PRIVATE SECTOR WORKING GROUP
Annual Meeting Summary
June 17, 2011

Meeting Overview

On Friday, June 17, 2011, USAID's Strengthening Health Outcomes through the Private Sector (SHOPS) project hosted the first Private Sector Working Group (PSWG) annual meeting at the Omni Shoreham Hotel in Washington, D.C. Meeting objectives included:

1. Networking with organizations that work with the private health sector in developing countries
2. Learning from each other about promising field approaches and research opportunities
3. Discussing emerging private sector topics to look for in coming years

Over 65 individuals attended, representing 30 private sector health implementing partners and both the U.S. based and international donor community. A full list of attendees is included in Appendix 1. The meeting was scheduled to coincide with the Global Health Council Conference to encourage participation by individuals outside of Washington, D.C. Groups based in Bangladesh, Cambodia, Ethiopia, Kenya, Nigeria, Switzerland, Uganda, and Zimbabwe attended the meeting.

The meeting was structured around small group discussions– World Café sessions – on five key technical areas to explore emerging trends in private sector health activities. In addition, Connor Spreng gave a lunch presentation that served as the Washington, D.C. launch of the IFC-World Bank Report, *Healthy Partnerships – How Governments Can Engage the Private Sector to Improve Health in Africa*. The meeting also featured highlights and announcements from the private sector health donor community, presented by Pallavi Rai from the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) and Guy Stallworthy from the Bill & Melinda Gates Foundation (BMGF). The Center for Health Market Innovations sponsored a reception that provided participants an opportunity to network and to browse at the *Market Place of Ideas*, featuring information on six organizations' private sector health programs.

The participant evaluations were very positive, encouraging SHOPS to organize a second annual meeting next summer. Overall, participants were very satisfied with the opportunities to network, learn about each other's private sector activities and found the technical areas selected for the World Café discussions to be relevant to their work. Participants felt, however, that the meeting did not provide enough ***new*** learning to inform members' work on the private sector. Participants also suggested topics to include on the agenda next year and on how to improve the next annual meeting. In general, PSWG members would like to have more opportunities for member organizations to highlight specific programs, view presentations made by field staff on their specific experiences, and more interaction with commercial sector representatives.

WORLD CAFÉ

Meeting participants were asked to share their perspective on and experience in two of the five World Café technical areas. The five technical areas discussed were the following:

Can health financing mechanisms make private health care financially accessible for the poor?	Facilitator: Thierry van Bastelaer, Abt Associates Inc.
What does it take for the government to lead and govern the private sector?	Facilitator: Gina Lagomarsino, Results for Development
Are the poor getting "value" and quality for their money when seeking health care in the private sector?	Facilitator: Nabeel Akram, Jhpiego
Can the private sector improve access to essential health products and medicines – even for hard to reach populations?	Facilitator: Francoise Armand, Cardno Emerging Markets USA
How can private sector information and communication technologies be best leveraged to generate impact on health outcomes?	Facilitator: Pamela Riley, Abt Associates Inc.

Photographer: Edith Han, Results for Development

The highlights presented during the lightning round on each technical area are summarized in the Table below. PSWG members also suggested areas where the PSWG could advance member knowledge and share information:

- Provide opportunities for PSWG members to highlight specific programs in greater depth
- Include presentations from field staff of PSWG members organizations
- Dive deeper into specific technical areas, such as regulatory issues and strategies to promote quality of care in the private sector
- Share lessons learned from field programs as well as tools and methodologies
- Advocate for further research on the private health sector to help develop an evidence base, share best practices among implementers and create monitoring mechanisms
- Invite more private sector groups to participate as members and/or present at PSWG meetings

Highlights from World Café Sessions

Technical Topics	Private Sector Approaches	Opportunities	Challenges	Tools and Resources
Can health financing mechanisms make private health care financially accessible for the poor?	Financing mechanism grouped into: 1. Consumer financing instruments - Health Savings - Insurance - Subsidies - Conditional Cash Transfers 2. Provider financing mechanisms - Performance-based financing - Access to finance	- Incentives for both providers and consumers - Consumer subsidies - Improved provider relations with gvt sector - Local intermediaries to facilitate political will, policy changes supporting financing mechanisms	- What is the optimal link between social franchises and health finance? - How to finance and cover NCDs? - How to scale-up community-based health finance mechanisms without losing local ownership, participation? - How to cost public services and compare them with private ones?	
What does it take for the government to lead and govern the private sector?	Strategies to - Foster transparency - Encourage private sector commitment to "good practices" - Create supportive political environment - Reaching shared goals - Defining roles and responsibilities between sectors		- Lack of trust between sectors - Need clearer definition of private sector - Lack of policy frameworks - Weak regulation and enforcement - Challenges to registration/red-tape - Weak HMIS systems - Weak capacity to contract - Difficulty bringing private sector to underserved areas	- Private Sector Assessments - Establishing PPP Units - National regulatory reviews - Common approaches in key policy and regulatory instruments (e.g. PPP Law, PPP strategy for health, etc)
Are the poor getting "value" and quality for their money when seeking health care in the private sector?	- Strategies to engage Govt Agencies to put into place QA policy framework & mechanism - Partnering approaches with FBOs and outreach services to strengthen quality - Using provider payment mechanisms – contracting, pay for performance, vouchers – to improve quality - Establishing mechanisms, e.g. social franchising, social marketing, pay-for performance, contracting, to ensure quality - Working through professional associations to define with gov't quality standards, supportive regulations and mechanisms	Group identified opportunities to better collect data on private sector quality - Client Exit Surveys - comparing private and public sectors - Standard definition of quintiles - what does it mean to be poor in each country? - Standard definition of access - number of miles walked/ number of services - Survey and determine the top 15 private sector initiatives with most robust QA systems to identify LLs - Establish universal standards and metrics to measure quality good way to partner with the Government	- Clearer definition of private sector needed - Establishing common definitions, standards, and metrics - Impact is difficult to measure - Fear of loans and access to finance are barriers for private providers >> quality may be a cash flow problem - Lack of business skills - Difficulties in grouping small-scale providers and ensuring quality in loose networks - Distrust between public and private sectors - Private sector providers electing not to register their businesses - Contracting out difficult with private providers	- Global Health Group study highlighting lack of evidence in comparing public and private sector care - PSI evaluating quality of its own franchises in Myanmar and Pakistan - Data on social franchises available but focus mainly on public sector - Population Council is doing a multi-country study of social marketing

Technical Areas	Private Sector Approaches	Opportunities	Challenges	Tools and Methodologies
Can the private sector improve access to essential health products and medicines – even for hard to reach populations?	Mostly common approaches in the field include: - Public-private distribution schemes - Local production - Leveraging non-health distribution networks - Accreditation of pharmaceutical chains - Franchising of clinics - Supply chain subsidies - Community-based distribution - Employer-based programs - Total Market Approach	- Using agricultural supply chains to produce and distribute nutritionally improved food products - Creating networks of approved drug dispensaries - Creating clinic and retail pharmacy franchises - Manufacturers partnering with community-based distribution networks in rural areas to expand access to their products 5. Employer-based provision of services and commodities (ITNs, ART, ACT, condoms) as part of CSR strategies and sustainable business models 6. TMI activities where the government is ultimately responsible for effective supply chain		
How can private sector information and communication technologies be best leveraged to generate impact on health outcomes?	Technology applied to educate consumers, improve operations, manage supply chains & support health workers. Field applications: - Siproxil: a system to identify and track counterfeit drugs - Txt message medication reminders - Videos via phone for TB adherence - Mobile chips in treated bednets - Data collection via mobile phones - Phone-based client exit polls - Surveys via laptops to reduce interviewer bias - Mapping tools: access, tracking supplies - Social networking to track disease, crowd sourcing during disasters, reduce isolation for stigmatized conditions	- Create linkages with non-health ICT services such as mobile banking, market price services in agriculture, entertainment, etc. - Seek out partnerships with others for innovative financing - Collaboration with end users to identify needs that may be met with ICT solutions	- Limited resources - Need for successful ICT business models - Looking beyond CRS to develop the ROI for corporate partners and donor investments - High telcom costs - Need innovative financing mechanisms: advertising, sponsorship, user fees - Donor expectations are unrealistic as platforms are only in their infancy - Limited evidence of impact on health outcomes - Undue emphasis on "cool" tech solutions that do not meet user needs	Gap in tools and resources available in this field. Limited knowledge about where to go for resources. Some online resources: - mobileactive.org - mHealth Alliance - K4H mHealth Section Emerging trends in technology are: - Continued interest in ICT applications in multiple arenas - Health hotlines - Open source software to reduce cost barriers to programming and licensing

LUNCH PRESENTATION

After the official launch in Nairobi, Kenya, of the *Healthy Partnerships – How Governments Can Engage the Private Sector to Improve Health in Africa* report, the International Finance Corporation/the World Bank released its new report in the US at the PSWG Annual Meeting. Connor Spreng, Economist at the World Bank Group, presented an overview of the Report. The *Healthy Partnerships* Report assesses how governments and the private health sector are working together in 45 countries in Sub-Saharan Africa. The research conducted was based on a new framework to measure the level of engagement between private sector providers and public health authorities in Africa. The presentation focused on the Report's findings and recommendations.

The PowerPoint presentation may be found on the SHOPS website at www.shopsproject.com/pswg.
A copy of the report may be obtained at the following web-address: www.wbginvestmentclimate.org/health

DONOR PANEL

Two PSWG members, GFTAM and BMGS, presented updates on their private sector health initiatives.

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Ms. Rai stated that GFTAM recognizes that the local private sector in countries such as India is booming and that the GFTAM is keen on engaging the private sector. In fact over 50% of GFTAM funded proposals include co-investments by the private sector. The Country Coordinating Mechanism (CCMs) is the entry point for more funding to support private sector activities. Since CCMs identify and approve the proposals submitted each Round, it is critical there be broader representation of the private sector (commercial sector, non-profit organizations, and professional and trade associations) on CCMs. India is a notably example demonstrating how CCM private sector members can influence the type of proposals submitted. There are five private sector members on the CCM; as a result, India is one of the countries with the largest number of private sector initiatives which are primarily focused in the areas of malaria and TB.

A lively discussion followed Ms. Rai's presentation - participants highlighted challenges faced in proposing private sector initiatives with GFTAM and the anti-private sector bias in many of the CCM's. PSWG members expressed frustration in working with CCMs, which they described as "a closed shop." Ms. Rai acknowledges that GFTAM cannot interfere in local processes and is working with other organizations (USAID, ILO, UNAIDS, etc.) to provide country-level technical assistance and training to the CCMs to help them identify and propose private sector initiatives.

BILL AND MELINDA GATES FOUNDATION

Mr. Stallworthy delivered his presentation virtually. He first informed the PSWG members that the BMGF is developing a new private sector strategy and that he would like to discuss it with PSWG members to help inform and shape the new strategy. The Foundation has hired Boston Consulting to assist them with the strategy. In the past, BMGF has invested in research and development of new health technologies to address 11 disease priorities. However, BMGF is now interested in downstream issues and how the private sector can improve in-country access and coverage of these new technologies. Guy illustrated this new focus using examples like the ADDO network in Tanzania and social franchises in several countries. Mr. Stallworthy concluded this portion of his presentation by

asking PSWG's input on the possible role the Foundation can play that would complement other members' work in the private health sector.

Mr. Stallworthy also presented a new initiative the Foundation is launching to engage private markets for equitable coverage of health technologies in Africa (see presentation). The Foundation recognizes private providers and markets present opportunities to address these gaps in the health system. The new initiative will explore private sector strategies in three to five African countries. The Foundation will work through a new consortium of organizations with a strong presence in Africa – Grameen Foundation, Safe Care, Marie Stopes International, PSI, PharmAccess, Society for Family Health, and the International Finance Corporation. This new initiative will fund grants that align with its overarching goals: i) improve coverage or priority technologies; ii) increase pro-poor engagement of the private health sector and iii) demonstrate effectiveness of integrating provider networks and supply side financing. Questions on the presentation focused on why the Foundation opted to fund international agencies instead of directly funding and building capacity of country-level African private (full spectrum) organizations as they struggle to become sustainable and viable organizations.

The BMGF presentation may be found on the SHOPS website at www.shopsproject.com/pswg

CONCLUSION AND NEXT STEPS

Susan Mitchell, SHOPS Project, closed the meeting by thanking everyone for their participation and remarking on the renewed energy around the PSWG. This report, PowerPoint presentations and all other meeting materials will be posted on the website. The next PSWG quarterly meeting in Washington, D.C will likely take place in late September/early October 2011. Please follow-up with Alexandra Dunberger at alexandra_dunberger@abtassoc.com if you would like to suggest any potential new PSWG members.

The PSWG page on the SHOPS website may be accessed at: www.shopsproject.com/pswg.

THANK YOU! We would like to express our appreciation for all of the individuals that made this annual meeting possible – a great deal of thought was put into the structure, organization, and content of the meeting, and a number of individuals played essential roles during the meeting itself—most notably our facilitators and presenters. The annual meeting was organized by a committee of PSWG members, including Alexandra Dunberger (Abt Associates, Inc.), Barbara O'Hanlon (O'Hanlon Health Consulting), Shannon England (Population Services International), Gina Lagomarsino (Results for Development) and Rose Reis (Center for Health Market Innovations). Facilitators of the World Café sessions included the following individuals: Francoise Armand (Cardno Emerging Markets USA), Pamela Riley (Abt Associates Inc.), Nabeel Akram (Jhpiego), Gina Lagomarsino (Results for Development), and Thierry van Bastelaer (Abt Associates Inc.). Thank you to Connor Spreng for utilizing the PSWG annual meeting as an opportunity to launch the new IFC-World Bank report and to Pallavi Rai and Guy Stallworthy for sharing updates from your respective organizations with this group of colleagues.

Appendix 1

PSWG Annual Meeting Participants

Name		Organization
Joseph	Addo-Yobo	Abt Associates Inc.
Elizabeth	Corley	Abt Associates Inc.
Alexandra	Dunberger	Abt Associates Inc.
Elizabeth	MacGregor-Skinner	Abt Associates Inc.
Susan	Mitchell	Abt Associates Inc.
Pamela	Riley	Abt Associates Inc.
Caroline	Quijada	Abt Associates Inc.
Thierry	van Bastelaer	Abt Associates Inc.
David	Greeley	Academy for Educational Development
Andrea	Wilson	Aga Khan Foundation USA
Meaghan	Smith	Banyan Global
Piotr	Korynski	Banyan Global
Guy	Stallworthy	Bill & Melinda Gates Foundation
Meghan	Majorowski	Broadreach Healthcare
Cassandra	Blazer	Broadreach Healthcare
Françoise	Armand	Cardno Emerging Markets USA
Jeanne	Ellis	Cardno Emerging Markets USA
Dr. Dithan	Kiragga	Cardno Emerging Markets USA
Omer	Imtiazuddin	Consultant
Yulia	Johansen	Crown Agents USA
Barbara	Seligman	DAI
Caesar	Layton	DAI
Alex	Begle	DAI
Alex	Cho	Duke University School of Medicine
Omar	Taha	Edesia
Marie	Wisecup	Edesia
Jan	Kumar	EngenderHealth
Johannes	VanDam	Family Health International
Maj-Britt	Dohlie	Futures Group
Matthew	Freeman	GAIN
Dr. Jeff	Sturchio	Global Health Council
Pallavi	Rai	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Mary	Black	HANSHEP
Rosalyne	Mburu	HENNET Kenya
Beatrice	Okundi	HENNET Kenya
Fola	Laoye	Hygeia Nigeria Ltd.
Connor	Spreng	International Finance Corporation
Vanessa	Edwards	Institute for Global Health / UCSF
Nabeel	Akram	JHPIEGO
Bulbul	Sood	JHPIEGO
Paul	Dowling	John Snow, Inc.

Name		Organization
Melinda	McKay	John Snow, Inc.
Dr. Moe Moe	Aung	Marie Stopes International
Nomi	Fuchs-Montgomery	Marie Stopes International
Abbigail	Msemburi	Marie Stopes International
Richard	Bartlett	McKinsey & Company
David	Wofford	Meridian Group International, Inc.
Barbara	O'Hanlon	O'Hanlon Health Consultants
Bonnie	Keith	PATH
Betsy	Bassan	Panagora Group
Michel	Lavollay	PPP Europe
Shannon	England	Population Services International
Kim	Longfield	Population Services International
Cate	O'Kane	Population Services International
Doug	Call	Population Services International
Gina	Lagomarsino	Results for Development
Rose	Reis	Results for Development
Donika	Dimovska	Results for Development
Maria	Belenky	Results for Development
Trevor	Lewis	Results for Development
Berta	Taracena	Save the Children
Claudia	Nieves	USAID/Alianzas
Jasmine	Baleva	USAID
Malia	Boggs	USAID
George	Greer	USAID
Nadira	Kabir	USAID
Sukumar	Sarker	USAID / Bangladesh
Sharmina	Sultana	USAID / Bangladesh
April	Harding	The World Bank Group