



Private Sector Partnerships-*One* For Better Health

Project Overview and Accomplishments
September 16, 2009

Abt Associates Inc. in Partnership with:

Banyan Global
Dillon Allman and Partners
Family Health International
Forum One Communications

IntraHealth International
O'Hanlon Consulting
Population Services International
Tulane University School of Public
Health



Presentation Outline

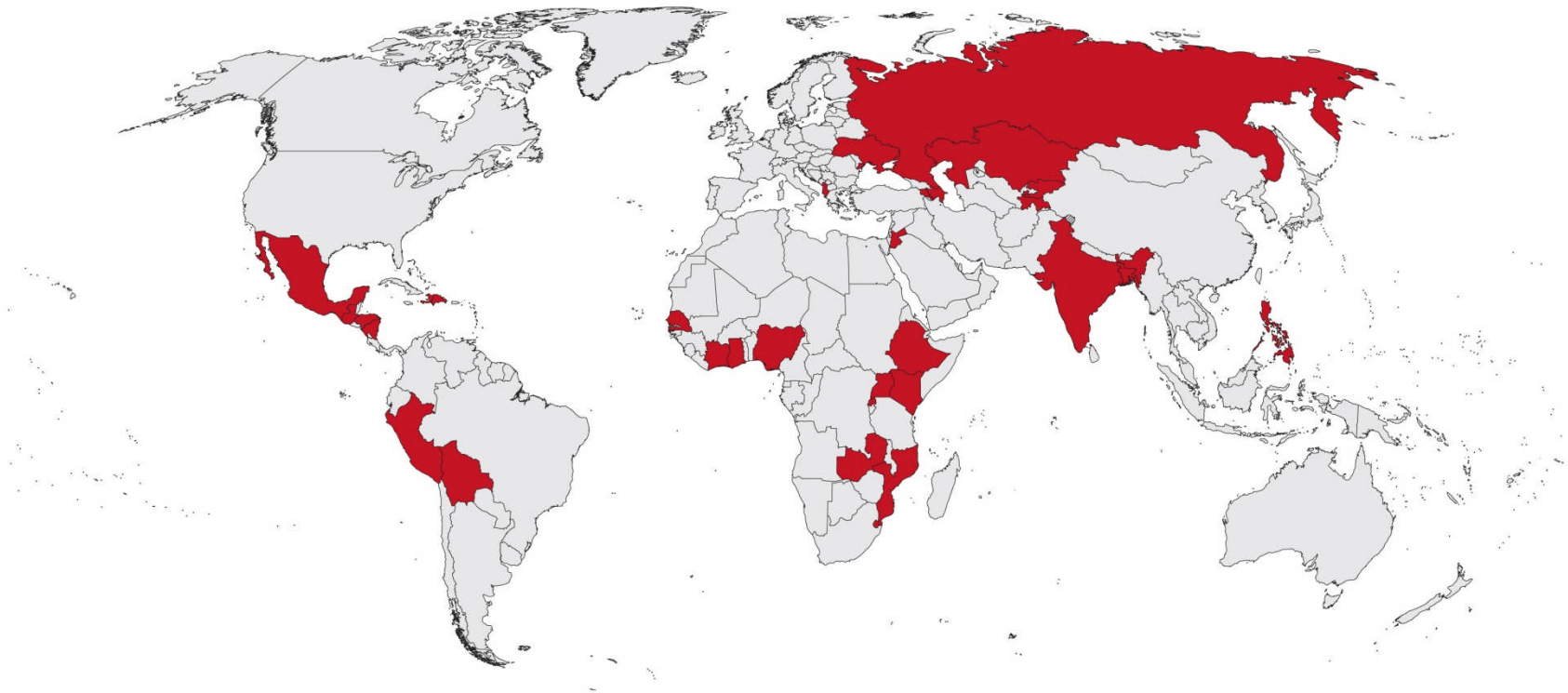


- Project overview
- Technical Innovation
- Research

The PSP-*One* Project 2004-2009

- Five year, global project under the PSP IQC
- Funding ceiling of \$59,129,638 (42% core; 58% field)
 - 33% of funding was for HIV/AIDS activities
- Objective: Increase sustainable FP and other health product and service use through the private sector
 - Increased demand
 - Improved supply
 - Improved the policy environment
 - The scale up proven strategies
 - Monitoring and evaluating results
- Role within the PSP IQC
 - Provide technical leadership and coordination across task orders
 - Develop and test new private sector models and approaches
 - Foster collaboration and knowledge sharing
 - Showcase promising private sector approaches (continue today)

PSP-*One* Countries (31)



PSP-One Countries (31)

- AFR Region
 - Ethiopia*
 - Cote d'Ivoire *
 - Ghana
 - Kenya *
 - Mozambique *
 - Nigeria *
 - Rwanda *
 - Senegal *
 - Swaziland
 - Uganda
 - Zambia
- ANE Region
 - Bangladesh
 - India *
 - Jordan
 - Philippines *
- E&E Region
 - Albania
 - Armenia
 - Azerbaijan*
 - Kyrgyzstan
 - Kazakhstan
 - Russia *
 - Tajikistan
 - Ukraine *
- LAC Region
 - Bolivia *
 - Dominican Republic
 - Guatemala *
 - Haiti *
 - Honduras*
 - Mexico*
 - Nicaragua
 - Peru*
- USAID Regional Bureaus
 - ANE/AME
 - AFR
 - E&E

Types of Field Support

- BCC: Haiti, Honduras & India
- Health financing: AFR & ANE
- NGO sustainability and strengthening: Bolivia, Honduras, Peru & Senegal
Senegal
- Pharmaceutical partnerships: Guatemala, Honduras, Jordan, India, Nigeria & Nigeria & Senegal
- Policy: Guatemala & Ethiopia
- Private provider networks: India & Nigeria
- Private sector assessments: Honduras, Peru, Albania, Azerbaijan, E&E, Russia, Ukraine, ANE, Jordan, Philippines, Kenya, Nigeria & Senegal
- Quality improvement: Guatemala, Nigeria & Senegal
- Social marketing: Guatemala (G-CAP), Haiti, Honduras, Mexico, Peru, Mozambique & Rwanda
- Research: Azerbaijan, E&E, Ukraine, India, Philippines & Guatemala

Technical Innovation



Areas of Technical Innovation

1. Introducing Affordable Commercial FP Products in SSA
 2. Improving Private Sector Quality through Self-Assessment
 3. Reaching Rural Areas with Affordable Commercial Health Products
 4. Scaling up FP within Commercial Health Networks
 5. Bridging the Public-Private Divide
 6. Client-Centered Market Segmentation
- Suppl
- Scale-
- Polic
- Demand

1. Introducing Affordable Commercial Commercial FP Products in SSA

- FP supply in SSA characterized by
 - Sustainable commercial brands for the wealthy
 - Free or heavily subsidized brands for everyone else
- Saw opportunity in the middle
 - Introduce mid-priced sustainable commercial brands
 - Help reduce dependency on subsidized brands
 - Offer clients more FP product options
- Opportunity stems from
 - Emergence of new generic manufacturers
 - Increased competition for large government contracts
 - New interest in marketing commercial brands in low income countries countries
- Potential in Nigeria
 - Large market with growing middle class

Opportunity and Results

- Approached major R&D and generic OC manufacturers manufacturers
 - All interested
 - Famy Care - lowest price
- Brokered partnership
 - Famy Care – manufacture and brand
 - Society for Family Health – distribution
 - PSI – provide funding for first shipment
- Launched Locon-F in January 2009
 - First mid-priced OC brand on the Nigerian market
 - \$1.20 per cycle compared to \$3.00-\$5.00
- Sustainable, low cost OCs can be marketed in SSA





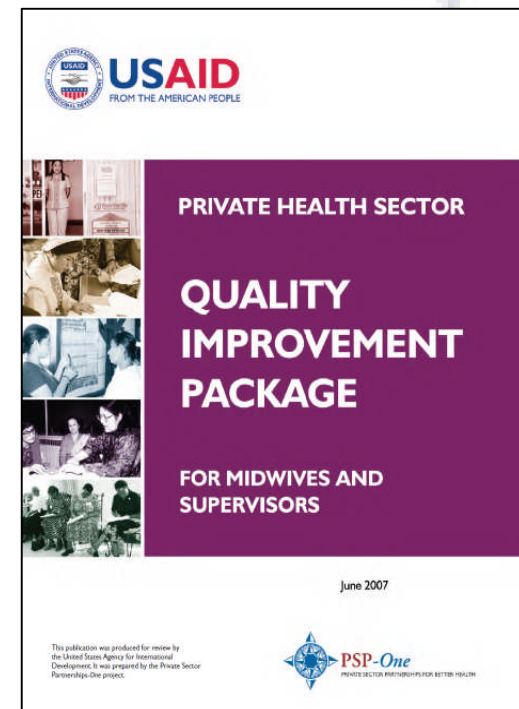
Session
Partnerships for FP and Beyond:
New Takes on Traditional Market
Building Approaches

2. Improving Private Sector Quality through Self-Assessment

- Quality of care in the commercial health sector is variable variable
- Proven mechanisms for quality improvement include
 - Social franchising and networks
 - Certification & accreditation
- However many private providers are isolated
- PSP-*One* convened advisory panel discussion in Year 1
 - Consensus
 - Adapt public sector self-assessment tools to private sector

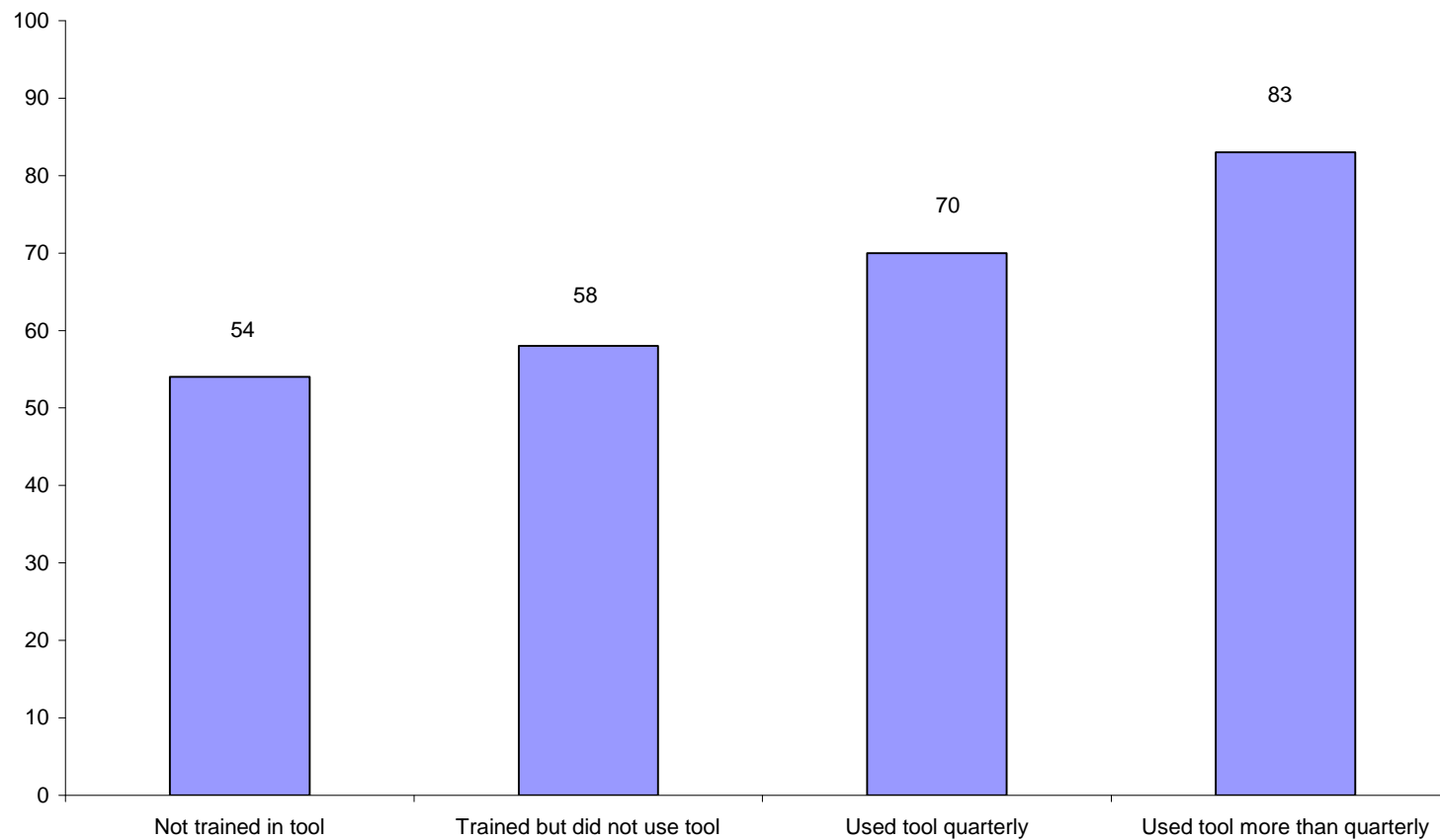
QI Package

- Developed QI package
 - Self assessment tool
 - Form to review service statistics
 - Action plan
 - Tool for supervisor to help solve problems
- Tested with
 - Uganda Private Midwives Association
- Impact evaluation
 - Quasi-experimental research design
 - Control group: no intervention
 - Partial intervention: self-assessment only
 - Full intervention: self-assessment with supervisor follow-up



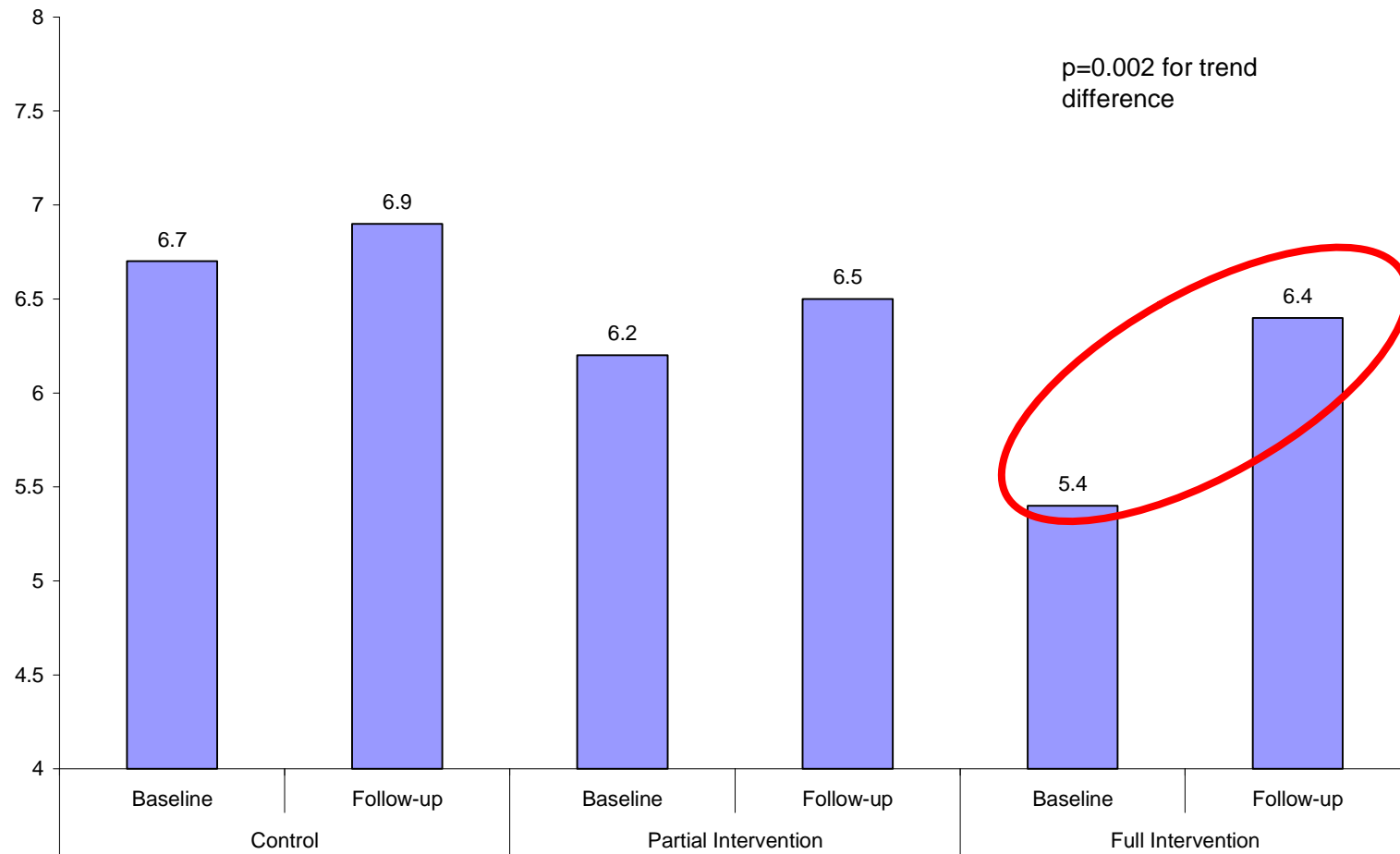
Those who Used Tool More Likely to Say Meetings with Supervisors were Helpful in Solving Problems

Figure 1. Percentage of midwives who found meetings with their supervisor helpful in solving problems, by use of QI tool



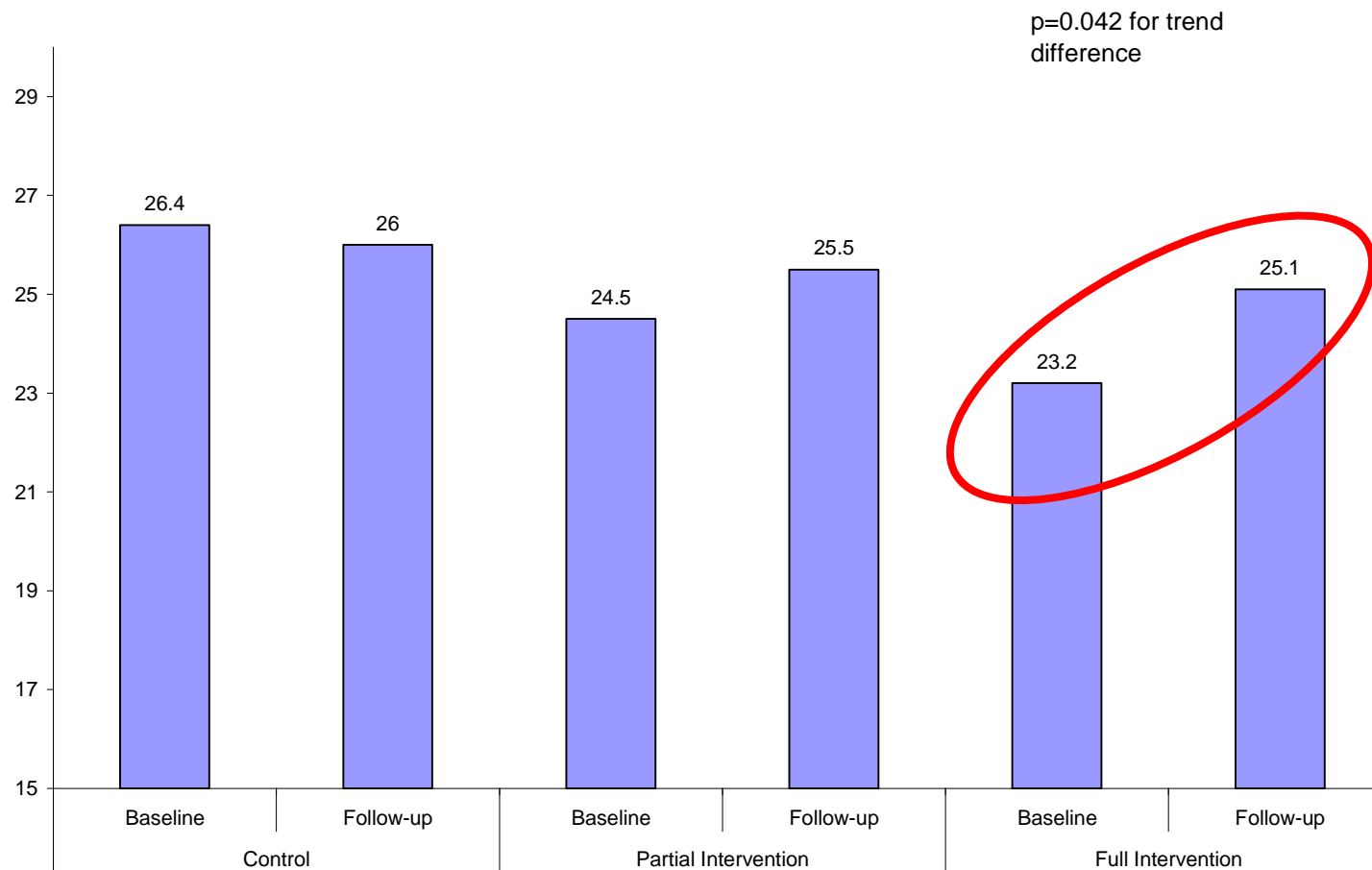
Significant Improvements of Counseling Practices of those In Full Intervention Group

Figure 2. Counseling Score



Significant Improvement in Composite FP Quality Score Score among those in the Full Intervention Group

Figure 3. FP Service Delivery Score





Research Report, QI Package & Poster Poster

3. Reaching Rural Areas with Affordable Commercial Health Products

- **The challenge:**
 - Long distribution chain to rural retailer
 - Relatively low FP demand, low volume, low profit
 - Relatively high transport costs

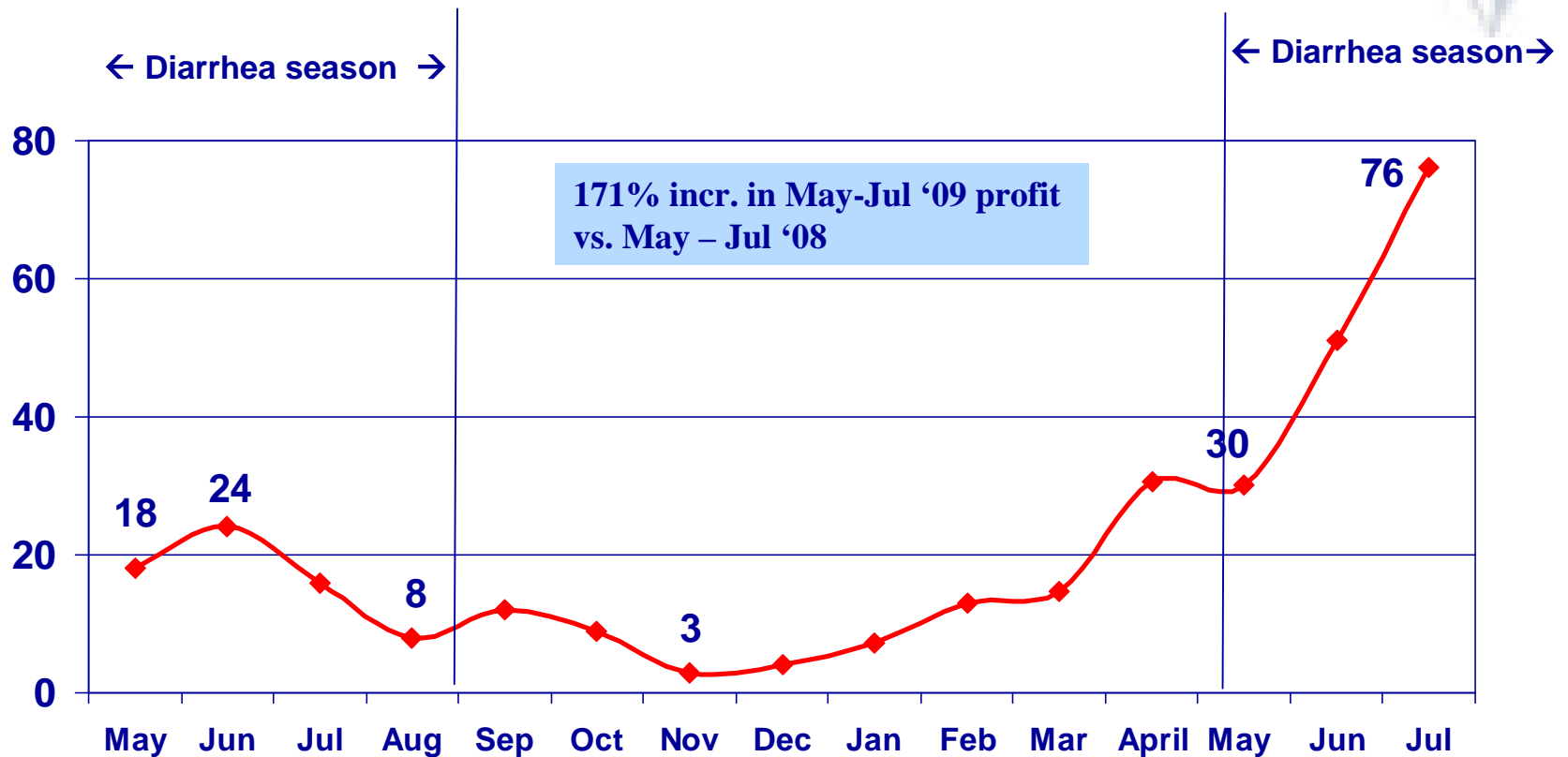
- **The opportunity**
 - FMCG companies experimenting with non-traditional forms of distribution in rural areas
 - Hindustan Unilever Ltd (HUL) and its Shakti Entrepreneurs Entrepreneurs in India
 - Over 40,000 Shakti Entrepreneurs covering 15 states
 - Door to door sales of a basket of goods
 - Reach over three million rural households
 - Trained to sell HUL products (soaps, tea, toothpaste)



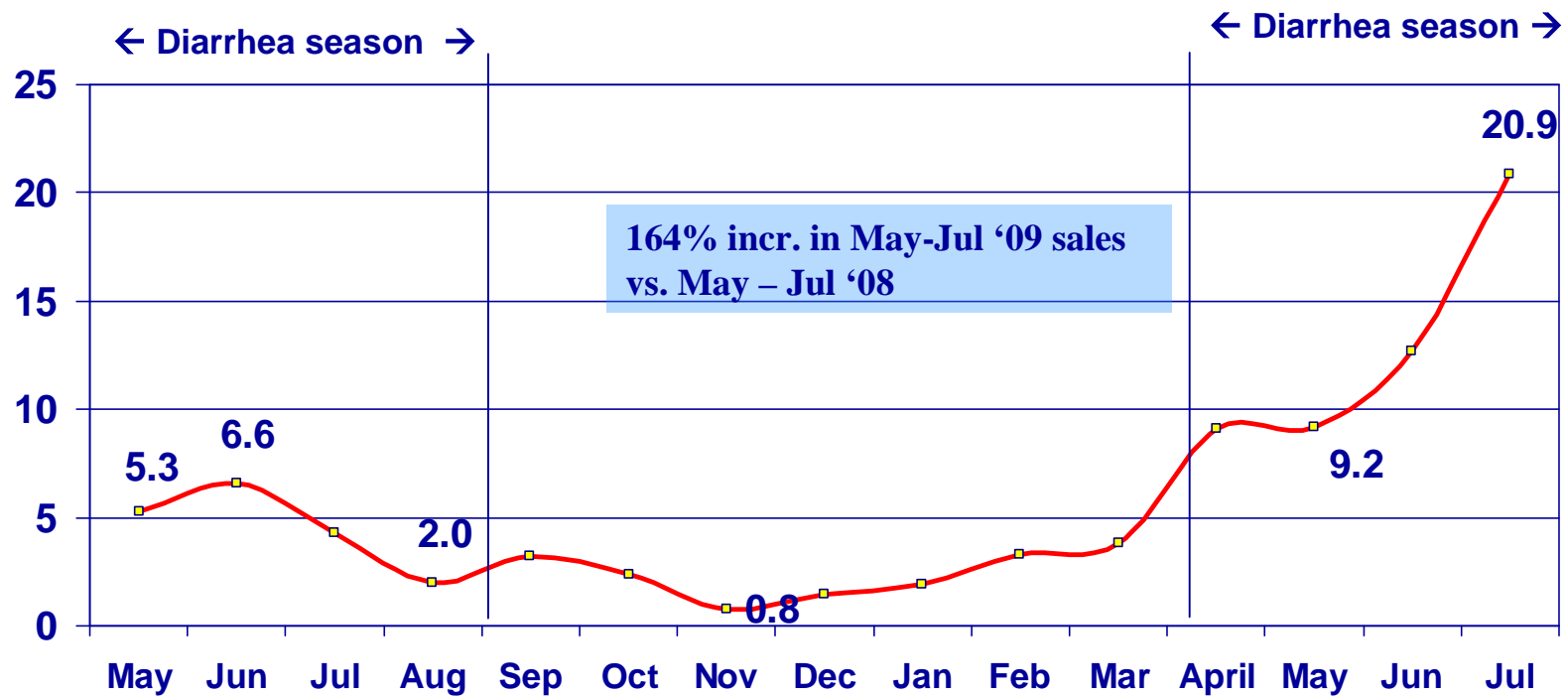
Negotiations

- HUL interested in carrying health products through its distribution system if
 - *PSP-One*
 - Identifies commercial partner
 - Demonstrates demand for the product
 - Demonstrate profitability to Shakti Entrepreneurs
 - Begin with Oral Rehydration Salts (ORS)
 - Then will consider FP
- Pharmasynth ORS manufacturer agreed to partner

Trends in SE profit from ORS sales (Profit / SE)



Trends in ORS Sales Volume (One Liter Packs / SE)



Outcomes

Partial Success to Date

- Proof of concept worked
 - Demand for commercial product demonstrated
 - Profitability to rural retailer demonstrated
 - Enhanced perceptions of Shakti women in the community
 - HUL is now convinced that the SEs can sell ORS
 - Willingness to expand the initiative within their network

- HUL hesitations on
 - Carrying through whole HUL distribution chain
 - Moving forward with FP



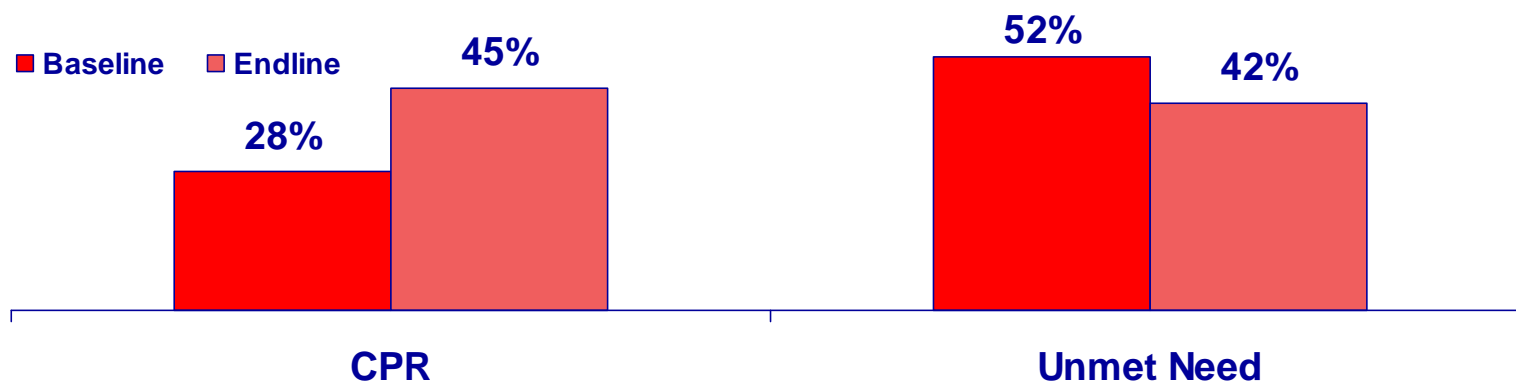
Session
From Baskets to Bus Stops to
Tents: Extending the Reach
of the Private Health Sector

4. Scaling Up FP within Commercial Health Networks

- Large donor investments in FP private provider networks networks
- Research shows it's a promising private sector approach approach
 - Improves quality of FP services
 - Some evidence of increased LAPM prevalence
- PSP-*One* review of over 50 franchises & networks
 - Substantial sustainability challenges & scale up difficulties
 - Opportunities to scale up FP with commercial health networks
 - Especially promising in Nigeria
 - Many HMOs with financial relationships with private providers
 - Private providers
 - Had out of date information on FP
 - Were not actively providing FP counseling

Results in Nigeria

- Trained 10 HMOs and 3 private provider associations to be master trainers in Family Wellness and FP
- Trained over 2,000 private providers in FP counseling
- Among female clients between 2007 and 2009
 - CPR increased; unmet need decreased
 - Those visiting trained provider twice as likely to use FP





Session

Private Provider Networks: Bringing Order to Chaos

5. Bridging the Public-Private Divide

- Private sector is important potential partner for public sector sector
 - In addressing public health needs
 - Provide additional human and financial resources
 - Extend the geographic reach of health products & services
- Key barrier to public-private partnerships in FP & health
 - Public sector uncertainty
 - What their options are for working with the private sector
 - Who to work with in the private sector
- Consequences of the public-private divide
 - Lack of private sector knowledge in key areas
 - National health care standards
 - Private sector generally not included in donor-funded trainings
 - No seat at table in policy and planning

Worked on Three Fronts

- Brought public and private sectors together
 - Global, regional and local skill building workshops for PPPs
 - Global Consultative Meeting on Public Policy and Franchising
 - Regional on-line network: Network4Africa.com
 - Local workshops to develop PPP action plans
- Created central bodies of private sector representatives
 - Interface with the public sector
 - Ensure dissemination of national standards and protocols
- Revised legislation to create favorable policy environment





Session
Bridging the Divide: the Power of
of Public-Private Policy Dialogue

6. Client-Centered Market Segmentation

- Client-Centered Market Segmentation Analysis
 - Application of classic business MSA to FP
 - Uses research to
 - divide a population into subgroups with similar characteristics
 - Socio-demographics
 - Economics
 - Lifestyles
 - Behaviors, attitudes, opinions, and values
- Goal is to use results to make more profit by
 - Tailoring products, services & communications to specific segments
 - To attract more users

Parallels with Public Health & FP

- We want to attract more users too
 - Not for profit, but for health and quality of life reasons
- Most of the MSAs that USAID has supported have focused on socio-economic and demographic segments
- Business marketing often include a broader array of variables
 - Include lifestyles, attitudes, values, and opinions (psychographic)
- Consider Crest “family” of toothpastes
 - 14 Crest variants tailored to 14 different segments
 - Healthpro; Whitening Expressions; Sensitivity Protection; Kids; etc. etc.
 - Healthpro Crest toothpaste segment may be
 - under 30 (demographic); middle income (economic); health conscious (psychographic)

FP Segments for Azerbaijan



Provincial Pragmatists 32%



Older Avoiders 37%



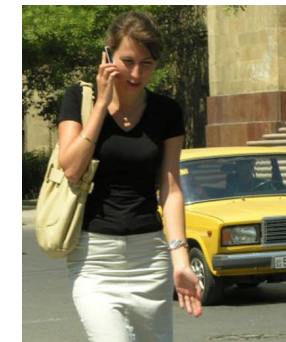
Prudent Urbanites 9%



Coming-of-Age Traditionalists 15%



Young Uncertain Urbanites 4%



High-tech Progressives 3%



Session
So You Think You Know Your
Audience:
Behavior Change Tools and
Strategies to Maximize Results

Research, Monitoring and Evaluation Evaluation

- Global Studies
- Impact Evaluations
- Program Research
 - Formative
 - Monitoring
 - Operations research



Filling Information Gaps with HIV/AIDS Research

1. Examining the Role of the Private Sector in HIV Prevention and Treatment: Focus on Financing and Utilization
2. Utilization of HIV and Related Services from the Private Health Sector: Multi-Country Analysis
3. Comparative Study of HIV Counseling and Testing Practices in Public and Private Facilities in Zambia
4. From Emergency Relief to Sustained Response: Examining the Role of the Private Sector in Financing HIV and AIDS Services
5. Assessing the Role of the Private Health Sector in HIV/AIDS Service Delivery in Ethiopia
6. Private Sector Utilization of HIV/AIDS Services & Health Expenditures by People Living with HIV: Findings from Five High Prevalence States in India



Session
The Next Frontier: Private Sector
Participation
in the Global AIDS Response

Thank You!

