



USAID
FROM THE AMERICAN PEOPLE



Private Sector Working Group Meeting

February 3, 2010
Meeting Minutes

CONSENSUS REACHED ON PSWG PURPOSE AND ACTIVITIES

On Thursday, February 3, 2011, the Private Sector Working Group (PSWG) convened for the second time under USAID's Strengthening Health Outcomes through the Private Sector (SHOPS) project. Meeting objectives included:

1. Presenting PSWG survey results and implications for PSWG interactions
2. Reaching a consensus on PSWG purpose and activities
3. Establishing a steering committee to organize the first-ever PSWG annual meeting
4. Introducing member organizations and sharing information on private sector activities

1. PSWG SURVEY RESULTS

Barbara O'Hanlon, SHOPS Project, opened the meeting with a presentation of the PSWG survey results. In response to the ideas introduced by PSWG members at the PSWG re-launch on October 26, 2010, SHOPS solicited more detailed input from current and prospective members through a survey. The survey was designed to refine how to make the PSWG useful and relevant to its members. The target audience for the survey included a wide-range of international donors, U.S. Government, U.S. based implementing partners, and field based implementing partners. Of the 90 individuals invited to participate in the survey, approximately one-third responded, representing organizations based in D.C., other U.S. groups outside of D.C., and international organizations.

PSWG survey respondents primarily indicated the following:

- The majority of PSWG members desire to **meet** on a **quarterly** basis
- Nearly everyone would like to attend a one day **PSWG annual meeting**
- Both members based in DC and elsewhere (especially in the field) desire to utilize both **in-person meetings** and opportunities for **virtual participation** to communicate, coordinate, and collaborate
- Members highly prioritize using the PSWG as a forum for **sharing information and networking**, followed by viewing **technical presentations**, and finally for facilitating **collaboration in the field**
- Although members expressed some interest in **private sector advocacy** and **implementing joint activities**, most cited a lack of human capital and level of effort to commit to these activities

2. CONSENSUS BUILDING ON PSWG PURPOSE AND ACTIVITIES

Ms. O'Hanlon led the group in a consensus-building exercise to ground-truth PSWG survey results. PSWG members in attendance:

- Reinforced the desire for quarterly PSWG meetings (2-2.5 hours)
- Agreed on the desirability of a one day PSWG annual meeting

- Confirmed the primary focus of the PSWG to network and share information—members expressed the desire to have a “networking break” during PSWG quarterly meetings to meet each other and begin informal discussions
- Re-emphasized an interest in technical presentations—work left to be done to determine how to integrate technical presentations into the quarterly meetings
- Expressed lack of interest in a “member only” forum on the PSWG website, citing concerns around limiting opportunities to share information and the importance of communicating with others
- Noted the importance of a space to share information that is typically exchanged between partners informally and not captured and shared more broadly
- Expressed an interest in growing the PSWG / SHOPS resource center to house grey literature, documents, and technical resources that is easily accessible to members
- Highlighted a need for a facilitator to assist members in posting information and reminding members to utilize the website

Based on the survey findings and feedback from PSWG members at the meeting, it has been determined that as the PSWG moves forward:

- **Quarterly in-person meetings** will remain the primary mode of networking and collaboration
- More thought will be put into how to include **technical presentations** in PSWG meetings without compromising time to network and share information
- Organic **networking** opportunities will be built-into PSWG quarterly meetings
- PSWG will host an **annual meeting**
- **Mechanisms** will be explored to include PSWG members virtually and in real time
- The **SHOPS website will host a page for the PSWG**, which will be use to integrate members outside of D.C., and the **SHOPS resource center** will house literature relevant to the PSWG
- An **open space for members** to share experiences and resources and post collaboration opportunities will be developed
- Barbara O’Hanlon and Alexandra Dunberger will be asking members for **content for the PSWG website on a monthly basis**. The success of the PSWG depends upon the enthusiasm and involvement of its members!

THANK YOU! to the following organizations for submitting website materials to date: **Cardno Emerging Markets USA, Capacity Plus, Company-Community Partnerships Worldwide, Crown Agents, DAI, Futures Group, Global Health Group (USCF), Marie Stopes International, PATH, PSI, R4D, World Bank Group.**

3. ESTABLISHING A STEERING COMMITTEE TO ORGANIZE THE PSWG ANNUAL MEETING

Participants agreed with SHOPS proposal to link the annual meeting with the GHC. SHOPS will send a “save the date” for Friday, June 17th to all PSWG members to help them identify field staff and plan for their travel to GHC to attend the meeting. SHOPS will facilitate the planning and organization of the PSWG Annual Meeting with the support of the following individuals who volunteered to help plan the meeting agenda and organize technical presentations: Gina Lagomarsino (R4D), Shannon England (PSI), Nabeel Akram (JHPIEGO, and Stacyann Forrester (Panagora Group). The group will meet in February to begin brainstorming on the meeting agenda.

If any additional PSWG members would like to participate in planning the Annual Meeting, please contact Barbara O’Hanlon and Alexandra Dunberger.

4. INTRODUCING MEMBER ORGANIZATIONS AND SHARING INFORMATION ON PRIVATE SECTOR ACTIVITIES

At the request of PSWG members, a 20 minute “networking break” was built into the meeting, taking the place of individual member organization introductions. Pre-schedule presentations on private sector health activities followed the break until the close of the meeting.

PATH

Janet Vail, Senior Program Officer at PATH, introduced PSWG members to PATH’s work in Nicaragua and Vietnam focused on enhancing equity and sustainability of family planning by strengthening the stewardship role of the public sector in a total market context. Both countries boast successful family planning programs, in which services were provided for free to all. Now, motivated by a decrease in donor support for contraception, they have to determine how to maintain their programs, while recognizing that many women can afford to pay for services. PATH’s project is unique in that rather than working directly with the private sector, PATH is partnering with the government to support its role as the leader and steward of the total family planning market. The situation and activities in each country vary; for example, in terms of market information that is available and the extent of existing coordination bodies. In Nicaragua, there is an existing coordination committee, the DAIA, and the Ministry of Health asked PATH to concentrate on coordinating with the private sector. As a result of PATH’s stakeholder analysis work in Nicaragua, three influential NGOs joined the DAIA committee. PATH is proceeding to conduct a client-centered segmentation study in Nicaragua. In Vietnam, the government is planning to introduce fees into the government clinic system, while looking at how it can diversify its method mix in collaboration with the private sector. PATH’s work is focused on planning for how to implement a total market approach, thus moving beyond segmentation studies and bringing groups to the table to begin coordination. This is an area without much experience and documentation, and PATH plans on disseminating lessons learned to promote country-led decision-making for a total market approach.

CARDNO EMERGING MARKETS USA (LTD)

Jeanne Ellis, a Manager with Cardno Emerging Markets USA's (Cardno) Healthcare Practice, gave a presentation on Cardno's work in public-private partnership building in PEPFAR countries and the USAID-funded Uganda Health Initiatives for the Private Sector (HIPS) project. In Uganda, the HIPS project is expanding access to AIDS treatment through a Global Development Alliance (GDA) partnership model, in which companies open treatment services to community members with technical support from HIPS. HIPS assists companies and private clinics to meet strict Ministry of Health (MOH) accreditation criteria, then linking them to free anti-retro-virals (ARVs) from the MOH in exchange for treating community members free-of-charge. Companies contribute clinic infrastructure, staff time, equipment and other drugs; HIPS provides technical assistance, training, support supervision and facilitates a linkage with the public health sector. Currently, the HIPS project is engaged in capacity building of Ugandan organizations that will take over when HIPS ends in 2012, including the Federation of Ugandan Employers and the Uganda Manufacturers Association. To learn more, please visit www.ugandahips.com.

Adam Slote of USAID commented on the unique aspect of the HIPS model being that it reduces the service delivery burden carried by the MOH. Yet, one of the challenges currently facing this model in Uganda is whether or not the MOH can continue to provide ARVs to the private sector in light of reduced availability of free ARVs from the donor community and the MOH's responsibility to first provide ARVs to the public sector. This particular presentation elicited interest from PSWG members as to whether or not this model is being replicated in other countries. Through discussion it was brought to

light that the FHI Gold Star HIV/AIDS provider network mirrors the HIPS model and that models similar to HIPS exist in Botswana, Ghana, Tanzania and potentially other countries as well. Members were particularly interested in the question of sustainability and made linkages to similar models in FP service delivery that relied on donated contraceptives.

POPULATION SERVICES INTERNATIONAL

Brian Smith, Vice President for Asia at Population Services International (PSI), spoke briefly on PSI's efforts to engage the private sector in two evolving areas of health service delivery, namely total market approaches to product and service delivery. The presentation highlighted PSI's work in social franchising (SF) for private sector providers, an area of expansion for PSI. Currently, PSI and its affiliates have 19 SF networks that meet Global Health Group (GHG) criteria. Some of PSI's other SF networks in Africa are not included here because some of the clinics are owned and managed by PSI, or are public sector or NGO providers, as opposed to being existing private providers. PSI is working on moving social franchises beyond simply reproductive health (RH) and family planning (FP) by integrating other disease areas that providers are able to address, such as HIV, TB, Child Survival, Maternal Health, Malaria and Pneumonia. Two of the largest franchises that are the furthest along in terms of diversifying their services include the Green Star Network (Pakistan) and the Sun Quality Health Network (Myanmar and Cambodia). PSI is also innovating through increasing demand generation, equity, and quality through voucher programs. Currently, the GHG, funded by the Bill & Melinda Gates Foundation, is assisting with an evaluation of the Sun Quality Health Network in Myanmar. PSI expects results from the Pakistan studies later this year. PSI's Strengthening International Family Planning Organizations (SIFPO) project is planning on using the same methodology to evaluate franchise activities in sub-Saharan Africa. To learn more about PSI's work on social franchising please visit: www.psi.org.

GLOBAL HEALTH GROUP

Heather Kinlaw, Program Manager for the Health Systems Initiative at the Global Health Group (GHG), provided overviews of four collaborative studies the GHG is undertaking with PSI/Myanmar's Sun Quality Health franchise, and other partners, over the next three years. Each study will address one of the four goals of [social franchising](#), as previously defined by the social franchising community of practice: scale, cost-effectiveness, quality and equity. Initial findings from the studies will be disseminated in the next 12 to 18 months.

- Study 1: Impact of rural health practitioner program on prevention and treatment of diarrhea and pneumonia in children under five – Determine if a change in knowledge and treatment of diarrhea and pneumonia has occurred and can be attributed to program expansion (aka, **scale**).
- Study 2: Retrospective analysis of allocated **costs** using MIS data – Evaluate the cost of the PSI/M franchise program to determine costs associated with providing each health service and to understand the costs associated with program scale-up (i.e., additional geographic areas, more product lines, etc.).
- Study 3: Observed simulated patients (OSP) to evaluate the **quality** of care for pediatric malaria by second-tier providers in Myanmar – Evaluate the change in quality of care provided by rural health practitioners as a result of their enrollment in the franchise.
- Study 4: Evaluating **equity** among TB patients in Myanmar – Assess whether PSI's franchise is serving the poorer segments of Myanmar society by comparing the socioeconomic status of Sun Quality Health patients relative to both the overall population of Myanmar and to the TB-infected population of Myanmar.

AED

Christian Winger, Senior Program Officer at AED, presented a brief summary of AED's private health sector activities. AED implements activities that are context specific using a broad range of tools, such as matching grants, technology transfer and more. A tenant of AED is to use multiple brands and multiple partners, which allows consumers to choose the option that best fits their needs. Mr. Winger presented on the AED POUZN project's point-of-use (POU) water purification project in India. POUZN utilized micro-finance to enable the commercial sector to reach BOP users. AED partnered with filter manufacturers Hindustan Unilever and Eureka Forbes, chlorine manufacturer Medintech, and chlorine distributor PSI to offer products at various price points, focusing on generating sustainable private sector demand. Other NGOs adopted technology developed under POUZN, such as the PATH project in Uttar Pradesh. Lessons that emerged from the project included an awareness of an urban/rural divide, where rural populations were less aware of the fact that their water was unclean. One of the most useful tools developed through POUZN was the use of hydrogen sulfate test kits to effectively show targeted populations that their water was unclean and generate demand for POU water purification. Micro-finance institutions worked to generate demand among self-help groups (SHGs). At the end of project, of the 1.1 million people targeted, POUZN saw a 20% adoption rate of POU water purification methods, comprising largely of chlorine (liquid and tablet) and urban filters. A copy of POUZN's POU lessons learned document is attached.

CENTER FOR HEALTH MARKET INNOVATIONS

Gina Lagomarsino, a Managing Director at Results for Development (R4D) Institute, introduced PSWG members to the Center for Health Market Innovations (CHMI) program. The CHMI is a global network of partners that collects, analyzes and disseminates information about Health Market Innovations in developing countries, with the goal of accelerating the diffusion of successful models to improve health and financing protection for the poor. The presentation highlighted the importance of tracking innovations that funders and implementing partners may otherwise remain unaware of. This project seeks to highlight programs with the potential to replicate and serve more people, and to create linkages between donors, investors, researchers, policy makers and implementing partners through a comprehensive online database of programs--built through in-country mapping and crowd-sourcing from innovators.

To date, CHMI has partnered with eight on-the-ground organizations that are helping to identify promising health market innovations in and around Bolivia, India, Indonesia, Kenya, Pakistan, Philippines, South Africa, and Vietnam. These organizations assist in identifying innovative models, documenting case-studies, and writing health market profiles of their respective countries. Areas of innovation include: financing, vouchers, insurance schemes, performance regulation, accreditation, behavior change, new business processes, and new delivery models, among others. R4D announced a "Call for Notable Results" for programs in the CHMI database, in effort to encourage profiled programs to document and share their programmatic results.

CHMI's online programs database now houses information about more than 700 programs--and is constantly growing. The number of users has tripled in the last three months, with users now in 153 countries. The CHMI website also has a blog where users are able to capture and share information. Ms. Lagomarsino touched on how PSWG members can work with the CHMI, by encouraging PSWG members to register their programs in the CHMI database, contribute guest posts to the blog, agree to an interview, or include a customized window embedding the CHMI database in their websites. Visit CHMI's website at www.HealthMarketInnovations.org.

COMPANY-COMMUNITY PARTNERSHIPS FOR HEALTH (PHI)

Alene Gelbard, Director of the Public Health Institute's Company-Community Partnerships for Health Worldwide (CCPHW) project, spoke briefly about its project in Indonesia, CCPHI, funded by the Ford Foundation. CCPHI was established in 2007 based on results from an informal survey that was conducted to examine what private companies thought would be required to improve women's health in Indonesia. The results of the survey indicated that companies identified public-private partnerships (PPPs) as the answer to improving women's health, but that a lack of trust among the different sectors and a lack of knowledge around partnership building confronted PPP endeavors. Initially, CCPHI was established as an experimental program to see whether it would be possible to facilitate public-private dialogue to overcome the hurdles identified in the survey. As a result, the cornerstone of the CCPHI is the Health and Business Roundtable forum, which is focused on bringing together companies and NGOs to build trust, network, and learn from each other. Meetings are held four times a year, are all off-the-record, and are without media attention, marketing or PR to facilitate trust building and establish a safe-space to speak openly. NGOs and companies give presentations on their partnerships, which serves an opportunity for learning.

The Health and Business Roundtable now has nearly 100 member organizations including 41 companies from seven different industries, 53 NGOs that include the two largest faith-based organizations in Indonesia representing 70 million people, and five different associations with major reach potential. Forum discussions produce tools that are available for others' benefit on the CCPHW website, like information on how to identify a potential partner. Microsoft (one of the members) is also in the process of creating a portal for members to have private conversations online, since members would like to continue to learn from each other outside of the meetings. The focus of the CCPHW is now to assist with the creation of a self-sustainable NGO that will enable members to support it themselves.

To learn more, please visit www.ccphw.org.

5. 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. Between now and the annual meeting, PSWG members will continue to be asked to contribute to the PSWG website and members will be notified every month of new website content. The PSWG meeting minutes, the PSWG Survey Results PowerPoint, and all other meeting materials distributed by our presenters will be posted on the SHOPS website. The PSWG annual meeting on June 17, 2011 will take the place of the next PSWG quarterly meeting in Washington, D.C.; after which regular quarterly meetings will resume.