



Assessment to Action Approach: Using a PSA/PPD to inform and shape private sector policy

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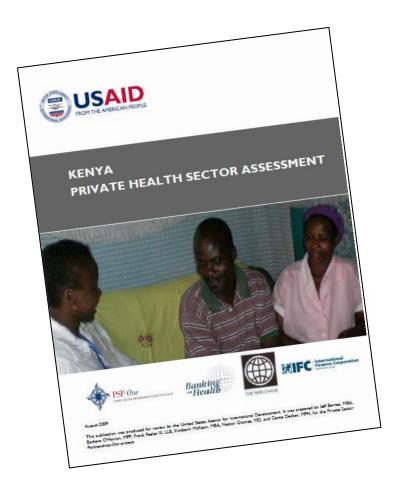
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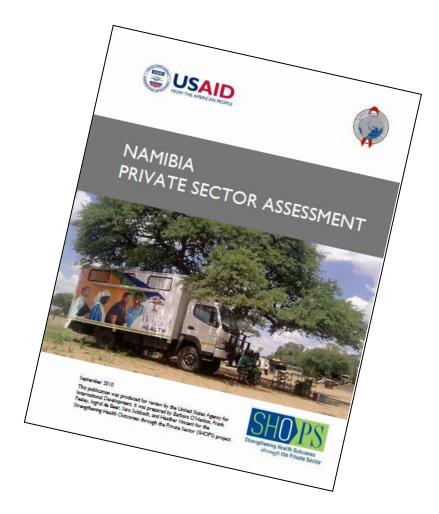
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Presentation Overview

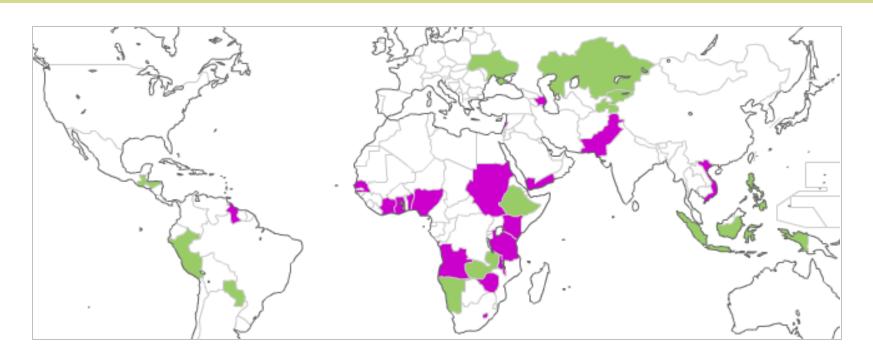
- Purpose of PSA/PPD
- Overview of Assessment to Action Approach
 - Key Actors, Roles and Responsibilities
 - Three Staged Approach
 - PSA content
- Country examples: Guatemala and Kenya
- Parting thoughts

Evolving Role of Private Sector Assessments



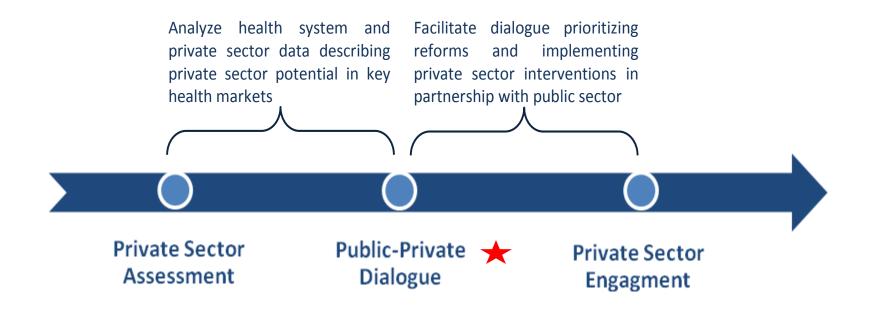


Growing Experience in PSAs



- USAID private sector projects conducted over 18 PSAs in last 5 years
 an additional 7 in the last 6 months alone!
- World Bank supported 6 under the HIA initiative (Burkina Faso, Congo Brazzaville, Kenya, Mali, Nigeria)
- AFC commissioned 5 studies (Benin, Mali, Ghana, Madagascar, Senegal)

Evolving PSA Approach Now Includes PPD



Purpose of Combined PSA/PPD Approach

- Provide an objective description of the private sector at one point in time
- Identify strategies that harness private sector (leverage existing private sector resources) and/or grow the private sector (increase private sector role)
- Facilitate dialogue between all stakeholders to build support for and prioritize policy actions that expand private sector role
- Prompt actions that will reform policies, change systems and implement PPPs

Assessment to Action Approach (A2A)



Key Actors in A2A



Steps to Carry Out A2A

Stage:

Stage:

Assess the Private Sector

- 1. Carry out key informant interviews
- Debrief Advisory Committee on preliminary findings and recommendations
- 3. Develop 1st draft of PSA Report
- 4. Solicit Advisory Group's input on PSA draft
- 5. Conduct Consultative Workshop
- 6. Finalize PSA Report based on stakeholder inputs

Foster Public-Private Dialogue and Private Sector Engagement

- 1. Get Organized
- 2. Engage an "Partnership Broker"
- 3. Design Process/Launch PPD
- 4. Design/Implement PPP Action Plan
- 5. Build Partnerships and Processes
- 6. Assess value of PPD
- 7. Stay or Move on

Stage:

Build the Foundation

- 1. Mobilize Technical Team
- 2. Develop "zero draft" of PSA
- 3. Gauge stakeholder interest
- 4. Refine TORs
- 5. Conduct 1st consultative workshop

Stage 1. Build the Foundation

Build the Foundation

- Mobilize the Technical Team
- Develop the "zero draft"
- Gauge stakeholder interest
- Form the Advisory Group *
- Refine PSA scope with stakeholder input
- Conduct in-country Consultation Meeting *



Stage 2: Assess the Private Sector

During 1st Trip

- Arrive with "zero draft"
- Carry out informant interviews
- Debrief Advisory Group *

Back Home

- Develop 1st Draft
- Solicit Advisory Group's input *
- Synthesize Draft

During 2nd Trip/ Back Home

- Conduct 2nd Consultative Workshop
- Finalize Report

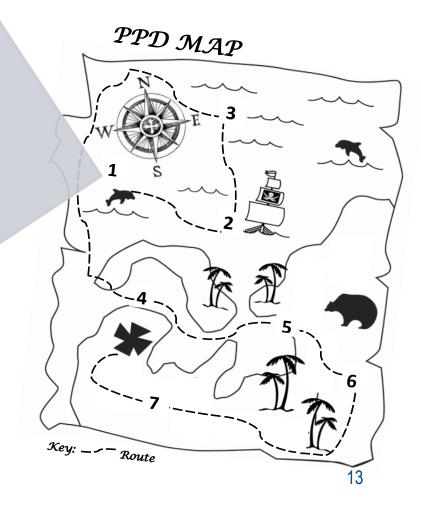
Components of a PSA Report

- Section 1: General Background
- Section 2: Stakeholder Landscape
- Section 3: Health Systems and the Private Sector
 - Enabling Environment and Governance
 - Private Health Financing
 - Supply and Demand for Private Health Services
 - Supply of Health Products through the Private Sector
 - Private Sector Reporting to Health Management Information Systems
 - Private Sector HRH
- Section 4: PPPs in the Health Sector
- Section 5: Strategic Investments in Private Sector

Stage 3. Foster PPD to Engage the **Private Sector**

PPD to engage the private __ sector

- Get organized
- •Engage a partnership
- •Design and launch a PPD
- Produce results (PPP Action
- Build partnerships and
- •Assess value of PPD ·Stay or move on



Guatemala A2A: Focused and Effective



Guatemala: the A2A Process

- Conducted targeted PSA
 - Literature review
 - Stakeholder interviews
- Private sector actors sponsored stakeholder meeting
 - Developed "short-list" of problems
 - Private sector stakeholders agreed they needed to address the problems
- Formed a committee COSSEP-VIH
 - Developed Action Plan
 - Meet every other month to monitor plan
 - Added more private sector organizations
 - Public sector finally joined actions



Examples of Key Findings

- ■Not included in dialogue to create
- ■Low knowledge of HIV/AIDS laws, norms and protocols
- Private sector healthcare personnel felt the law did not apply to them
- Mistrust between sectors
- ■No case reporting to public sector
- ■Not included in Donor-sponsored training on HIV/AID
- Private sector plays important role in HIV/AIDS counseling and testing and treatment (e.g. STIs, OI)
- Most MARPs seek VC&T in private sector (e.g. affordable, convenient, confidential)

Guatemala: Actions and Results

Drafted section on private sector role in new Ntl HIV/AIDS Law

Improving HIVIAIDs while strengthening health systems Integrated fully into all HIV/AIDS policy forums

Created & sustain PPP dialogue

Institutionalized training in Professional Associations

Disseminated Ntl Guidelines

Established training requirements with approved CME hours

Organized private sector groups

Adapted VC&T training to meet private sector needs

Created referral directory of public/private providers

Designed private sector "friendly" reporting form & system

Increasing system wide effects

Improved private sector VC&T and OI treatment

Kenya: High Stakes – Lasting Gains





The Naivasha Declaration on Public Private Partnership in Health

Xey studeolders in the booth sector from the public sector including the Ministry of Houlist and Medical Services Ministry of Planch Houlist and Studeolous Ministry of Finance, Ministry of Titaness, representatives from the private sector such as Professional and Republicy booling, health training includation, existed the Configuration of the Planch organizations, and foreprofit health providers, and development partners all met in Naivasha from April 19th to 22th 2009, with the following objectives:

- Provide critical feedback on the private health sector assessment jointly sponsored by the World Bank and USAID
- Formulate priority recommendations for addressing key health systems issues
- Identify concrete next steps through which the public and private sector can work together to implement the priority recommendations

The priority recommendations and next steps are summarized in the attachment to this Declaration. In addition, the participants proclaim publicly:

- The positive spirit, candor and mutual respect shown by all participants during the Hairuska Workshop demonstrate that public private partnerships can develop effective solutions that lead to improvements in the entire health system.
- We strongly muge the government to continue to endorse and support the collaboration
 of all sectors and stakeholders in the health system to develop health policies that
 improve the health of all Kenyaus.
- We, the partners, including the government of Yenya, private sector entities and faithbased organizations and development partners, are committed to achieving the agmed recommendations outlined in the Nativaska Declaration.
- All the stakeholders will continue to monitor the progress and deliverables that were drawn out of this workshop.

Agreel on 22nd of April, 2009 at the Great Hift Valley Lodge in Naivaska by all parliapants whose som as are attacked to this Dedaration





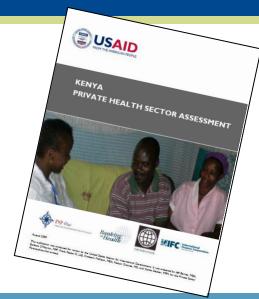




Kenya: the A2A Process

- Conducted PSA with health system focus
- MOH sponsored first-ever public-private meeting (Navaisha Workshop)
 - Agreement on private sector contribution (Navaisha Declaration)
 - Consensus on policy priorities (Roadmap)
 - Launched dialogue process (PPP-HK)
- Frequent and constant engagement
 - PS breakfast debriefings (qrtly)
 - Position papers on policy proposals
 - Consultative meetings to vet reforms
 - One-on-one meetings
 - Data sharing
 - Additional policy research





PRIVATE SECTOR ROAD MAP	
P ₁ Policy dialogue	 Institutionalize formal entity representing key groups in the health sector Strengthen government's stewardship capacity to interact with the private sector
P ₂ Policy reforms	 Accelerate the review of the National Health Policy framework Review, harmonize and consolidate key Health Acts, with a focus on reforming healthcare professionals, facility and medical training licensing
P ₃ Partnerships in health services	 Establish a PPP Framework to guide PPP initiatives Integrate private sector into NHIF pilots in financing of out-patient services Introduce low-cost insurance products through a PPP with private health insurance

Kenya: Significant and Lasting Results

- MOH uses PSA findings in policy proposals
- Health sector landscape radically changed
 - Private sector organized and speak as one voice with gov't
 - MOH more likely to invite private sector to meetings/forums
 - Private sector demands (and gets) representation at key meetings/forums
 - New donors supporting private sector initiatives
- PPP Unit recently established and staffed
- Private sector strategy embedded in new MOH design mandated by new Constitution
 - PPP Unit in MOH org chart
 - PPPs part of MOH strategy to increase access and improve coverage
- Unfinished business
 - PPP-HK mobilizing private sector participation in KPHF and Health Acts

Parting Thoughts

- PSAs can be easily adapted to suite the country need/context
 - Narrow technical focus, quick assessment, targeted interventions
 - Broad HSS orientation, in-depth assessment with primary data collection, lengthy PPD focused on major policy/system changes
- PSAs are an effective tool to get the dialogue going
 - Offers objective description of private sector
 - Helps stakeholders prioritize policy interventions
 - Puts everyone into the same room often for the 1st time to talk
- PPD produces results
 - Works in diverse political contexts
 - Helps private sector get a seat at the table
 - Sustained TA and patience can keep process on track and deliver results





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Check out the website for the A2A Guide! www.shopsproject.org



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