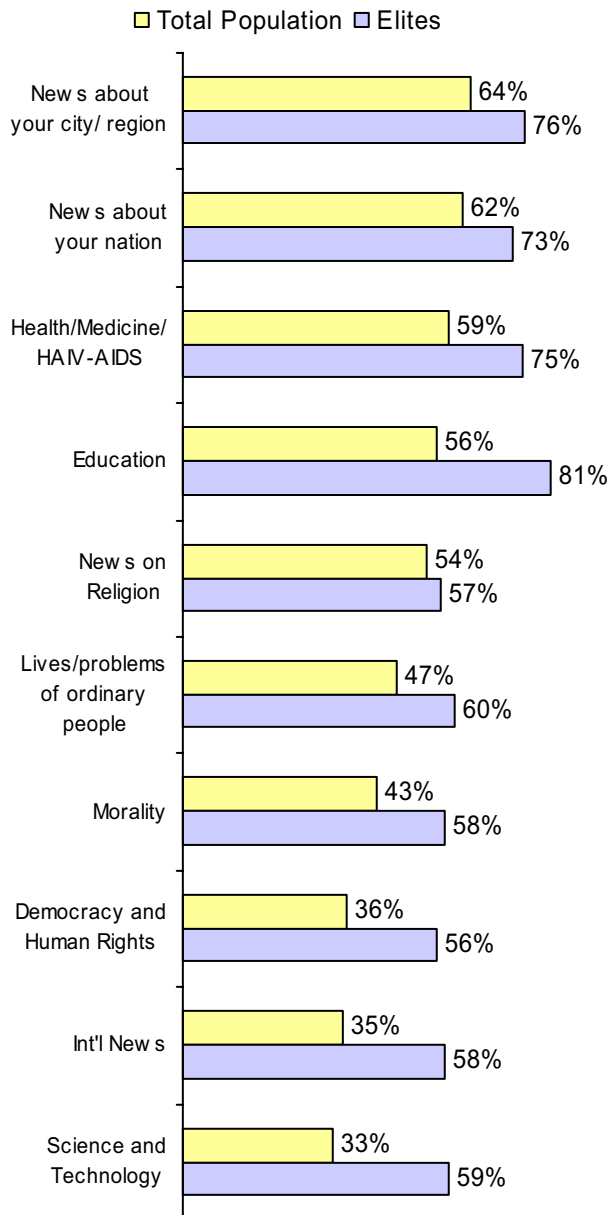


Base: n=1,445 (adults 15 and older); n=173 (elite adults 25 and older) in urban Cameroon

General Interests and Media Use in Nigeria

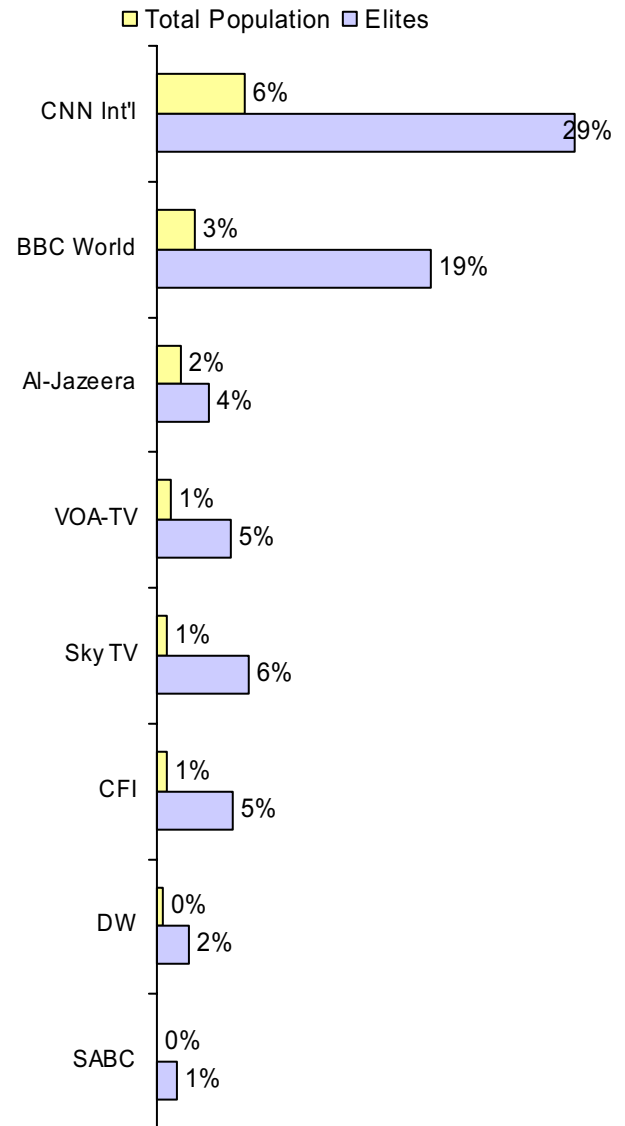
Topics of Interest

(Percentage of adults answering "very interested")



How trustworthy is the news and information heard on....?

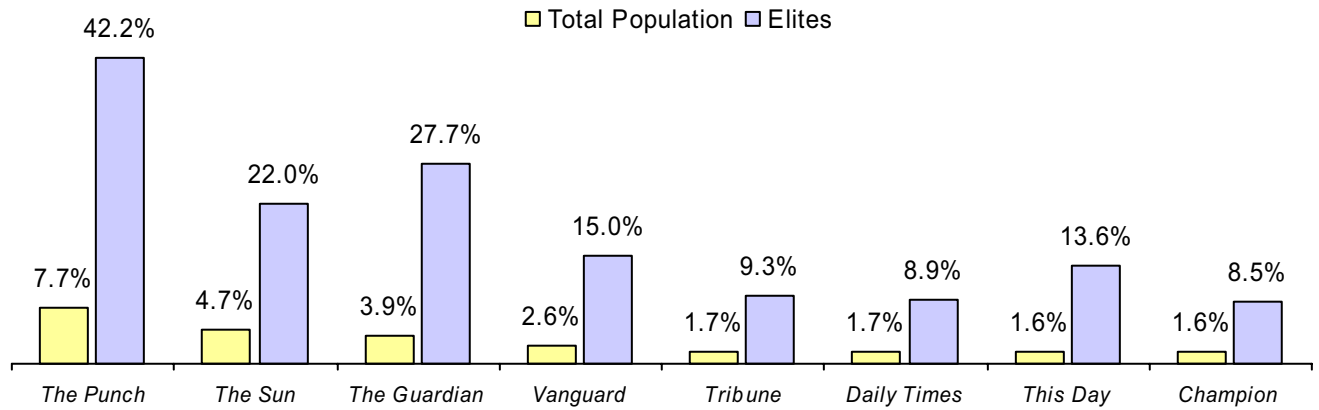
(Percentage of annual listeners answering "very trustworthy")



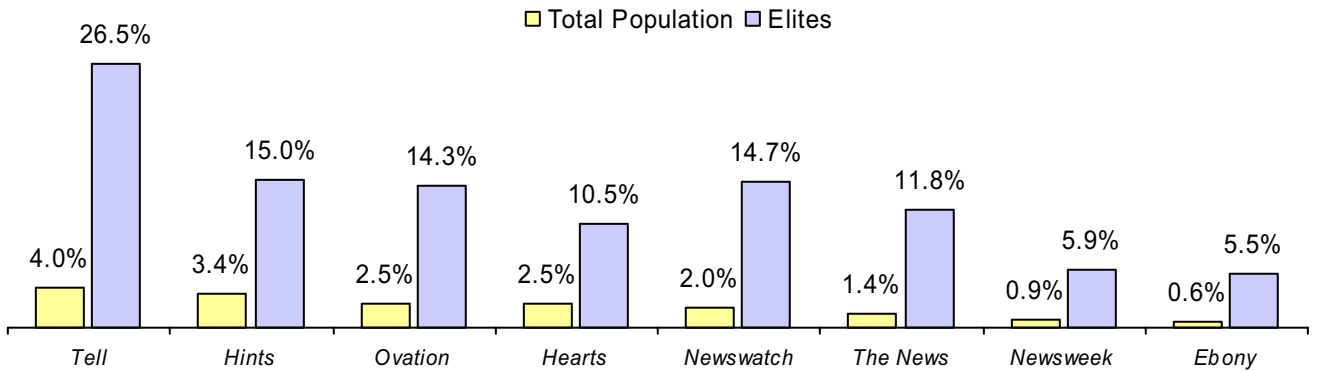
Base: n=3,923 (adults 15 and older); n=394 (elite adults 25 and older) in Nigeria

Media Use: Leading Sources in Nigeria

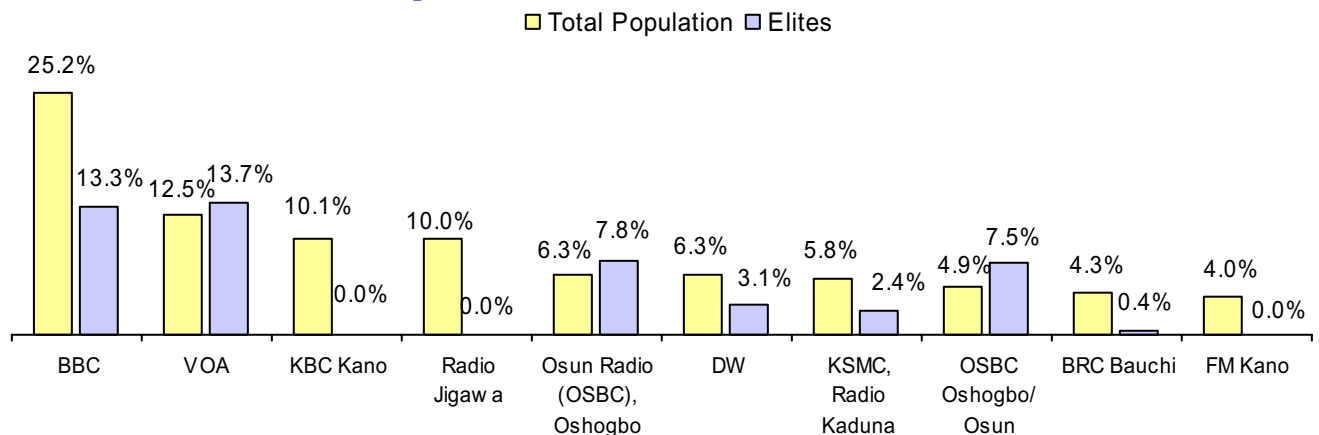
Newspapers (read in past 7 days)



Magazines (read in past 7 days)



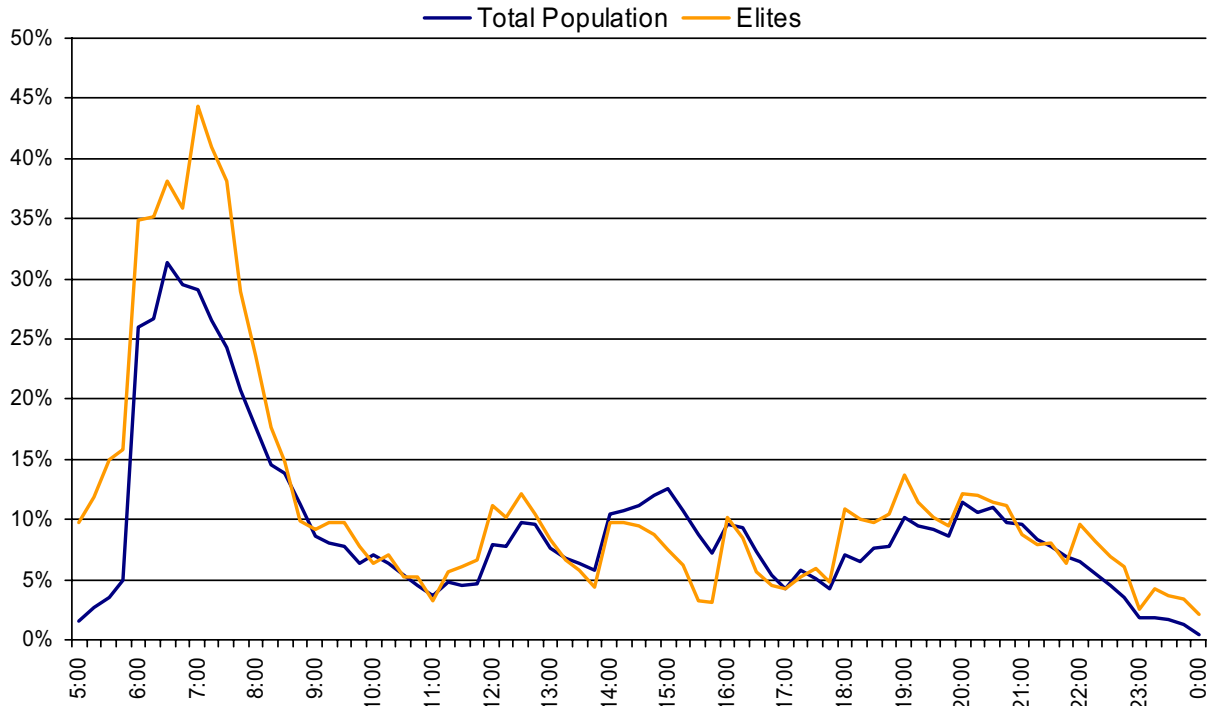
Which television stations, radio stations or newspapers are your most important sources of information?



Base: n=3,923 (adults 15 and older); n=394 (elite adults 25 and older) in Nigeria

Media Use: Listening Times in Nigeria

Radio Reach at Various Times of Day Percentage of Adults Listening "Yesterday"



Base: n=3,923 (adults 15 and older); n=394 (elite adults 25 and older) in Nigeria

Media Contact List

Print (France)

MEDIA	NAME	ADDRESS	EMAIL	PHONE
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Le Monde	Paul Benkimoun Jean Ives Nau Jean-Pierre Tuquoui Stephen Smith	80, Bd Auguste Blanqui 75707 Paris Cedex 13, France	benkimoun@lemonde.fr nau@lemonde.fr tuquoui@lemonde.fr smith@lemonde.fr	+ 33 1 42 17 20 00
Le Figaro	Jean-Michel Bader Arnaud de la Grange	37 rue du Louvre 75002 Paris France	jmbader@lefigaro.fr adelagrang@lefigaro.fr	+33 1 42 21 29 19
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Print (UK)

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Financial Times	Dino Mahtani Correspondent	Lagos	dino_mahtani@hotmail.com	
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Time Magazine	Simon Robinson Johannesburg Bureau Chief	PO Box 652256, Benmore 2010 Johannesburg South Africa	simon_robinson@timemagazine.com	+27 82-731-8407 + 27 11-442-1920
New York Times	Donald McNeil Health Reporter	229 West 43 rd St, New York, NY 100036 USA	mcneil@nytimes.com	+212 556 1234
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New York Times	Michael Wines Jo'burg bureau chief	PO Box 37152, Birnham Park 2015 Johannesburg South Africa	miwines@nytimes.com	+27 11 887 2744
Washington Post	Andy Mosher Dep Foreign Editor Pamela Constable Africa Desk Emily Wax	1150 15th Street, N.W. Washington, D.C. 20071, USA	moshera@washpost.com constablep@washpost.com waxe@washpost.com	+1 202 334 6000 + 202 334 7400

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Christian Science Monitor	Dave Huack Africa Editor Abraham McLaughlin Africa writer	1 Norway St Boston MA, USA	huakd@csps.com mclaughlina@csmonitor.com	+1 617 450 2388

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Globe&Mail (Canada)	Stephanie Nolen Africa Correspondent	42 Dorset Road, Parkwood 2193 Johannesburg South Africa	snolen@gloveandmail.ca	+27 1 442-9442
Mail & Guardian (South Africa)		PO Box 91667 Aukland Park Johannesburg 2006 South Africa	newsdesk@mg.co.za	+27 11 727 7000
Media24 (stable of SA newspapers and internet outlets)	Desmond Thomson Nairobi bureau chief Mari Hudson (health.24.com) Johannesburg	PO Box 47963, Nairobi, 00100, Kenya PO Box 2271 Cape Town 8000 South Africa	dthompson@media24.com mhudson@health24.com	+254 720 9111-80 +254 20 241 849/50 +27 21 406 3247

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SciDev.Net	Mike Shanahan	97-99 Dean Street	editor@scidev.net	+44 20 7292 9910

		London W1D 3TE UK		+44 20 7292 9929 (fax)
IPS (Development-related news wire)	Africa Headquarters	Media Hill 7 Quince Rd Milpark 2092, Johannesburg P.O. Box 1062 Auckland Park, 2006 South Africa	farai@ips.org editor@ips.org	+27 11 727 7080/6/8 +27-11-727 7089 (fax)

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BBC	Adam Mynott East Africa correspondent	Nairobi	adam.mynott@bbc.co.uk	+254 722 510766
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	Ghislaine Dupont Reporter		ghislaine.dupont@rfi.fr	
	Judith Prescott Producer, Health Matters (English) Barbara Giudice Head, Eng Service		judith.prescott@rfi.fr	+33 1 56 40 30 62
	Claude Cyrille Head Africa Service (French)		barbara.giudice@rfi.fr claudio.cyrille@rfi.fr	+33 15640 2770.
Africa Journal (Reuters TV)	Nina Schwendemann Exec Producer	PO 34043 Nairobi 00100 Kenya	nina.schwendemann@reuters.com	+254 224 717
Africa No1 ("Africa Health" Programme)	Dr Alioune Blondin Diop	193, rue du Faubourg Poissonnière, 75009 Paris (France)	contact@partenaireproduction.com	+ 01 55 07 58 01 + 01 55 67 97 48
VOA	Ashenafi Abedje Head of African service	Cohen Building 330 Independence Avenue SW. 20237 Washington D.C. USA	aabedje@voanews.com africa@voanews.com	+1202 203 4066/55
	Joe Decapua Covers health		jdecapua@voanews.com	

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	Brian Paden (TV)		bpaden@voa.news.com	
	Emmanuel Muganda Swahili Service	PO Box 10190 00100 Nairobi Kenya	emuganda@voa.news.com	+1 202 2034100
	Alisha Ryu Nairobi Chief		aryu@voanews.com voanbo@africaonline.co.ke	+254 20 225622/ 340459
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	Jeff Nathenson Producer, Global Challenges		jeff.nathenson@turner.com	
	Sara Yeglin Producer, Insight		sara.yeglin@turner.com	
	Jeff Koinange Africa Correspondent		jeff.koinange@turner.com	
Nation TV	Joe Ageyo	Nation Media Group PO Box 49010 Kimathi Street Nairobi Kenya	jageyo@nation.co.ke	+254 720 423 849 +254 20 3222111
Africable	Mr Ismaïl Sidibé Director General	Avenue de l'OUA, Immeuble Bemba Bagayoko, BDE 2498 Bamako (Mali)	www.africable.net	+ 223 220 91 91 + 223 220 80 00
Kenya Television Network	Mwendwa Kiogora	PO Box 56985 00100 Nairobi Kenya	mkiogora@ktnkenya.com	+254 722 725 239 +254 20 3208000
SABC	Assignments Editor TV News	PO Box 234 Auckland Park 2006 Johannesburg South Africa	tvnewsin@sabc.co.za	+27 11 714 6133/35 +27 11 714 6192 (radio)
Channel Africa (SABC)	Thami Ntenti Exec Editor	PO Box 913313 Auckland Park 2006 Johannesburg South Africa	ntententit@sabc.co.za	+27 11 714 2255 +27 11 717 2072 (fax)
National Public Radio	Ofeibia Quist Arcton (Dakar) Jason Beaubien Africa correspondent	12 Restanwold, Saxonwold, 2196 Johannesburg SA	jbeaubien@npr.org	+27 83 417 9816
	Christopher Turpin Exec Producer All Things Considered Art Silverman Producer	635 Massachusetts Ave., NW Washington, D.C. 20001, USA	cturpin@npr.org atc@npr.org asilverman@npr.org	+1 202 513 2000
	Ted Clark Senior Editor Foreign Desk		tclark@npr.org	

Contact Information for Regional African Institutions & Others

Name	Contact	Address	Telephone & E-mail/Web Address	Major Events/ Comments
East, Central and Southern African Health Community (ECSCA) –formerly Commonwealth Regional Health Community	Dr. Steven Shongwe	P.O. Box 1009 Safari Business Center 3 rd Floor 46 Boma Road Arusha, Tanzania	Tel: (+255) 27 250 8363/25 04105/6 Fax: (+255) 27 250 4124/8292 e-mail: sshongwe@crhcs.or.tz Web: www.crhcs.or.tz	<ul style="list-style-type: none"> - meet 2x a year – in April & Sept. - Advisory Committee Mtg in Arusha- 9/12-16 - 42nd regional Health Ministers’ Conference from 6-10 February 2006 in Mombasa, Kenya www.crhcs.or.tz - Website lists calendar of events
The New Partnership for Africa’s Development (NEPAD)-	Prof. Firmino Mucavele, Executive Head: NEPAD Secretariat	The Development Bank Of SA 1258 Lever Road Midrand (Johannesburg) 1685 South Africa NEPAD Secretariat P.O. Box 1234 Halfway House	Tel: (+27) 11 313 3716 Fax: (+27) 11 313 3684 E-mail: firminom@nepad.org Web: www.nepag.org Tel: (+27) 11 313 3384 Fax: (+27) 11 313 3583 E-mail: vicomat@nepad.org Tel: (+27) 12 841 3215 E-mail : ebuch@med.up.ac.za	<ul style="list-style-type: none"> - website has calendar of events/ list of links available/ no info for 2006 yet - Sept 29&30 2nd African Ministerial Conf on Science & Tech - Oct 17-21 African Parliament to co-host with NEPAD “Agriculture Successes for Africa’s future: A NEPAD dialogue with Parliamentarians” - Nov 11-26 Conference on “Expanding Agribusiness Links with Smallholder Farmers in Africa” (Contract Farming)
South African Development Community (SADC)	Dr. Tomaz Augusto Salomao Executive Secretary	Private Bag 0095 Gaborone, Botswana	Tel: (+267) 395 1863 Fax: (+267) 397 2848/ 318 1070 e-mail: registry@sadc.int Web: www.sadc.int	<ul style="list-style-type: none"> - Events calendar only available for 2004 & 2005 on website - Ministers of Finance Meeting: 20 January 2006 (no other info available yet) http://www.sadc.int/index.php?action=a2401&calendar_id=166&language_id=1 - Website lists calendar of events
United Nations- Economic Commission for Africa	Mr. K Y Amoako, Executive Secretary	Headquarters: Menelik II Ave. P.O. Box 3001, Addis Ababa, Ethiopia	General: Tel: 251-1-51-72-00 Fax: 251-1-51-44-16 (Addis Ababa) 212-963 4957 (New York) Email: ecainfo@uneca.org Web: www.uneca.org Exec Sec:	<ul style="list-style-type: none"> - Website has link to News services in Africa (under links) - They have different divisions ranging from gender and development to policy and sustainable development - All divisions are in Addis Ababa

Name	Contact	Address	Telephone & E-mail/Web Address	Major Events/ Comments
African Union	H.E. Mr. Alpha Oumar Konare, Chairperson	African Union Headquarters P.O. Box 3243 Addis Ababa Ethiopia	P.O. Box 3005 Addis Ababa, Ethiopia Tel.: (51)1-51-72-00/ 251-1-51-12-31/ Fax: (251)(1) 514416 Tel: (251) 1 51 77 00 Fax: (251) 1 51 78 44 E-mail: KonareAO@africa-union.org or webmaster@africa-union.org Web: www.africa-union.org Chairperson: Ext: 120	- AU Summit: January 16-24 2006, Khartoum, Sudan: PRC: 1/16-17/06 Extraordinary Session of the Exec Council: 1/19/06 Ordinary Session of the Exec Council: 1/20-21/06 Ordinary Session of the General Assembly: 1/23-24/06 http://www.africa-union.org/home/Welcome.htm Has other useful links but the calendar of events only lists for past events
African Development Bank Group		ADB Temporary Relocation Avenue du Ghana, Rue Pierre de Coubertin, Rue Hedi Nouria BP. 323 1002 Tunis Belvédère Tunisia	Tel: (+216) 71 333 511 / 7110 3450 Fax: (+216) 71 351 933 Email : afdb@afdb.org Web: www.afdb.org	- Website not very helpful in calendar of events - Has links to other sites
West African Health Organization (WAHO)	Dr. Kaba Joiner	Bobo Dioulasso, Burkina Faso	Tel: (+226) 209 75 775/ 70001 Fax: (+226) 209 75 772 e-mail: kabajoiner@hotmail.com or wahooas@fasonet.bf http://www.waho.ccowas.int/	- Website hard to open up
United Nations' Millennium Campaign: Voices Against Poverty	Regional Spokespersons for Africa Africa: Available in early 2006 East Africa and	Couldn't find one, but the web addresses provide the necessary links	http://www.millenniumcampaign.org/site/pp.asp?c=grKVL2NLE&b=138312 awapon@africaonline.co.ug http://www.millenniumcampaign.org/site/pp.asp?c=grKVL2NLE&b=263678	- One of the goals is to develop a global partnership and work with the private sector in delivering technological advances; these also include working with the pharmaceutical companies - Website offers place to post event and news; also offers African news where dialogue for PPPs can occur. - In early 2006 there will be regional

Name	Contact	Address	Telephone & E-mail/Web Address	Major Events/ Comments
	Horn: Davis Ddamulira Southern Africa: Idaïshe Chengu Arab Region: Ziad Abdel Samad			spokesperson available for Africa but at the moment there is one for East Africa and Horn and Southern Africa.
ECOWAS: Economic Community of West African States	Executive Secretary: Mr. L Kouyate (Lansana)	Executive Secretariat 6 King George V Road Lagos, Nigeria	http://www.ecowas.info/ for contact info: info@ecowas.info Tel: +234 (0) 1 63- 6841 Fax: +234 (0) 1 63- 6822	<ul style="list-style-type: none"> - http://www.ecowas.info/links.htm - This link has useful sites for African as well as international media related to West African news. Information on PPPs can also be listed thru these links - They have a general meeting once a year in August- sent email asking for more info.
World Economic Forum		Davos, Switzerland	africa@weforum.org http://www.weforum.org/africa Tel: +41 (0) 22 869 1481 Fax: +41 (0) 22 786 2744	<ul style="list-style-type: none"> - Hosting the World Economic Forum on Africa in 2006 (31 May-2 June) Cape Town, South Africa - Annual Meeting From 25-29 January 2006, Davos, Switzerland, link: http://www.weforum.org/site/homepublic.nsf/Content/Annual+Meeting+2006
Corporate Council on Africa	Caroline Hope HIV/AIDS Program Manager,	1100 17 th Street NW Suite 1100 Washington, DC 20036 Tel: 202 835 1115 Fax: 202 835 1117	http://www.africacncl.org/(fmc3kn45gx4kcoqvvh/v2sovzw)/Default.aspx Caroline's contact info: Chope@africacncl.org Tel: 202 263 3533	<ul style="list-style-type: none"> - http://www.africacncl.org/HIV_AIDS/news/events.asp - This link provides information/ registration for the upcoming workshop in April 2006 on Scenario Building: Planning for a Future with HIV/AIDS (a workshop aimed at professionals in the private and public sectors for NGOs); deadline for registration 3/24/06; at the London School of Economics; contact Ms. Colette Clement DESTIN London School of Economics

Name	Contact	Address	Telephone & E-mail/Web Address	Major Events/ Comments
The Global Business Coalition on HIV/AIDS	Carol O'Brien Director GBC Africa	Corporate Headquarters: 1230 Avenue of the Americas New York, NY 10020 USA Africa Office (physical) 45 Main Street Johannesburg, 2001 South Africa Mailing: P.O. Box 61587 Marshalltown 2107	Tel: 212 698 2113 Fax: 212 698 7056 info@businessfightsaids.org cobrien@angloamerican.co.za Tel: + 27 11 638 2550 Fax: +27 11 638 8610	<p>Houghton Street, London WC2A 2AE, UK Ph: +44 207 852 3722 Fax: +44 207 955 6844</p> <p>- They also have a HealthAfrica Database which is offered by the HIV/AIDS Initiative and AllAfrica Global Media (www.HealthAfrica.org)</p> <p>- Has partnership with the World Bank, UNAIDS, ILO, NEPAD, SADC, the International Chamber of Commerce and the AU.</p> <p>- Will host a European Summit in Fall of 2006 in Paris to discuss the business sector's involvement in HIV/AIDS.</p>
International Society on Priorities in Health Care	Ole F. Norheim, Chairperson (Professor) Carolyn Farrell, Conference Information	Contact for ISPHC: Joint Center for Biotethics 88 College Street Toronto, ON Canada, M5G 1L4	E-mail: ole.norheim@isf.uib.no Tel: 416 946 0088 Fax: 416-978-1911 Carolyn.farrell@utoronto.ca	<p>- Hosting the 6th International Conference on Priorities in Health Care, Sept 20-22, 2006 in Toronto, Canada</p> <p>- More info can be obtained at: http://www.healthcarepriorities.org/registraton.asp</p>
International Health Summit	Jim Rice, President International Health Summit, USA	North American Office 7900 Xerxes Avenue South, Suite 500 Minneapolis, Minnesota USA 55431	E-mail: jrice@ihsummit.com	<p>- No longer host the annual conferences; all have been moved to the World Health Congress</p> <p>- Cambridge 10th International Health Leadership Programme (CIHLP), March 14-</p>

Name	Contact	Address	Telephone & E-mail/Web Address	Major Events/Comments
				21, 2006 - www.ihsummit.com

Action Plan and Estimated Costs for Proposed Activities

Annex F

		AUDIENCE: PARLIAMENTARIANS/ ELECTED OFFICIALS											
		CALENDAR 2006											
Proposed Activities	Estimated Budget	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
a) Develop a Core Presentation for use at meetings of Parliamentarians with video clips, photos and examples	USD 10,000												
b) Organize debate for Réseau des parlementaires Ouest Africains sur le questions de population (TBD)	Depends on location												
c) Organize debate for l'assemblée parlementaire de la Francophonie (TBD)	Depends on location												
d) Develop presentation & organize debate at ECOWAS (TBD)	Depends on Location												
e) Side meeting at High Level Meeting to review MDGs (TBD)	Depends on location												
f) Side meeting & presentation at World Economic Forum on Africa -5/31-6/2/06 - Cape Town	USD 25,000												
g) Fund African journalists based in Nairobi, Dakar and Johannesburg to write on PPPs	USD 25,000												
h) Organize background briefings for media in Johannesburg, Nairobi, and Dakar	USD 15,000												
i) Organize radio debate on PPP on RFI, Africa No 1 and BBC	USD 15,000												
TOTAL	USD 90,000												

Action Plan and Estimated Costs for Proposed Activities

Annex F

AUDIENCE: MINISTRY OF HEALTH OFFICIALS/ MINISTRY OF FINANCE & ECONOMICS OFFICIALS													
CALENDAR 2006													
Proposed Activities	Estimated Budget	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
a) Organize roundtable discussion at AU Summit (1/16-24/06) Khartoum, Sudan	USD 5,000												
b) Organize presentation on PPP for Session of the Commission/Conference of Africa Ministers of Finance, Planning and Economic Development, Abuja, Nigeria (5/ 2006)	USD 5,000												
c) Organize side meeting with presentation & roundtable discussion at World Economic Forum: Annual Meeting 1/25-29/06 Davos, Switzerland	USD 5,000												
d) Organize side meeting with presentation & roundtable discussion at World Bank's annual meetings in Spring and Fall (Singapore 9/19-20/06)	USD 5,000												
e) Organize presentation & roundtable discussion at NEPAD Meeting (Tentative 10/06)	USD 5,000												
f) Organize presentation at SADC Ministers of Finance meeting (1/20/06)	USD 5,000												
g) Organize presentation & roundtable discussion at Commonwealth Regional Health Community for East, Central and Southern Africa 42 nd Regional Health Ministers Conference, 2/6-10/06, Mombasa, Kenya	USD 5,000												
h) Organize presentation & roundtable discussion at WAHO Meeting (TBD)	USD 5,000												
i) Organize presentation & roundtable discussion at AU Ministers of Health Meeting (10/06- Final dates TBD)	USD 5,000												
j) Fund a senior health official to participate in Cambridge 10 th International Health Leadership Programme (CIHLP), 3/14-21/06	USD 10,600												
TOTAL	USD 55,600												

Action Plan and Estimated Costs for Proposed Activities

Annex F

AUDIENCE: SPECIALIZED MEDIA													
CALENDAR 2006													
Proposed Activities	Estimated Budget	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
a) Organize media briefings at Nairobi, Dakar and Johannesburg	USD 15,000												
b) Fund an African media channel to produce a TV documentary on PPP	USD 50,000												
c) Fund journalists to attend meetings where PPP will be discussed	USD 25,000												
TOTAL	USD 90,000												

Action Plan and Estimated Costs for Proposed Activities

Annex F

AUDIENCE: MULTI LATERAL AND BI LATERAL AGENCIES (SPECIFICALLY PROGRAM MANAGERS)													
CALENDAR 2006													
Proposed Activities	Estimated Budget	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
a) Organize debates at the Private Sector Working Group (Abt Assoc)	USD 10,000												
b) Produce PPT on successful examples of PPP in Africa from Global Partnerships (e.g. Stop TB, GAVI, Global Vaccine Fund, etc)	USD 15,000												
c) Send out (# of) copies of World Bank report on PPP to targeted donors (USAID, GTZ, KFW, DFID)	USD 2,500												
d) Organize a side meeting to present the communication strategy at the PSP-One 1Day High level meeting in Washington DC in April/ May 2006	USD 20,000												
TOTAL	USD 47,500												

Action Plan and Estimated Costs for Proposed Activities

Annex F

AUDIENCE: HEALTH PRACTITIONERS, PROFESSIONAL MEDICAL ASSOCIATIONS, DIRECTORS OF MEDICAL SERVICES													
CALENDAR 2006													
Proposed Activities	Estimated Budget	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
a) Organize side meeting at the ECSA Health Community: The Directors Joint Consultative Committee (TBD)	USD 5,000												
b) Organize side meeting at Commonwealth Regional Health Community 42 nd Regional Health Ministers Meeting 2/6-10/06, Mombasa, Kenya	USD 5,000												
c) Organize side meeting at the XVI International AIDS Conference, Toronto (8/06)	USD 10,000												
d) Organize side meeting at the 6 th International Conference on Priorities in Health Care, Toronto, Canada (9/20-22/2006)	USD 10,000												
e) Organize discussion & debate at Forum 10 - Global Forum for Health Research, Cairo, Egypt (10/29-11/2, 2006)	USD 5,000												
f) Adapt a presentation on working African PPP examples targeted to this group	USD 5,000												
TOTAL	USD 40,000												

Action Plan and Estimated Costs for Proposed Activities

Annex F

AUDIENCE: PRIVATE SECTOR LEADERS (PROFIT & NON-PROFIT); PHARMACEUTICAL INDUSTRY & TRADITIONAL HEALERS ASSOC													
CALENDAR 2006													
Proposed Activities	Estimated Budget	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
a) Organize side meeting at Forum 10 - Global Forum for Health Research, Cairo, Egypt (10/29-11/2, 2006)	See above												
b) Organize side meeting at Global Summit on HIV/AIDS Traditional Medicine and Indigenous Knowledge, 14- 18 March 2006, Accra, Ghana	USD 5,000												
c) Sponsor a session at the World Economic Forum on Africa 2006 (5/31-6/2/06) Cape Town	See above												
d) Organize a side meeting to present the communication strategy at the PSP-One 1Day High level meeting in Washington DC in April/ May 2006	See above												
e) Organize side meeting at the Kenya Association of Private Hospitals' Annual Meeting (TBD- maybe February or April)	USD 5,000												
f) Produce leaflet on private sector role in health service delivery in Africa- current examples	USD 10,000												
g) Produce PPT specific to private sector role in health service delivery in Africa- examples	See above												
h) Distribute World Bank publication (# of copies) on PPPs to Corporate Council on Africa, South Africa Business Coalition on HIV/AIDS & Global Business Coalition on HIV/AIDS	USD 2,500												
TOTAL	USD 22,500												

Action Plan and Estimated Costs for Proposed Activities

Annex F

AUDIENCE: WORLD BANK TASK TEAM LEADERS (TTL) ECONOMISTS													
CALENDAR 2006													
Proposed Activities	Estimated Budget	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
a) Produce summary leaflet on African PPP case studies	USD 9,000												
b) Produce an FAQ to be posted on relevant websites (World Bank & others)	USD 2,000												
c) Fund PPP experts to attend network meetings	USD 40,000												
d) Fund PPP experts to attend 6 th International Conference on Priorities in Health Care in Toronto, Canada, 9/20-21/2006	USD 10,000												
e) Organize a side meeting to present the communication strategy at the PSP-One 1Day High level meeting in Washington DC in April/May 2006	See above												
f) Fund publication of features on PPPs in Newsweek, Economist, JA Economic, L'Intelligent, Le Monde, Le Monde Diplomatique, and other media	USD 25,000												
g) Fund TTL to participate in delegation to African country with good example of PPP (TBD)	To be determined												
h) Fund a TTL to participate in a mini-training of "how-to" on PPP (TBD)	To be determined												
i) Produce a tool-kit on "how-to" of PPP (collaborate w/ PSP-One)	USD 25,000												
TOTAL	USD 111,000												

Action Plan and Estimated Costs for Proposed Activities

Annex F

Illustrative Costing for Selected Activities									
Activity	Consultant			Travel		Materials	Other	Total	
	Unit	Days	Total	Unit	Number of People				
a) Core Presentation	500	15	7500	2500	0	1500	1000	10000	
f) Side Meeting (WEF)	500	7	3500	2500	7	2500	1500	25000	
g) Fund African Journalists	500	10	5000	2500	6	3000	2000	25000	
h) Media Briefings	500	10	5000	2500	3	1500	1000	15000	
i) Radio Debates	500	10	5000	2500	3	1500	1000	15000	
Roundtables	500	0	0	2500	1	1000	1500	5000	
Private Sector Working Group	500	4	2000	4000	2			10000	
High Level Meeting DC	500	4	2000	4000	4	1000	1000	20000	
Leaflet on PPP	500	6	3000			7000		10000	
Documentary Film	500	20	10000	2500	5	20000	7500	50000	
Fund Journalists to attend mtgs				2500	10			25000	
Tool Kit	500	20	10000	0	0	15000		25000	