PRIVATE SECTOR WORKING GROUP
Annual Meeting Report
April 2, 2014

Meeting Overview

On Wednesday April 2, 2014, USAID's Strengthening Health Outcomes through the Private Sector (SHOPS) project convened the third Private Sector Working Group (PSWG) annual meeting at the Marriott Hotel in Washington, D.C. The objectives of the meeting were to:

- Consolidate learnings from assessing the private health sector in developing countries
- Share technical resources and approaches used to assess the private health sector
- Explore complementary research approaches that further knowledge about challenges and opportunities related to maximizing private health sector engagement

More than 80 participants were in attendance, representing eight development partners/donors, 15 implementing partners, two African ministries of health, and other individuals interested in engaging the private sector in health. A full list of attendees is included in Appendix I. The meeting was scheduled to precede a meeting of HANSHEP, a group of development agencies and countries seeking to improve the performance of the non-state sector in delivering better health care to the poor. This afforded an opportunity for several members to participate in the PSWG meeting and discussions. Among the participants were representatives from Nigeria, Rwanda, India, and Tanzania. The large turnout resulted in the addition of 24 new PSWG members.

The meeting was designed to explore what the development community has learned about the private health sector through conducting systematic country assessments. As part of the program, various methodologies for capturing the contributions of the private sector, including their evolution over time, were discussed, and participants engaged in a dialogue about how these efforts have galvanized action and increased public-private cooperation in health in a variety of countries. Tools and resources to guide this work were made available to participants, including a preview of the new SHOPS project online guide, *Assessment to Action*. The meeting concluded with a thought-provoking session on research complementing private health sector assessments, providing further details and nuanced information to better understand the role of private providers.

WELCOME

Susan Mitchell, SHOPS Project Director, and Barbara O'Hanlon, SHOPS Project Senior Policy Advisor, provided a welcome to the meeting followed by Marguerite Farrell, USAID Service Delivery Improvement (SDI) Division Office of Population Private Sector Team Leader, who opened the meeting by highlighted the utility of assessments in providing a 'landscape' of the private sector and suggesting ways to harness the potential of this sector, especially to meet the needs of the underserved. Shyami de Silva, USAID Office of HIV/AIDS Private Health Sector Advisor and Cross Sector Team Lead, also provided opening remarks in which she noted the ability of these assessments to address the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) mandates, including promoting local ownership through increased stakeholder engagement, and lauded collaboration with the World Bank/International Finance Corporation (IFC) Health in Africa Initiative, which has helped foster greater acceptance and legitimacy of findings on the ground.

Sara Sulzbach presents a review of private health sector assessments. Photo by Jennifer Mino-Mirowitz.

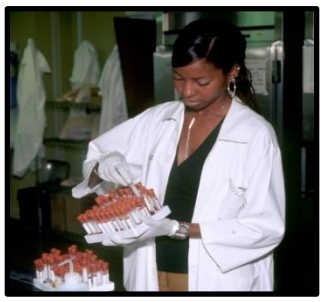
A DECADE IN REVIEW: WHAT HAVE WE LEARNED FROM PRIVATE HEALTH SECTOR ASSESSMENTS?

To set the stage, Sara Sulzbach, SHOPS Project Senior Technical Advisor, presented a synthesis of nearly 25 USAID-supported assessments conducted during the past decade (Appendix II). The presentation provided background on assessments and introduced the SHOPS project assessment approach, which has evolved over time, as well as collective lessons learned from assessments diverse in scope, scale, and geographic focus. The main points covered are as follows:

Who Is the Private Sector?

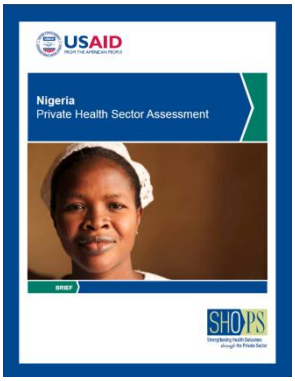
What do we mean by *private sector*? The private health sector is diverse and encompasses all the actors and activities outside of the government purview, including both for- and not for-profit. In this regard it is also referred to as the 'non-state' sector. Examples of entities included in this sector include:

- Individual private providers
- Private clinics and hospitals
- Retail pharmacies
- Labs and diagnostic centers
- Professional associations
- NGOs
- Insurance companies
- Manufacturers
- Distributors
- Companies/workplaces



What Are Private Health Sector Assessments?

A private health sector assessment provides a snapshot of private health sector activity at one point in time. The data and accompanying analysis help foster dialogue between government and non-state actors on how to maximize the private sector's role in the health sector to address health priorities. Assessments also offer recommendations on needed policy reforms and highlight areas for improved coordination and partnerships between the public and private sectors. The dissemination of findings and recommendations is often the first time stakeholders from both sectors come together to discuss private sector contributions to the health sector and their potential role in addressing public health priorities.



Assessments are a valuable participatory and analytical exercise providing:

- Accurate and reliable data on the scope, size, and activities of the private sector in the overall health sector, or in particular health markets such as family planning (FP), reproductive health, HIV and AIDS, and maternal and child health
- Actionable recommendations on strategies to maximize private sector engagement and encourage greater public-private collaboration in health

Assessments have been conducted for many reasons, including:

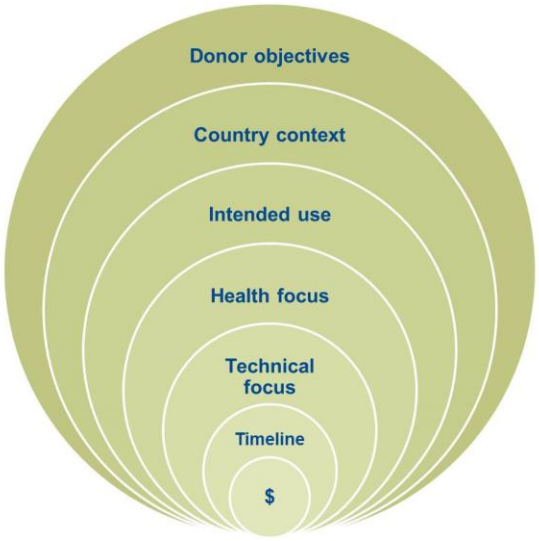
- To better understand the size and scope of the private health sector
- To inform a donor-funded private sector program
- To identify and mobilize untapped private sector resources
- To identify obstacles to increased private sector engagement and facilitate public-private dialogue for change
- To increase efficiency in the health system

For the purposes of the presentation, the SHOPS project defined a private health sector assessment as:

> ***An assessment which systematically explores the contributions and roles of the private health sector to one or more health areas.***

Many factors contribute to the size, scope, and scale of an assessment (see graphic below). Donor objectives, as well as country priorities and context drive the process with other factors, such as the intended use of the information, serving as key inputs. Assessments can focus on one specific health area such as FP, HIV and AIDS, maternal and child health, or cover a range of other health priorities. Practical matters such as timing and duration of the assessment as well as available budget also contribute to the shape and direction of an assessment.

Factors that shape an assessment



As a result of the various factors that contribute to an assessment, no two assessments are exactly alike. The SHOPS project approach accounts for these differences. While the process is fairly standardized, it can be tailored for a specific objectives, context, and intended use. Likewise, the scope and number of key informants are a reflection of the size of the assessment team and available budget.

What Is the Reach of Assessments?

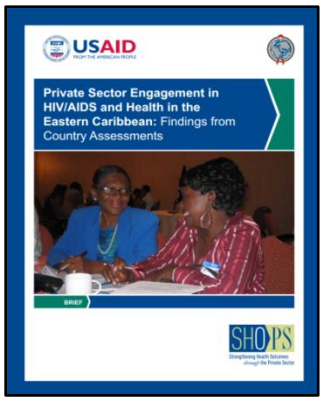
USAID has been a longtime supporter of assessments. As presented in the map below, USAID has funded 25 assessments during the past decade.

USAID-Supported Assessments, 2005-2014

There has been an increased demand for assessments over the past decade—whereas eight assessments were conducted under the predecessor project, Private Sector Partnerships-*One* (PSP-*One*), 17 have been completed under the SHOPS project, with another recently initiated in South Africa. The earlier assessments under PSP-*One* primarily focused on FP and countries slated for graduation from USAID assistance. Under the SHOPS project, assessments have increasingly included HIV and other health areas.

Regional Efforts

It is worth noting that USAID has supported three regional assessment efforts: Eastern Europe and Eurasia (E & E), the Eastern Caribbean, and West Africa. While each of these efforts had different objectives, the regional approach makes it possible to efficiently gather a breadth of information across multiple countries, which, with the exception of the Caribbean assessments, are consolidated into a single report.



The E & E regional assessment covered 11 countries (Albania, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Romania, Russia, Tajikistan, Ukraine, and Uzbekistan) and focused on contraceptive security. The Caribbean effort (Antigua and Barbuda, Dominica, Grenada, Jamaica, St Kitts and Nevis, St Lucia, and St Vincent and the Grenadines) focused on HIV and AIDS as well as health systems strengthening, and was conducted in collaboration with the Health Systems 20/20 project and the Pan American Health Organization. Most recently, the SHOPS project has initiated a regional assessment in West Africa (Burkina Faso, Côte d'Ivoire, Mauritania, Niger, and Togo and Cameroon) to identify country-specific opportunities for expanding HIV and FP services coverage and quality through the private sector.

Emerging Lessons

In the SHOPS project experience, no two assessments have been exactly alike. It only follows, then, that the outcomes of each assessment are unique and reflect the country context, donor objectives, and health focus. However, in systematically reviewing the 25 assessments conducted since 2005, some lessons have emerged. It's important to note that these are irrespective of geographic region, health focus, or scope.

Private health sector is larger than expected

The first finding that has been nearly universal across USAID-funded assessments is that the private health sector surpasses expectations in terms of its size, activity, and actors. This is true for facilities, health personnel, and also for health expenditure. For example, in Kenya, the private sector owns and manages a significant proportion of the health infrastructure, with two out of three health facilities and one out of two hospitals and nursing homes privately owned. In Namibia, 47 percent of the health workforce practices in the private sector. By cadre the private sector represents:

- 72 percent of all physicians,
- 90 percent of all pharmacists, and
- 70 percent of all social workers.

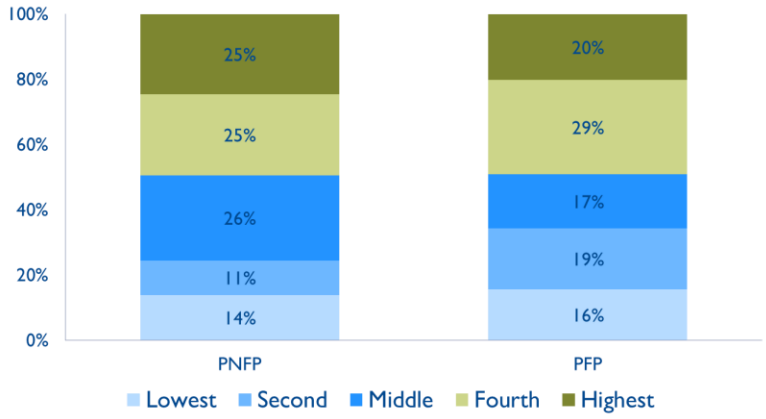
On the island of St. Kitts and Nevis, where it was widely believed that the public sector dominated health care, nearly 50 percent of medical visits occur in the private health sector.

One of the greatest benefits of an assessment is simply quantifying the size of the private health sector and documenting its activities and contributions to the health sector. An assessment of this kind is often the first time this information is amassed and reported to be served as a reference for local stakeholders. While even private sector stakeholders are sometimes surprised by the assessment's statistics, it is typically the public sector which finds this information to be revelatory.

Private providers serve a broad clientele—including the poor

It is widely believed that the private health sector only serves the wealthy. While it may be true that wealthier individuals are more likely to use the private sector than lower income individuals, targeted analysis of existing data has shown that the poor seek services from the commercial health sector. A cornerstone of the SHOPS approach is to analyze available data, teasing out information about the private sector, prior to conducting field work. This typically includes Demographic and Health Survey, AIDS Indicator Survey and Service Provision Assessment data, and national health accounts, if available. Below is a graph from the Tanzania assessment conducted in 2012.It presents DHS data on the percentage of each health quintile that seeks treatment of childhood diarrhea in the private sector. By accessing the datasets (rather than the report) it is possible to distinguish between private for-profit and nonprofit facilities. This graph shows a fairly equal distribution across wealth quintiles for treatment of diarrhea, even in the commercial sector.

Treatment of Childhood Diarrhea in the Private Sector in Tanzania, DHS 2010



Source: Tanzania Private Health Sector Assessment, 2013.

It is, however, important to note that utilization rates may vary by type of service—in general use of the commercial sector is typically highest for treatment of childhood diarrhea and short term contraceptive methods and lower for HIV testing and treatment and deliveries.

Limited public-private interaction in the health sector

The majority of assessments make note of a limited amount of interaction between the public and private health sectors. Often these sectors seem to be operating in parallel to one another and are characterized by lack of trust, misunderstanding, and little opportunity for dialogue or coordination.

A major obstacle for the public sector is typically lack of information on the private health sector, which can often lead to misunderstandings. For example, the absence of an association of private practitioners makes it difficult to gain input from private providers on planned policy reforms. Beyond lack of information, there is a mistrust of the private sector, often linked to the presumed profit motive of these providers. More often assessments reveal that a major obstacle is the limiting of enforcement of facility regulations to written policies. The lack of opportunity for dialogue between public and private stakeholders further contributes misunderstandings between the two sectors.

In many instances the assessment team is able to bring stakeholders together to disseminate the results of the assessment. These dissemination events provide a foundation for ongoing coordination and collaboration. As a ministry of health (MOH) official in Kenya remarked, "*For the first time we [public and private sectors] developed a common understanding of the purpose of PPPs and formed a 'handshake agreement' to work together towards this common purpose*."

Stakeholders shake hands at a dissemination event in Côte d'Ivoire. Photo by Bettina Brunner.

The policy framework is not optimal for private sector engagement

In many countries the policy environment is not conducive to public-private cooperation. Policies and laws may not recognize the private sector, may limit or restrict private provision of services, or may create barriers to entry in terms of establishing a private health facility. Even if a supportive policy framework exists, more often than not, it may be in word only, and not acted upon.

Private nurse midwife in Tanzania. Photo by James White.

In some countries, private practitioners are not allowed to provide certain services due to restrictive policies. This was true in Ethiopia, where private facilities were not allowed to offer antiretroviral therapy (ART) unless they had an on-site pharmacy, as required by law.

In other instances, policies may be vague, leading to questions about whether or not a specific cadre can provide a specific service. This was the case in Tanzania, where poorly written policy brought into question the legality of private nurses to provide providing prevention of mother-to-child transmission (PMTCT) services. This uncertainty resulted in most private nurses and midwives ceasing the provision of this service. The assessment team brought attention to this issue, which generated interest among local stakeholders at the dissemination events. Working with the private nurse association and other key stakeholders, including the Tanzania Nursing and Midwifery Council and Chief Nursing Officer at the MOH, the SHOPS

project initiated the development of a scope of practice for nurses and midwives in Tanzania covering HIV counseling and testing, PMTCT services, and ART. It will also address the scope for Integrated Management of Childhood illness.

Private providers are willing to provide priority health services

A prevailing notion is that private providers will focus on provision of services that generate the greatest profit. While generating income is an important aspect for practitioners in the private sector, a large portion of these providers are willing to offer services to address public health needs, such as FP or HIV tests, as long as certain conditions are met. Specifically, private providers:

- Must be legally allowed to provide the service or product
- May need access to specialized training, such as insertion of IUDs or provision of ART
- Must be compensated in some way, either by the client or formal financing mechanism (e.g., contract, insurance, voucher, etc.)
- Prefer to be consulted on policies or decisions that affect them

Access to training is often made available to public sector providers, and sometimes to nonprofit providers, but rarely to for-profit providers. Creating a training program specific to private provider needs and schedules helps to remove training as a barrier to access of services through the private sector.

Given that private providers operate in the for-profit sector, they are less likely to provide services without the promise of compensation. Often we learn that private providers offer a sliding-fee scale to their patients, offering discounted fees for patients they deem indigent. Others have arrangements with the MOH for reimbursement while those given the option seek to be compensated by insurance schemes. Having options for compensation provide incentive for private providers to provide certain health services to the poor and remove hesitation to further increase health outcomes in the private sector.

Universally we have heard from private providers input in policy reform discussions are being discussed would encourage the private sector them to further cooperate and partner with the public sector. As previously discussed, the relationship between the two sectors is often characterized by mistrust and misunderstanding. Increasing the presence of private sector representatives at these types of meetings allow the two sectors to better understand one another and create bridges between the two parallels in which each sector is operating.

The private health sector is innovating

Assessments have uncovered innovation in the private health sector. Many of these are nascent and small-scale but offer promising examples for further testing and potential scale-up. In addition to using technology to assess and treat patients, the private sector is also innovating to reach remote areas, develop new products, launch new financing mechanisms, and ensure access to specialized health services.

Specific examples of innovation observed in private health sector assessments include:

- In the Caribbean, the SHOPS project found that private providers were instrumental in securing specialty medical services (e.g., podiatry, cardiology) through visiting specialists from other islands.
- In Botswana, an innovative public-private partnership (PPP) involving a contracting arrangement between the government and a private medical aid administrator was enabling uninsured public sector patients to access ART through private providers. This relieved the patient load in the public sector by transferring ART management and care of some HIV positive patients to the private sector. This was one of the first PPPs in Botswana to involve the private health sector as opposed to the corporate sector.

- In Dominica, dual practitioner doctors were planning to establish a private ambulatory care clinic to relieve pressure on the emergency department at the main public hospital, which was overburdened with 3,000 visits per month. In addition, a corporate foundation partnered with the MOH, amassing contributions from local businesses to purchase medical equipment for the public hospital and providing grants to individuals in need of specialized treatment off-island.

- In Namibia, the assessment learned of the Bopehlo! initiative, a PPP to facilitate the screening of the population for HIV and other diseases. Bopehlo! was managed by PharmAccess Namibia, in partnership with the Namibia Institute of Pathology, Ministry of Health and Social Services, and the Namibia Business Coalition on HIV and AIDS. Mobile testing vans provide on-site wellness screening for a variety of conditions—HIV, hypertension, high blood sugar, high cholesterol, syphilis, hepatitis B—at workplaces, often in remote agricultural areas of the country.

SESSSION I. WHAT HAVE WE LEARNED THROUGH IMPLEMENTING ASSESSMENTS?

Abdo Yazbeck, World Bank (Moderator)
Khama Rogo, International Finance Corporation
Barbara O'Hanlon, O'Hanlon Health Consulting
Marty Makinen, Results for Development Institute

Following the synthesis of USAID-supported assessments over the past decade, Abdo Yazbeck moderated the first panel, which focused on lessons learned through implementing assessments, from diverse perspectives. Barbara O'Hanlon started the discussion by describing how assessments, specifically the SHOPS project approach, have evolved over time, noting that the process has become more systematic, participatory, and action-oriented. O'Hanlon followed this point with challenges often faced when conducting assessments, which include engaging the MOH and addressing competition among private sector actors, which can make it difficult to obtain an accurate picture or 'landscape' of the private sector. The Kenya assessment, which was jointly implemented by PSP-*One* and the World Bank/Health in Africa Initiative in 2009, made apparent the value in including local experts on the assessment team.

The assessment also stressed the importance of disseminating results to stakeholders representing both public and private sectors to validate findings and begin to formulate next steps.
Marty Makinen remarked on the R4D approach to assessments and focused mainly on their Ghana assessment. The assessment covered health services in general rather than a specific health area (such as HIV or family planning). The assessment team conducted censuses in two districts to help determine how many and what types of providers worked in the public and private health sector. Similar to the SHOPS approach, the team utilized existing data sets to analyze demand and use of health services, which revealed heavy reliance of the private sector by poor and rural populations.

Khama Rogo tied Health in Africa's foray into private health sector assessments to the Millennium Development Goals, noting the role of assessments in documenting and encouraging private sector contributions to these goals. The Kenya assessment was a mobilizing experience -- rather than the assessment being a study it was viewed as a country-led engagement. The assessment resulted in coalition of private sector actors and a newfound appreciation of the contributions of the private health sector from public health officials.

The session concluded with a plea for continued donor support for public-private collaboration beyond a specific health area or objective. Such collaboration may not contribute to specific health targets, but is the foundation for a stronger and more response health system, which in turn should help to achieve health goals.

Khama Rogo, Marty Makinen and Barbara O'Hanlon participate in Session 1. Photo by Jennifer Mino-Mirowitz.

PREVIEW OF *ASSESSMENT TO ACTION* ONLINE TOOL

Following the first session, Sara Sulzbach and Elizabeth Corley (Abt Associates) introduced *Assessment to Action*, the SHOPS project's new online guide to conducting private health sector assessments. Sulzbach provided background on the guide, which was developed to document the SHOPS project approach, address growing demand for assessments, support ongoing learning about the private health sector, advance practice, and build capacity to conduct assessments.

The website provides a step-by-step guide to conducting an assessment while allowing each assessment to be tailored to country context, donor objectives, health focus, and intended use.

The website features user-friendly navigation through five assessment phases and detailed steps for each phase, developed by the SHOPS project through its collective experience conducting assessments. The phases are plan, learn, analyze, share, and act.

The tool includes numerous resources, which provide examples, templates, and detailed guidance, including:

- Interview guides organized by stakeholder group
- Example scopes of work, report outlines, and graphs
- Tips on conducting analysis, presenting findings, and formulating recommendations
- Suggested team member roles and responsibilities

Look for the live version of *Assessment to Action* soon on the SHOPS website!

SESSSION II. WHAT IS THE IMPACT OF ASSESSMENTS AT THE COUNTRY LEVEL?

Kendra Phillips, Office of HIV and AIDS/USAID (Moderator)
Adeline Kimambo, Tanzania Public Health Association
Joseph Monehin, USAID/Nigeria
Jorge Coarasa, International Finance Corporation

Kendra Phillips served as moderator for the second panel, which highlighted country experiences through the lens of locally-based participants and end users. Adeline Kimambo reflected on her experience in the Tanzania assessment where she played dual roles as a member of the assessment team and a stakeholder, given her membership on the Tanzania Public-Private Partnerships Technical Working Group. The assessment conducted in 2002 scanned the policy environment in Tanzania and played a vital role in informing the MOH of the state of private health services in the country. In this way, the assessment served as a catalyst for public-private collaboration in Tanzania.

Joseph Monehin remarked on the two assessments conducted in Nigeria, which have been instrumental in guiding the agency's private sector programming. The assessments help to 'landscape' the vast private health sector in Nigeria and identify opportunities for USAID to catalyze efforts as well as to identify and address bottlenecks. The recommendation for a private provider census came out of the most recent assessment conducted by the SHOPS project in 2010.

Jorge Coarasa characterized the assessments conducted over the past decade as the "first generation" and speculated on what the "second generation" might look like. He suggested future assessment efforts should try to identify what new health markets will look like and move past false dichotomies such as public/private, for-profit/not-for-profit, and formal/informal. All the panelists agreed that assessments should ideally be repeated regularly to monitor trends and identify new opportunities or constraints.

SESSSION III. BUILDING ON ASSESSMENTS: COMPLEMENTARY RESEARCH APPROACHES

Minki Chatterji, Abt Associates (Moderator)
Douglas Johnson, Abt Associates
Jishnu Das, World Bank
Maria Belenky, Results for Development Institute

Minki Chatterji moderated the third panel, which explored research approaches that complement assessments and provide more detailed or nuanced information about private health providers. In this session, participants learned about approaches to quantify the size of the private health sector through censuses, better understand practitioners in the informal private sector, and compare levels of quality between the public and private sector.

Based on several private provider censuses conducted by the SHOPS project, Doug Johnson outlined the benefits of the approach, which compliments the overview of the private health sector produced through an assessment. Johnson explained that a census of private providers offers more specificity and accurate data on the size of the private sector, which is useful for improving registries, informing policies and developing programs.

Maria Belenky presented findings from a study on informal providers in India, Nigeria, and Bangladesh, noting that although these providers make up a large portion of the health sector, they often practice outside of the formal health system. Most providers in this study had some form of relevant training, and many are addressing priority health concerns. Yet she concluded that training informal providers is unlikely to significantly influence their behavior.

Jishnu Das responds to questions in Session 3. Photo by Jennifer Mino-Mirowitz.

Jishnu Das picked up Belenky's point, presenting results of a comparative study in India, where there is a heavy reliance on the informal sector for health care. In comparing quality in public versus private facilities, the study found that quality of care at private unqualified providers was equal to qualified public providers. Moreover, the same provider performed significantly better in a private facility, as compared to performance in a public sector clinic. This study provides good food for thought, particularly about incentives for performance across the health sector.

CONCLUSION

Barbara O'Hanlon closed the meeting by thanking everyone for their participation and summarizing key themes. It was clear through the day's presentations and discussion that there is a growing interest in and demand for private health sector assessments. This demand is coming not only from donors but also from local counterparts who recognize the value of these assessments in better understanding the health sector and, in particular, current or potential contributions from the private health sector.

The first generation of assessments has been instrumental in several ways. In addition to raising awareness of the size and scope of the private health sector, assessments have increasingly provided a structured process for bringing together key representatives from the public and private sectors. Several panelists emphasized the importance of the focusing event created by the assessments, often acting as a catalyst for dialogue and increased coordination between the public and private health sectors. Often this dialogue leads to changes in the policy environment, removing barriers to private practice and maximizing private sector contributions to health goals. Broader stakeholder involvement has underpinned this process.

In response to the growing demand, the process of conducting private health sector assessments continues to evolve. This led to a discussion of what direction the second generation of assessments may take—perhaps assessments will increasingly encompass a broader set of health services, move beyond the dichotomies of public-private and supply/demand, and address consumer preferences and demand. Assessments may be repeated in countries previously assessed, to monitor trends and new developments in private sector health provision or may be conducted in new regions or countries in response to growing interest in the private sector.

The PSWG page, including PowerPoint presentations from this meeting, can be accessed from the SHOPS website at: www.shopsproject.com/pswg.

A WORD OF THANKS We would like to express our appreciation for all of the individuals that made this annual meeting possible—a great deal of thought went into the structure, organization, and content of the meeting, and a number of individuals played essential roles during the meeting itself. The annual meeting was organized by Sara Sulzbach, Barbara O'Hanlon, Susan Mitchell, and Helen Li. Special thanks to the presenters and moderators (see Appendix III) whose presentations and insights helped make the meeting memorable. Finally, we would like to thank HANSHEP and its members for their participation, and for co-sponsoring the networking reception at the conclusion of the meeting.

Appendix I: PSWG Annual Meeting Participants

Name	Organization	E-mail Address
Bettina Brunner	Abt Associates	Bettina_Brunner@abtassoc.com
Caroline Quijada	Abt Associates	caroline_quijada@abtassoc.com
Elizabeth Corley	Abt Associates	elizabeth_corley@abtassoc.com
Francoise Armand	Abt Associates	francoise_armand@abtassoc.com
Helen Li	Abt Associates	helen_li@abtassoc.com
Ilana Ron Levey	Abt Associates	ilana_ron@abtassoc.com
Jen Mino-Mirowitz	Abt Associates	jennifer_mino-mirowitz@abtassoc.com
Jorge Uggaz	Abt Associates	jorge_ugaz@abtassoc.com
Sara Sulzbach	Abt Associates	sara_sulzbach@abtassoc.com
Sarah Armstrong	Abt Associates	sarah_armstrong@abtassoc.com
Susan Mitchell	Abt Associates	susan_mitchell@abtassoc.com
Sofi Bergkvist	Access Health	sofi.bergvist@accessh.org
Egbe Osifo-Dawodu	Anadach	eosifodawodu@anadach.com
Christopher Brady	Christopher Brady Consulting	chrisbradyconsulting@gmail.com
Yulia Johansen	Crown Agents USA	yjohansen@crownagents.com
Ruth Berg	Futures Group	rberg@futuresgroup.com
Guy Stallworthy	Gates Foundation	guy.stallworthy@gatesfoundation.org
Annette Bremer	GIZ	annette.bremer@giz.de
Chinny Offor Ogunro	Government of Nigeria	
Jean Pierre Nyemazi	Government of Rwanda	
Casey Santiago	HANSHEP	csantiago@r4d.org
Sue Kucuk	HANSHEP	sue.kucuk@mdy.co.uk
Tom Feeny	HANSHEP	thomas.feeny@mdy.co.uk
Jorge Coarasa	IFC	jcoarasa@ifc.org
Khama Rogo	IFC	krogo@worldbank.org
Paul da Rita	IFC	
Sandrine Koame-Amani	Independent Consultant	sandrineka@gmail.com
Christian Winger	Independent Consultant	christian_winger@yahoo.com
Dana Vogel	Independent Consultant	danavogel68@gmail.com
Elana Safran	Innovations for Poverty Action	esafran@poverty-action.org
Juan Carlos Negrette	Johns Hopkins Medicine International	jcnegrette@hotmail.com
Nancy Brady	JSI	nbrady@jsi.com

Timothy Yapp	MDY	tim.yapp@mdy.co.uk
Aileen Gleizer	Merck for Mothers	aileen.gleizer@merck.com
Meira Neggaz	MSI-US	meira.neggaz@mariestopes.org
Jeffrey Blander	OGAC, U.S. Department of State	blanderJM@state.gov
Andrea Harris	PHI/USAID	aharris@usaid.gov
Ishita Chattopadhyay	Population Council	ishichat@gmail.com
John Townsend	Population Council	jtownsend@popcouncil.org
Mark Mislivec	Population Services International	mmislivec@psi.org
Muntaqa Umar-Sadiq	Private Sector Health Alliance of Nigeria	
Angus Spiers	PSI	aspiers@psi.org
Brian Smith	PSI	bsmith@psi.org
Jennifer Pope	PSI	jpope@psi.org
Kim Longfield	PSI	klongfield@psi.org
Kavita Narayan	Public Health Foundation of India	
Luke Owsley	R4D	luke.owsley@gmail.com
Maria Belenky	R4D consultant	mbelenky2@gmail.com
Sarah Hanck	Rabin Martin	sarah.hanck@rabinmartin.com
Amanda Macchi	Results for Development	amacchi@r4d.org
Gina Lagomarsino	Results for Development	sbill@r4d.org
Marty Makinen	Results for Development	mmakinen@r4d.org
Barbara O'Hanlon	SHOPS	BOhanlon@ohealthconsulting.com
Susan Ross	SR International	susanraeross@gmail.com
Adeline Kimambo	Tanzania Public Health Association	aikimambo@hotmail.com
Armin Fidler	The World Bank	
Margareta Harrit	The World Bank	mharrit@worldbank.org
John Simon	Total Impact Advisors	Jsimon@totalimpactadvisors.com
Eric Schatzkin	UCSF Global Health Group	schatzkine@globalhealth.ucsf.edu
Jay Bagaria	UKAID	
Julia Watson	UKAID	
Kate Cooper	UKAID	
Louise Dann	UNFPA	dann@unfpa.org
Jack Galloway	University Research Co. LLC	jgalloway@urc-chs.com
Andrew Park	USAID	anpark@usaid.gov
Jasmine Baleva	USAID	jbaleva@usaid.gov

Joseph Monehin	USAID	jmonehin@usaid.gov
Kendra Phillips	USAID	kphillips@usaid.gov
Kerry Ross	USAID	kross@usaid.gov
Marguerite Farrell	USAID	mfarrell@usaid.gov
Mary Jordan	USAID	majordan@usaid.gov
Nida Parks	USAID	nparks@usaid.gov
Ramona Godbole	USAID	rgodbole@usaid.gov
Shyami de Silva	USAID	sdesilva@usaid.gov
Wendy Taylor	USAID	wetaylor@usaid.gov
Abdo Yazbeck	World Bank	ayazbeck@worldbank.org
April Harding	World Bank	aharding3@worldbank.org
Jishnu Das	World Bank	jdas1@worldbank.org
Andrei Sinioukov	World Health Partners	andrei@worldhealthpartners.org

Appendix II: USAID Funded Assessments 2005-2014

Country	Title	Year	Project	Funding Source	Health Focus
Ukraine	Assessment of private sector prospects for reproductive health and family planning products and services in Ukraine	2005	PSP-One		FP
Kazakhstan, Kyrgyzstan, and Tajikistan	Contraceptive security in the central Asian republics: Kazakhstan, Kyrgyzstan, and Tajikistan	2006	PSP-One		FP
Guatemala	Assessment on the role of the private sector to provide counseling and testing for most-at-risk populations in Guatemala	2006	PSP-One	Field	HIV & AIDS
E&E Region	Maximizing private sector contribution to family planning in the Europe & Eurasia region: context analysis and review of strategies [Albania, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Romania, Russia, Tajikistan, Ukraine, and Uzbekistan]	2007	PSP-One		FP
Nigeria	Private sector health assessment	2008	PSP-One	Field	FP
Kenya	Private health sector assessment	2009	PSP-One	Field	Multiple
Senegal	Private health sector rapid assessment	2009	PSP-One	Field	FP
Namibia	Private sector assessment	2010	SHOPS	Core	HIV & AIDS
Paraguay	Assessment report	2010	SHOPS	Field	FP
Bangladesh	Private sector assessment of long acting and permanent family planning methods and injectable contraceptives	2011	SHOPS		FP
Grenada	Health systems and private sector assessment	2011	SHOPS	Field	General, HIV & AIDS
Jamaica	Health systems and HIV/AIDS assessment	2011	SHOPS	Field	General, HIV & AIDS
Malawi	Private health sector assessment	2011	SHOPS	Field	Multiple
Antigua and Barbuda	Health systems and private sector assessment	2012	SHOPS	Field	General, HIV & AIDS
Dominica	Health systems and private sector assessment	2012	SHOPS	Field	General, HIV & AIDS
Ethiopia	Health systems assessment Ethiopia	2012	SHOPS	Field/core	General
St. Kitts and Nevis	Health systems and private sector assessment	2012	SHOPS	Field	General, HIV & AIDS
St. Lucia	Health systems and private sector assessment	2012	SHOPS	Field	General, HIV & AIDS
St. Vincent	Health systems and private sector assessment	2012	SHOPS	Field	General, HIV & AIDS
Benin	Private health sector assessment	2013	SHOPS	Field	

Botswana	Private health sector assessment	2013	SHOPS	Core	HIV & AIDS
Ivory Coast	Private health sector assessment	2013	SHOPS	Field	HIV & AIDS
Tanzania	Private health sector assessment	2013	SHOPS	Core	HIV & AIDS
West Africa	Private health sector assessment [Burkina Faso, Cameroon, Ivory Coast, Niger, Mauritania, and Togo]	2014	SHOPS	Field	FP, HIV & AIDS

Appendix III: Speaker Bios

Welcome and Introductions

Susan Mitchell
Director, SHOPS Project, Abt Associates
Susan Mitchell is an expert in the design and management of private sector health programs with a particular emphasis on reproductive and child health.
Mitchell directs the Strengthening Health Outcomes through the Private Sector (SHOPS) project, funded by the U.S. Agency for International Development (USAID). Ms. Mitchell has more than 20 years of experience in the management of USAID-funded health projects, including senior management positions on three other USAID-funded private sector health projects: Social Marketing Plus for Diarrheal Disease Control (POUZN), Commercial Market Strategies (CMS), and Promoting Financial Investments and Transfers (PROFIT). In addition, Mitchell has advised USAID, the United Nations Population Fund, and the Asian Development Bank on leveraging the private sector to improve public health outcomes. Mitchell holds a BA in Social Studies from Hampshire College and an MBA from New York University.

Barbara O'Hanlon
O'Hanlon Health Consulting

Barbara O'Hanlon is a recognized leader in international health policy design and implementation with over 27 years of experience. O'Hanlon is a pioneer in the areas of private sector policy reforms, public-private dialogue, and health public-private partnerships (PPPs). In the last ten years, she has worked with several African Ministries of Health to conduct private health sector assessments, analyze key health markets for private sector opportunities, formulate health PPP policies, establish PPP units, and implement health service PPPs. O'Hanlon also launched the Network for Africa, a virtual community of over 750 African policymakers and private sector leaders as a platform to share information and experience in health PPPs. Her experience spans several geographic regions including Latin American and the Caribbean, East and Southern Africa, the Middle East, and Former Soviet Republics. O'Hanlon holds a MPP from the John F. Kennedy School of Public Policy at Harvard University.

Marguerite Farrell
Private Sector Team Leader, SDI Division Office of Population, USAID

Marguerite Farrell has more than 28 years of health experience with expertise in private sector health, quality assurance, service delivery, evaluation, and training. She serves as a health officer and private sector team leader in the Service Delivery Improvement Division of USAID's Global Health Bureau in the Office of Population and Reproductive Health. Farrell manages the SHOPS project and two strengthening international family planning organizations projects with Population Services International and Marie Stopes International. Previously, she managed the Leadership, Management and Sustainability project. Farrell has served as technical advisor and manager for various private sector programs including Commercial Market Strategies, Private Sector Partnerships-*One*, and Banking on Health. She has worked for USAID's Latin America and Caribbean Bureaus health team, Project Hope, Development Associates, Margaret Sanger Center International, and the Futures Group International. In addition to family planning and reproductive health, Farrell has worked in child survival and HIV and AIDS. She holds a masters' degree in International Health Policy and Management from Harvard University.

Shyami de Silva
Private Health Sector Advisor and Cross Sector Team Lead, OHA, USAID

Shyami de Silva currently serves as Private Health Sector Advisor and Cross Sector Team Lead in USAID's Office of HIV/AIDS. She provides technical leadership and direction to the office's investments related to the private health sector's role in the

global HIV/AIDS response. She is a co-chair of PEPFAR's inter-agency PPP technical working group, and a member of the PEPFAR Health Systems Steering Committee. Previously, she worked in USAID's Office of Population and Reproductive Health where she contributed to the design and management of its portfolio of private health sector projects, including Commercial Market Strategies, the Private Sector Program, and Banking on Health. She has provided technical assistance in numerous countries including Bangladesh, Cambodia, India, Kenya, Namibia, and Nepal, to develop private health sector strategies and design and evaluate social marketing, social franchising and private health sector programs. Prior to joining USAID, she worked as a researcher at Population Action International, analyzing financing trends and donor policies related to population and reproductive health programming. She holds a BA in Economics from Tufts University and an MPH in Maternal and Child Health from the University of North Carolina at Chapel Hill

A Decade in Review:
What Have We Learned From Private Health Sector Assessments?

Sara Sulzbach
Technical Advisor, SHOPS Project, Abt Associates

Sara Sulzbach is a senior associate at Abt Associates, and has worked on three consecutive USAID global projects focused on private sector engagement in health – Commercial Market Strategies, Private Sector Partnerships-One and Strengthening Health Outcomes through the Private Sector (SHOPS). She previously managed the HIV and AIDS portfolio for SHOPS, served as Director of Research for PSP-*One*, and oversaw research, monitoring and evaluation for the Latin America and Caribbean region on CMS. Currently a senior technical advisor for SHOPS, Sulzbach has participated in several private health sector assessments, and led the development of an online guide for conducting assessments, *Assessment to Action*. Sulzbach holds an MPH from the University of North Carolina at Chapel Hill.

Session 1:
What Have We Learned Through Implementing Assessments?

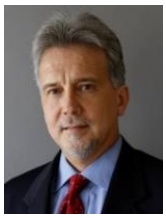
Abdo Yazbeck
Lead Economist, Africa Region, World Bank

Abdo S. Yazbeck is a Lead Health Economist for the Africa Region at the World Bank. His most recent assignment was as a manager in the Europe and Central Asia Department for Human Development. Prior to that, he was the program leader at the World Bank Institute's Health and AIDS Team for five years. Yazbeck previously worked for seven years in South Asia operations as a senior health economist supporting health projects in Bangladesh, India, Maldives, and Sri Lanka. Mr. Yazbeck also worked as a Senior Health Economist in the private sector focusing on Africa, the Middle East, and the former Soviet Union after being part of the WDR 93: Investing in Health Team and teaching economics at Rice University and Texas A&M University. He has authored or edited six books, including "Better Health Systems for India's Poor," "Health Policy Research in South Asia," "Reaching the Poor with HNP Services," and "Attacking Inequality in the Health Sector." Yazbeck holds a PhD in Economics with a focus on Health and Labor.

Dr. Khama Rogo
Lead Health-Sector Specialist, IFC

Dr. Khama Rogo is the lead health-sector specialist with the World Bank, prior to which he was vice president of medical affairs for Ipas. A native of Kenya, Dr. Rogo received his MD from the University of Nairobi and earned a PhD in Public Health from Umea University, Sweden. A prominent advocate and authority on reproductive health issues in Africa, he is a visiting professor at several universities and has authored more than 100 papers and book chapters. He has been a consultant to the World Health Organization, United Nations Population Fund, United Nations

Children's Fund, USAID, the Department for International Development, and to many other bilateral and unilateral international organizations. Dr. Rogo is past president of the Kenya Medical Association and Kenya Obstetrical and Gynecological Society. At present, he is chairman of the National Council for Population and Development, and is on the Gender Advisory Panel of WHO, the Advisory Committee of the David and Lucile Packard Foundation, and the board of the Center for African Family Studies.



Marty Makinen
Program Director, Health Workforce and Ministerial Leadership Initiative, R4D

Marty Makinen is a health economist with three decades of experience in more than 40 countries in all regions of the world. He joined Results for Development Institute (R4D) as a Principal in 2008 after 23 years at Abt Associates where he was a vice president and fellow. At R4D, Mr. Makinen directs the expanding coverage track of the Rockefeller, Bill and Melinda Gates Foundation, and DFID-funded Joint Learning Network for Universal Health Coverage; R4D's contributions to the USAID-funded Health Financing and Governance, Reproductive, Maternal, Neonatal and Child Health, and Funzo Kenya projects; and work performed for the Children's Investment Fund Foundation on cost-effectiveness and financial sustainability of maternal and child health and nutrition activities with a focus on Nigeria. He also directed the BMGF-funded Ministerial Leadership Initiative; six assessments of the role of the private sector in the health sector, for the French Development Agency (in four countries) and for the World Bank Group in Ghana and Congo-Brazzaville; and the secretariat for the Financing Task Force of the Global Health Workforce Alliance. Mr. Makinen serves on the GAVI Independent Review Committee for Monitoring and served on advisory panels for Gates grants focused on maternal nutrition and routine immunizations. He received his PhD and master's degree in Economics from the University of Michigan.

Preview of *Assessment to Action* online tool

Elizabeth Corley
Director of Communications, SHOPS Project, Abt Associates

Elizabeth Corley is the director of communications for the SHOPS project. Prior to joining Abt Associates, she was the director of communications for Development Gateway, a nonprofit founded by the World Bank that creates Web-based platforms to make aid more effective. She specializes in strategic communications, including public affairs, marketing, media relations, corporate communications (internal and external), and public relations. She holds a master's in international policy from the Monterey Institute of International Studies, California.

Session 2:
What is the Impact of Assessments at the Country Level?

Kendra Phillips
Chief, Implementation Support Division, USAID

Kendra Phillips is a USAID foreign service officer in Population, Health and Nutrition. She currently serves as Chief of the Implementation Support Division in USAID's Bureau for Global Health at the Office of HIV/AIDS. Her previous postings include: director of the USAID/Eastern Caribbean Regional HIV/AIDS Program, deputy director of the USAID/India Office of Health, and director of the USAID/Southern Africa Regional HIV/AIDS Program. Prior to working at USAID, she served as Director of HIV Community Planning in the Chicago Department of Health and as a Pediatric/HIV/AIDS Nurse. She found her passion to live and work overseas as a Peace Corps volunteer in Liberia. Phillips is a native of Chicago, and holds degrees in anthropology, nursing, and public health.

Dr. Adeline Kimambo
Chairperson, Tanzania Public Health Association

Dr. Adeline Kimambo is the chairperson of the Tanzania Public Health Association and currently serves as co-chair of the PPP Health Forum. She also serves on the PPP Technical Working Group. Dr. Kimambo previously served as the former director of the Christian Social Services Commission in Tanzania, an ecumenical body that aims to forge a union between a number of Catholic and Protestant churches and church-related organizations in effort to facilitate the delivery of social services, education, and health. She has previously worked with the Tanzanian Ministry of Health and Social Welfare at the different levels, as district medical officer, regional
medical officer, director of training for human resources for health development, and as chief medical officer.

Dr. Joseph Monehin
Senior Program Manager, USAID/Nigeria

Dr. Joseph Monehin is a public health physician with additional qualifications in public administration and over 15 years progressive professional experience. In his current role as senior program manager for Integrated Health at USAID/Nigeria, he is the activity manager responsible for providing technical oversight to some of the largest bilateral health projects funded by USAID/Nigeria, including the Targeted States High Impact Project and the SHOPS project. His background in clinical practice across various regions of Nigeria in both the public and private sectors gives him a unique perspective and understanding of the issues involved in health care delivery in both sectors.

Jorge Coarasa
Senior Economist, International Finance Corporation

Jorge Coarasa is a senior economist with the World Bank Group Investment Climate Department where he focuses on health financing, health sector governance, and the role of the private sector in health service delivery. He started with the World Bank Group at the International Finance Corporation office in Nairobi where he managed the Health in Africa Initiative Advisory Services projects in Kenya, Nigeria, and Tanzania. Before joining IFC, he was a deputy director general with the Ministry of Social Development of the Mexican Government. He oversaw the strategic planning of 18 national social programs aimed at increasing access to health, education, and social protection for the poor. He has been a consultant on human development issues with the World Bank and the UN, a teacher at a rural teacher training college in Mozambique, and a management consultant with Deloitte. Coarasa has graduate degrees in economics from ITAM in Mexico City, international relations from Universidad Complutense de Madrid, and public administration from Harvard University.

Session 3:
Building on Assessments: Complementary Research Approaches

Minki Chatterji
Director of Research, SHOPS Project, Abt Associates

Minki Chatterji has more than 15 years of experience in research, monitoring, and evaluation. As director of research for the SHOPS project, she has initiated four rigorous impact evaluations and overseen 20 studies related to private sector health. Prior to joining Abt Associates, she served as the project director for a Millennium Challenge Corporation-funded impact evaluation of electricity interventions in Tanzania while working at Mathematica Policy Research, Inc. Previously, Chatterji worked at Futures Group on the USAID-funded Community REACH, POLICY, and MEASURE Evaluation projects. Much of her work there focused on HIV and AIDS, particularly on evaluating the impact of programs targeting orphans and vulnerable children. She also served as a monitoring and evaluation advisor in the Family Planning Services Division of USAID's Office of Population. Chatterji holds a PhD in Demography from the University of California, Berkeley and an MA in Southeast Asian Studies from Cornell University.

Doug Johnson
Monitoring and Evaluation Specialist, SHOPS Project, Abt Associates

Doug Johnson joined Abt as a monitoring and evaluation specialist in January 2012. Prior to joining Abt, Johnson worked as an impact evaluation expert for the World Bank overseeing randomized evaluations in India. Johnson has over five years of experience in monitoring and evaluation with a focus on the microfinance and government payments sector. He holds a master's degree in public administration with a focus on International Development from the Harvard Kennedy School.

Jishnu Das
Senior Economist, Development Research Group, World Bank

Jishnu Das' work focuses on the delivery of basic services, particularly health and education. His recent research focuses on child learning, the quality of health care, mental health and, information and trust. In 2011 he was part of a core team on the World Development Report on Gender and Development. He received the George Bereday Award from the Comparative and International Education Society and the Stockholm Challenge Award for the best ICT project in the public administration category in 2006. Das holds a PhD in Economics from Harvard University.

Maria Belenky
Student, Johns Hopkins School of Advanced International Studies

Maria Belenky is a graduate student at the Johns Hopkins School of Advanced International Studies. Between 2009 and 2012, she worked with R4D on the Center for Health Market Innovations—an initiative that promotes programs, policies and practices that make privately delivered quality health care affordable and accessible to the world's poor. Belenky was heavily involved in all aspects of the initiative, including program information collection, review, and analysis. She also managed the implementation of CHMI's study on the role of informal providers in healthcare delivery in Bangladesh, India, and Nigeria. Belenky holds a BA in International Relations and Economics from the University of Pennsylvania.