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# REGIONAL PRIVATE HEALTH SECTOR AND mHEALTH ASSESSMENT DISSEMINATION WORKSHOP REPORT

November 2014

This document was produced for review by the United States Agency for International Development. It was prepared by Chloé Revuz, Leslie Miles, Bettina Brunner, and Pamela Riley for the Strengthening Health Outcomes through the Private Sector (SHOPS) project.



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**DISCLAIMER**

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States government.



# TABLE OF CONTENTS

<b>Acronyms</b> .....	<b>iii</b>
<b>Acknowledgments</b> .....	<b>v</b>
<b>Executive Summary</b> .....	<b>vii</b>
<b>1. Introduction</b> .....	<b>1</b>
<b>2. Day 1: Setting the Stage</b> .....	<b>3</b>
2.1 Opening Remarks .....	3
2.2 Role of the Private Sector in Delivering FP and HIV/AIDS Services .....	5
2.2.1 Private Sector: An Indispensable Player for Sustainable Health Outcomes? ....	5
2.2.2 Assessment Findings.....	7
2.3 Working with the Private Sector: Gaps, Opportunities, Steps .....	7
2.3.1 Yes, We Can Work with the Private Sector! .....	7
2.4 mHealth in West Africa: What Is the Big Deal? .....	9
2.4.1 Global Progress in Harnessing mHealth Potential to Improve Health Outcomes: From Kigali to Dar to Addis .....	9
2.4.2 Landscape Findings.....	9
2.5 How Mobile Technology Can Solve RH/FP and HIV/AIDS Problems.....	11
2.5.1 Panel Discussion with mHealth Developers .....	11
2.5.2 Presentation of mHealth Compendia .....	12
<b>3. Day 2: Pathways to Partnerships</b> .....	<b>13</b>
3.1 Private Sector Assessment: So What? .....	13
3.1.1 Country-Specific Recommendations from the West Africa Private Sector Assessment.....	13
3.1.2 Putting the Private Sector on the Government Engagement Agenda: The Senegal Experience.....	14
3.1.3 Private Sector Engagement: Role of WAHO and the World Bank .....	15
3.2 Forging Partnerships: What's in It for Me? .....	16
3.2.1 Using GDA as a Vehicle for Transformational Partnership: The Bayer Health Care Example.....	16
3.2.2 mHealth West Africa Recommendations.....	17
3.3 East Africa mHealth and PPP Model .....	18
3.3.1 Discussion with Mobile Operators .....	18
3.4 Closing Session.....	19
<b>Annex A: Workshop Agenda</b> .....	<b>21</b>
<b>Annex B: Participants List</b> .....	<b>23</b>
<b>Annex C: Evaluation Results</b> .....	<b>27</b>

## LIST OF TABLES

Table 1: Workshop Participants by Sector.....	2
Table 2: Scope of the Private Health Sector in Six Focus Countries .....	6
Table 3: Country-Specific Recommendations .....	13

## LIST OF FIGURES

Figure 1: Range of Private Sector Actors .....	5
Figure 2: Mobile Penetration and Internet Use in West African Nations (2012) .....	10
Figure 3: Steps in Public-Private Dialogue in Senegal.....	15
Figure 4: Bayer's Market Segmentation Value Chain .....	16
Figure 5: Cross-Sectoral Nature of PPPs .....	17
Figure 6: Actors, Information, and Transactions in the PharmAccess Model .....	18

# ACRONYMS

<b>ACMS</b>	<i>Association Burkinabèe pour le Bien-Etre Familial</i>
<b>AGIR-PF</b>	<i>Agir pour la Planification Familiale</i>
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AKDN</b>	Agha Khan Development Network
<b>APROCLIB</b>	Association of Private Clinics of Burkina Faso
<b>AS4H</b>	African Strategies for Health Project
<b>CSR</b>	Corporate Social Responsibility
<b>EAHF</b>	East Africa Healthcare Federation
<b>ECOWAS</b>	Economic Community of West African States
<b>FBO</b>	Faith-Based Organizations
<b>FHI 360</b>	Family Health International 360
<b>FP</b>	Family Planning
<b>GSMA</b>	Groupe Speciale Mobile Association
<b>HIV</b>	Human Immunodeficiency Virus
<b>IICD</b>	International Institute for Communication and Development
<b>JSI</b>	John Snow, Incorporated
<b>MAMA</b>	Mobile Alliance for Maternal Action
<b>MOH</b>	Ministry of Health
<b>MSH</b>	Management Sciences for Health
<b>NGO</b>	Nongovernmental Organization
<b>PACTE-VIH</b>	<i>Prévention et Prise en Charge du VIH/Sida en Afrique de l'Ouest</i>
<b>PPP</b>	Public-Private Partnership
<b>PSA</b>	Private Health Sector Assessment
<b>SHOPS</b>	Strengthening Health Outcomes through the Private Sector Project
<b>SMS</b>	Short Message Service (Text Message)
<b>USAID</b>	United States Agency for International Development
<b>USAID West Africa</b>	USAID's West Africa Regional Health Office
<b>WAHO</b>	West African Health Organization
<b>WBG</b>	World Bank Group
<b>WHO</b>	World Health Organization





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# EXECUTIVE SUMMARY

West African public and private health sector stakeholders gathered in Accra, Ghana May 20-21, 2014 to discuss findings and recommendations of the Strengthening Health Outcomes through the Private Sector (SHOPS) project's recent reports, "The Private Health Sector in West Africa: Six Macro-Level Assessments" and "mHealth in West Africa: A Landscape Report." Seventy-three participants, including representatives from 11 West African governments, mhealth developers, mobile operators, international donor organizations, and implementing partners utilized the dissemination event as an opportunity to share knowledge, build relationships, and explore partnership opportunities in the region.

The two-day workshop titled "Regional Private Health Sector and mHealth Assessment Dissemination Workshop" was organized by USAID West Africa with technical and logistical support from the SHOPS project. The workshop followed an in-depth exploration of the private health sector in Burkina Faso, Cameroon, Côte d'Ivoire, Mauritania, Niger, and Togo conducted between December 2013 and April 2014 as well as mhealth research of 17 countries in West Africa. The workshop was the first forum for stakeholders in West Africa to come together to explore opportunities for mhealth and the private health sector in the region.

"The meeting presented a golden opportunity to learn from and share with others from across East and West Africa."

Victor Ohuruogu, GSMA  
Association of Mobile  
Operators

USAID West Africa organized the workshop with the aim to strengthen collaboration between private and public health sectors in the region and to showcase the importance of seizing the opportunities offered by new information technologies to improve health outcomes. Specific objectives included:

- Present findings and recommendations of the recent evaluation of the private health sector, specifically in terms of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) and family planning service delivery
- Present findings and recommendations of the recent mhealth landscape conducted in 17 countries in the region
- Discuss country implementation of the reports' recommendations
- Showcase success stories of public and private sector integration as well as functioning public-private partnerships
- Reflect on how to increase mhealth uptake in the region

The workshop included a variety of presentations from the SHOPS project, USAID, the Agha Khan Development Network, the West African Health Organization, the World Bank Group's Health in Africa Initiative, the East Africa Healthcare Federation, Bayer Healthcare, PharmAccess, mhealth developers and telecommunications companies, and representatives from the Ministry of Health in Senegal. During presentations and panel discussions, audience members were enthusiastic about increasing dialogue between the public and private sectors. Through a lively exchange, participants shared experiences from their home countries, made suggestions about improvements to the reports, and postulated on how to increase the role of the private sector in West Africa. Additional opportunities for networking included an mhealth

mini trade fair both days, an evening networking session for participants, and a breakout meeting with public and private health sector representatives to discuss the potential for a regional private sector alliance.

Group discussion revealed that partnerships are critical to move the health sector forward in West Africa and that countries in the region can learn from partnership models emerging in West and East Africa. These partnerships can involve mhealth solutions or focus on specific health gaps in each country. mHealth discussions highlighted the importance of user needs related to literacy, gender roles, reaching youth, and other equity themes. Participants expressed interest in convening key stakeholders in their countries to expand dialogue about mhealth potential and agreed that a regional private sector platform would help unify the private sector's voice in the region. Those in attendance urged USAID West Africa to move forward with this activity. The important role of government in fostering partnerships was also highlighted, as was the role of WAHO as convener, catalyst, and connector.

Workshop evaluations clearly demonstrated the success and usefulness of the sessions. Using a five-point scale with five as the highest score, participants rated general organization of the workshop as 4.4 and the extent to which they acquired new and useful information as 4.2. Given the excitement around each topic and the limited time for each presentation, the "time allowed for discussion" measure received the lowest average rating (3.6), an indication of stakeholders' enthusiasm to move forward with meaningful dialogue as soon as the workshop ended.

# 1. INTRODUCTION

Recognizing that the private health sector provides a key opportunity through which African countries can work to strengthen health indicators, USAID's West Africa Regional Health Office (USAID West Africa), asked the Strengthening Health Outcomes through the Private Sector (SHOPS) project to carry out macro-level assessments of the private health sector in six focus countries. The focus countries included four Economic Community of West African States (ECOWAS) members — Burkina Faso, Côte d'Ivoire, Niger, and Togo — in addition to Cameroon and Mauritania. To complement and strengthen USAID West Africa's 2012-2017 Family Planning Strategy and its 2012–2016 HIV/AIDS strategic plan, the objectives of the six-country assessment were set in the context of product and service delivery for family planning (FP) as well as HIV and AIDS. Objectives included: 1) assessing the role of the private sector in the context of FP and HIV/AIDS; 2) determining the legal and regulatory framework governing the private sector with regard to FP and HIV/AIDS; 3) identifying key public-private partnerships and corporate social responsibility opportunities to expand FP and HIV/AIDS services; and 4) identifying local and international nongovernmental organizations (NGO) and commercial sector companies engaging in FP and HIV/AIDS activities.

In recognition of the growing trend in use of new information technologies to improve health outcomes (mhealth) and the ever-increasing use of mobile services in Africa, USAID West Africa also commissioned the SHOPS project to conduct an mhealth landscape analysis that had two objectives: (1) assess current applications, stakeholders, trends, and barriers in the use of mhealth in the West Africa region and (2) identify promising mhealth PPPs in the region.

The two reports can be used by USAID West Africa as well as their FP and HIV/AIDS implementing partners to shape future activities, particularly Agir pour la Planification Familiale (AGIR-PF) and Prévention et Prise en Charge du VIH/Sida en Afrique de l'Ouest (PACTE-VIH) projects.

Twenty percent of authorized health establishments are private. To share and validate the key findings and recommendations of the reports, USAID West Africa organized a dissemination event on May 20-21, 2014 in Accra, Ghana with technical and logistic support from the SHOPS project. Participants included ministries of health, private sector representatives, WAHO, development partners, and USAID country offices. The event agenda is found in Annex A. Seventy-three representatives from 11 countries and diverse sectors (private commercial health sector, ministries of health, NGOs, implementing partners, mhealth developers, and telecommunications companies) were in attendance. Table 1 summarizes participation by type of organization. Additional information about workshop participants can be found in Annex B.



Participants at workshop's mhealth trade event

**TABLE 1: WORKSHOP PARTICIPANTS BY SECTOR**

Public Health Sector	Local NGOs and Professional Associations	Private Sector	Donors, Foundations, and International NGOs
<ul style="list-style-type: none"> <li>● MOH Benin</li> <li>● MOH Burkina Faso</li> <li>● MOH Cameroon</li> <li>● MOH Côte d'Ivoire</li> <li>● MOH Ghana</li> <li>● MOH Mauritania</li> <li>● MOH Niger</li> <li>● MOH Senegal</li> <li>● MOH Togo</li> </ul>	<ul style="list-style-type: none"> <li>● APROCLIB</li> <li>● ACMS</li> <li>● Association des Cliniques Privées de Côte d'Ivoire</li> <li>● Niger Private Pharmacist Association</li> <li>● Kenya Healthcare Federation</li> </ul>	<ul style="list-style-type: none"> <li>● Orange</li> <li>● Vodafone</li> <li>● GSMA</li> <li>● Deloitte Consulting</li> <li>● Ernst and Young</li> <li>● Medic Mobil</li> <li>● mPedigre</li> <li>● Bayer Healthcare/Nairobi</li> <li>● Niger</li> <li>● Private Sector Pharmacist</li> <li>● IICD</li> <li>● VAS2NET</li> </ul>	<ul style="list-style-type: none"> <li>● USAID: Benin, Burkina Faso, Ghana, Guinea, Liberia, Washington, and West Africa</li> <li>● Grameen Foundation</li> <li>● PharmAccess</li> <li>● One World UK</li> <li>● WAHO</li> <li>● AKDN</li> <li>● Engender Health</li> <li>● JSI</li> <li>● FHI 360</li> <li>● AS4H</li> <li>● World Bank</li> </ul>

USAID organized the workshop with the aim to strengthen collaboration between private and public health sectors in the region and to showcase the importance of seizing the opportunities offered by new information technologies to improve health outcomes. Specific objectives of the workshop were to:

- Share findings and recommendations with the audience and advance knowledge of the private health sector in West Africa
- Showcase successful health PPPs both within and outside the region
- Offer an opportunity for stakeholders to learn from their peers and start a dialogue
- Offer an opportunity for stakeholders to learn about and network on mobile health solutions

During presentations, participants were encouraged to ask questions and share comments. Participants took advantage of networking breaks, a break-out session on private sector alliances, and an mhealth exhibit area which allowed for relationship building and knowledge sharing between stakeholders. Public and private sector country representatives were also invited to a breakout session on developing a regional private sector alliance.

## 2. DAY 1: SETTING THE STAGE

### 2.1 OPENING REMARKS

Daniele Nyirandutiye, acting USAID West Africa Regional Health Office director, opened the workshop and welcomed participants. During his keynote address which served as an introduction to the dissemination workshop, Bradley Wallach, acting USAID West Africa mission director, noted the many challenges West Africa faces in its efforts to improve healthcare. Although ineffective resources are a key concern, Wallach lauded the expansion of the telecom industry throughout West Africa and the potential of mobile technology to improve health outcomes. He urged attendees to consider how the private sector might engage in broader and deeper commitments to improve maternal mortality rates and healthcare access in West Africa through meaningful and effective partnerships.

Dr. Sani Ali of the West African Health Organization also delivered welcoming remarks. In an effort to encourage ECOWAS states to engage with the private sector, Ali mentioned several of the macro assessment findings which demonstrated the large scope of the private health sector in West Africa, especially in healthcare provision and service delivery.



Daniele Nyirandutiye and Bradley Wallach, USAID West Africa; Sani Ali, WAHO; and Jasmine Baleva, USAID Washington present opening remarks.

To set the stage for the first day's presentations, Jasmine Baleva from USAID Washington presented the importance of engaging the private sector, USAID's private sector approach, and highlights of cross-sectoral collaborations and partnerships. According to Baleva, growing evidence confirms that many health consumers in developing countries spend their resources in the private sector. Private sector provision of health services can expand geographic access to rural isolated areas and increase the likelihood of sustainability while relieving stress on the overburdened public sector.

Through global and bi-lateral projects, USAID has developed a broad array of private sector initiatives over the past 40 years including:

- Private provider networks and social franchising
- Access to finance and business training support
- Evolving generations of social marketing models
- Employer-based programs
- Pharmaceutical partnerships
- Corporate social responsibility
- Health financing (insurance, contracting, and vouchers)
- Public-private partnership units and government support

Baleva noted that access to finance plays a critical role in sustaining and growing private providers since banks in most countries are not lending to the health sector in a significant way. To improve this situation, USAID works with financial institutions to expand lending through market research, training for banks, and assistance with USAID's Development Credit Authority. Additionally, USAID strengthens business capacity to sustain quality services through business and financial management training. The agency also sponsors trade fairs to connect market players and improve market linkages.

A private sector assessment (PSA) such as the six-country West African macro assessment is a key first step to engaging the private sector. Baleva indicated that while the dissemination event marks the end of an assessment, it is the catalytic start of a journey to increase knowledge and advance cross-sectoral collaborations and partnerships in the region. Following an assessment, a country or region can continue to engage with the private sector through improved regulations, policies, and tax incentives; treatment of private sector actors as partners; and inclusion of the private sector in planning activities.

Following Baleva's presentation, participants asked about the types of assistance USAID provides and which private sector entities it supports. Baleva replied that USAID support varies across countries, but the agency seeks to reach as many private providers as possible. In terms of assistance, USAID provides technical support and training to providers and professional associations. In response to a questions regarding USAID's approach to gender barriers in mhealth, Baleva noted that USAID recognizes the link between female gender and lower literacy rates, and USAID projects have used voice services as often as possible in its mhealth projects.



## 2.2 ROLE OF THE PRIVATE SECTOR IN DELIVERING FP AND HIV/AIDS SERVICES

### 2.2.1 PRIVATE SECTOR: AN INDISPENSABLE PLAYER FOR SUSTAINABLE HEALTH OUTCOMES?

Following the opening remarks, Bettina Brunner, senior associate at Abt Associates and team leader for the SHOPS macro-level private sector assessment report, introduced the SHOPS project. SHOPS is a USAID-funded global project which works with the private health sector in more than twenty countries. Brunner then defined the private health sector and public-private partnerships (see box at right), noting the importance of the private health sector in West Africa and giving examples of ways to engage the private sector. Often the term “private health sector” evokes images of private providers, but in fact the private health sector includes a variety of actors beyond service providers to include laboratories, distributors, health associations, and even insurers, as Figure 1 illustrates.

**Private Health Sector:** A variety of actors, ranging from private providers and professional associations, insurance companies, pharmacies, and private facilities, to faith-based and nongovernmental organizations.

**Public-Private Partnership:** A formal collaboration between the public and the non-public health sectors with a common goal.







**FIGURE 1: RANGE OF PRIVATE SECTOR ACTORS**



Source: USAID SHOPS project led by Abt Associates (2010)

The question arises: Why engage the private health sector in West Africa? Within the region, the private sector is already a major actor in terms of HIV/AIDS and FP service delivery, representing 52 percent of all health facilities in Cote d'Ivoire, 44 percent of authorized health facilities in Cameroon, and 20 percent of authorized health facilities in Burkina Faso. Table 2 provides illustrative data on the size of the private sector in the six focus countries.

**TABLE 2: SCOPE OF THE PRIVATE HEALTH SECTOR IN SIX FOCUS COUNTRIES**

	<b>Burkina Faso</b>	20 percent of authorized health establishments are private.
	<b>Cameroon</b>	44 percent of authorized health establishments are private.
	<b>Côte d'Ivoire</b>	52 percent of all health establishments are private.
	<b>Mauritania</b>	90 percent of all qualified medical professionals operate in the private sector.
	<b>Niger</b>	There are 750 authorized private providers.
	<b>Togo</b>	75 percent of all doctors and 92 percent of all pharmacists are employed by the private sector.

In terms of private provision of modern methods of family planning, in Cameroon, Côte d'Ivoire, and Togo, over 50 percent originates in the private sector, according to the most recent DHS for each country. While HIV statistics are difficult to obtain about the private sector, research conducted for the macro-level assessment report indicates that in Cameroon, 20.4 percent of antiretroviral sites are private, while in Togo 45 percent of people living with HIV under antiretroviral treatment were treated in the private sector. Taken together, these statistics show that the private health sector plays an important role in health systems, particularly in family planning and HIV. By engaging the private health sector, governments can leverage scarce resources, improve efficiency, increase quality and oversight, and help ensure that consumers have choices for health products and services.

Public-private dialogue can be hampered by long-standing stereotypes about each sector, but with an approach based on the public sector as steward of the process and a total market orientation, fruitful collaboration is possible. Engagement strategies can be as diverse as contracting-out for services, implementation of voucher programs for providers, or reporting health indicators into the national information system.

Following the presentation, there was a lively discussion around the motives of the private for-profit sector and the profit motive. One participant suggested that private sector providers consider their businesses as social aid endeavors, but Brunner noted while many operate with a great deal of goodwill, in reality they have a responsibility to pay workers, insurance fees,

and office rent, so they must seek a profit. There was also a discussion about the role of WAHO in the region.

## **2.2.2 ASSESSMENT FINDINGS**

Brunner then presented key findings from the macro-level private health sector assessments conducted in Burkina Faso, Cameroon, Côte d'Ivoire, Mauritania, Niger, and Togo. The assessments included five components: a legal and regulatory review, the role of the private sector, current public-private partnerships and corporate social responsibility efforts, the activities of key nongovernmental and faith-based organizations, and recommendations for partnership opportunities for USAID's flagship projects.

The assessment was conducted through desk research, field visits, and validation meetings with key stakeholders between December 2013 and May 2014. All six focus countries were visited by SHOPS project staff or consultants who met with representatives from the commercial private sector, nonprofit private sector, public sector, and development partners. Altogether, over 157 individuals from approximately 144 organizations were interviewed.

Within the six focus countries, the contraceptive prevalence rate is less than 20 percent, while the total fertility rates are among the highest in the world. While the provision of family planning and antiretroviral therapy by private for-profit providers varies by country, strong stigma against people living with HIV and men who have sex with men is present in most focus countries. Many family planning products are purchased by consumers at private pharmacies.

Although there is strong public sector dialogue with NGOs and faith-based organizations (FBOs) in family planning and service delivery, the assessment team noted poor engagement with the private for-profit sector. Dialogue mechanisms such as contraceptive security committees exist in several countries, but they are defunct or not operationalized. Additionally, the private sector is often excluded from health information systems and data collection efforts. Currently, there are no PPP units, PPP guidelines, or private sector strategies in place in any of the focus countries, and health PPPs are nascent in the region.

Corporate social responsibility is also a nascent local concept in West Africa. There are few multinational corporations operating in the region with the exception of extractive industries and large-scale agricultural ventures. Of the few existing corporate social responsibility (CSR) actors, private sector coalitions for HIV, chambers of commerce, and CSR associations are the most active. Examples of CSR in West Africa include Accor's training and outreach activities on sexually transmitted diseases and Total Foundation's financing of HIV education campaigns with truck drivers in Burkina Faso and Cameroon.

In response to the assessment findings, participants asked about the role of the public sector and government policies in the focus countries. Brunner answered that it is up to the government to incentivize healthcare through the private sector and include the private sector in meaningful dialogue for better planning and drug distribution efforts.

## **2.3 WORKING WITH THE PRIVATE SECTOR: GAPS, OPPORTUNITIES, STEPS**

### **2.3.1 YES, WE CAN WORK WITH THE PRIVATE SECTOR!**

Mr. Ousmane R. Seye began Session 2 by presenting the Agha Khan Development Network (AKDN), an international private organization engaged in strengthening communities and individuals to increase their living conditions in 32 countries worldwide. In health, the AKDN is

working in community health, service delivery, human resources development, and technical assistance and policy reforms. Through its offspring company, Industrial Promotion Services, the network is able to finance its social vision, but it has also engaged in several different public and private partnerships and CSR ventures.

Amit Thakker of the East Africa Healthcare Federation then highlighted several challenges in coordinating the private sector. He also described models for organizing the private sector and stages in private association development. Finally, he reviewed the major challenges which confront new private associations.

Difficulties in working with the private sector often stem from a lack of organization. Private sector actors may be uninformed about the public sector and how it operates, and they are often in competition with other private providers. These factors lead to duplication of effort and distrust. However, the private sector may choose to unite and speak with a single voice since many concerns are shared by practitioners. Partnerships allow for strategic planning and lead to greater knowledge about public and private actors in the health system.

There is a growing number of umbrella organizations such as healthcare federations, provider associations, business coalitions, and NGO bodies which have united to better coordinate efforts and increase efficacy. Providers may unite through various models such as an association of associations which self-regulates, coordinates collaboration, and advocates for favorable policies. Alternatively, facility/provider associations may support members in clinical training, accreditation, ethics and standards, access to finance, or group purchase for drugs and equipment maintenance.

Although there are many benefits to be reaped by forming a private association, there are several challenges to emerging partnership efforts. The public sector may oppose efforts to unite the private sector, or donors may support one sector over another. Additionally, private providers may be reluctant to join their competitors. Often, a lack of institutional capacity and funding are also limiting factors. To overcome these challenges, targeted analysis (such as through a private sector assessment) is needed to define common needs and interests which can unite the private sector and promote harmonization with the public sector.

Next steps to institutional private associations in West Africa include facilitating east-west sharing of technical assistance and best practices, helping each association draft a business plan to put them on a path towards financial sustainability, and building institutions by investing in individual secretariats and a regional headquarters as the East Africa Healthcare Federation has done. Keys to success include a leader with vision and passion, flexibility, a positive working relationship with the government, an effective secretariat which represents and advocates for members, diversified and reliable sources of funding, activities or services which bring value to members, and a public-private forum which brings together all umbrella associations.



Ricardo Missihoun, USAID Benin (left) and Dr. Kemou Adama, Ministry of Health, Niger

At the conclusion of the presentation, one audience member asked if there is any evidence to show that the formation of the East Africa Healthcare Federation has led to better healthcare. Thakker replied that health outcomes have improved and that government facilities are not as overburdened as they would be without the federation. There is also greater knowledge sharing among practitioners thanks to the work of the EAHF.

When asked how the private sector is involved in the federation, Thakker stated that “a journey of a thousand miles begins with a step.” Despite difficulties in the beginning stages, implementers must build a relationship with the government through a lengthy process. It would be helpful for West Africa to seek support from East Africa in its effort to form a federation, although linguistic barriers exist.

## **2.4 mHEALTH IN WEST AFRICA: WHAT IS THE BIG DEAL?**

### **2.4.1 GLOBAL PROGRESS IN HARNESSING mHEALTH POTENTIAL TO IMPROVE HEALTH OUTCOMES: FROM KIGALI TO DAR TO ADDIS**

During the third session, Peggy d’Adamo gave an overview of USAID’s regional family planning meetings which occurred in Kigali in 2010, Dar es Salaam in 2012, and Addis Ababa in 2013. The influential 2012 meeting showcased country team efforts to use mobile technology to strengthen and scale up family planning. The country teams reported on their progress and set-backs in mhealth programs at the Addis Ababa meeting. A follow-up meeting in West Africa in 2015 will focus on mhealth for ending maternal/child death and support ongoing knowledge sharing.

There are numerous resources for mhealth planning including mHealthKnowledge.org, a one-stop shop for many mhealth tools and resources and the mHealth Planning Guide, a set of resources for health experts, program managers, and those new to the mhealth field. d’Adamo also introduced the mHealth Basics elearning course, a self-directed three-hour course that provides an introduction to the field of mhealth with a particular focus on mhealth for family planning and reproductive health.

USAID supports a variety of initiatives such as mhealthvidence.org, a website designed to bring together the world’s literature on mhealth effectiveness and program efficiency. It also aims to make it easier for software developers, researchers, program managers, funders, and other key decision-makers to quickly get up to speed on the current state-of-the-art methods. The mHealth Working Group which has over 1,600 members also promotes knowledge sharing with a mission to frame mobile technology within a larger global health strategy.

Participants wondered if any mhealth projects had gone to scale and whether or not there would be translated materials for the 2015 mhealth meeting. D’Adamo gave Rwanda as a successful example of a place where every health worker has a mobile device to collect information on patients and assured participants that materials will be translated at the 2015 West Africa meeting.

### **2.4.2 LANDSCAPE FINDINGS**

Following d’Adamo’s overview of USAID-supported mhealth initiatives in West Africa, Pamela Riley, senior mhealth advisor on the SHOPS project, discussed key findings of the landscape report on mhealth in West Africa. Riley’s presentation included an explanation of the landscape’s objectives, the West Africa mobile industry, stakeholder perspectives, and current mhealth interventions.

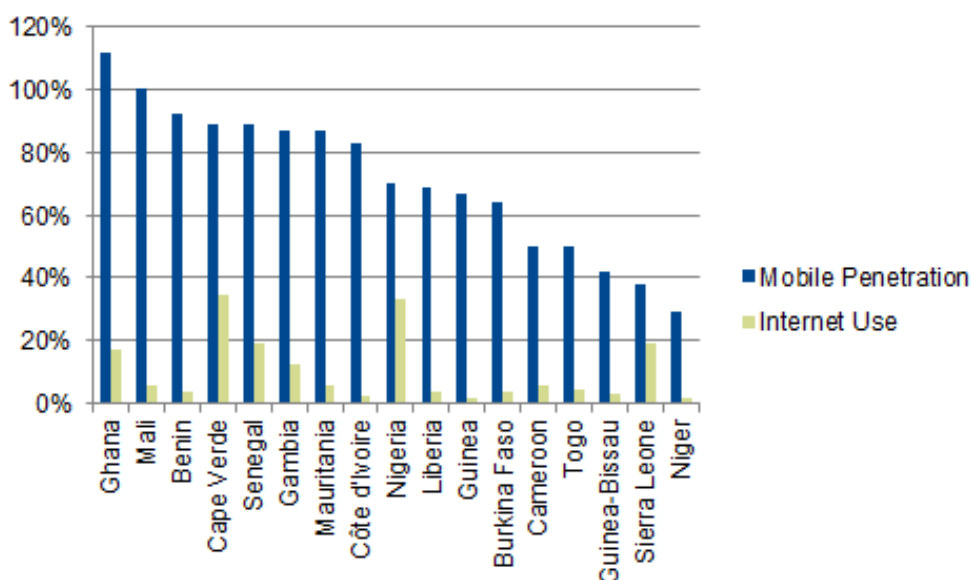
“The time is ripe for regional leadership, organization, and collaboration.”

Pamela Riley Senior mHealth Advisor, SHOPS Project

Riley explained that since little was known about mhealth in West Africa, USAID West Africa commissioned a study of 17 West African countries (ECOWAS, Cameroon, and Mauritania) to assess current interventions, actors, trends, and challenges. The assessment sought to identify promising partnerships that can be leveraged by AGIR-PF and PACTE-VIH. To achieve these objectives, Riley and her team conducted a rigorous desk review of the literature and key informant interviews in many of the focus countries. SHOPS staff and consultants interviewed government ministries and regulators, mobile industry leaders, application developers, multilateral donors, and implementing partners.

In West Africa, mobile penetration (subscriptions per 100 people) is 69 percent (103 million users). There is heavy use of voice services, and the West African mobile market is growing by 18% per year. Conversely, internet access remains low, and West African internet prices are much higher than those in East Africa. However, the recent completion of the Atlantic fiber optic cable is expected to drive internet prices lower.

**FIGURE 2: MOBILE PENETRATION AND INTERNET USE IN WEST AFRICAN NATIONS (2012)**



Five mobile operators have significant presence in the West Africa region: Airtel, Glo, Etisalat, Orange, and MTN. Typical of countries across the globe, service coverage is better in urban areas than in rural areas where challenges include gaps in signal coverage, poor short message service (SMS) reliability, lack of electric power to charge phones, and limited information technology capacity to fix problems. Mobile operators who were interviewed indicated that there are too many health projects with too few subscribers, ministry of health departments are siloed with competing agendas, and donors often discourage integration. Ministries of health noted that mhealth strategies, if they exist, are not operationalized. Ministries of health also reported lack of capacity to coordinate and manage mhealth initiatives. Government representatives said that lack of cost effectiveness data is the biggest barrier to mhealth investment.

Although West Africa lags behind East Africa in mhealth initiatives, four trends are building momentum in West Africa. WHO has developed an ehealth strategy, Nigeria has a multitude of mhealth initiatives, there is a convergence of mhealth platforms, and there is an increase in French language resources.

More than 100 mhealth interventions, most in the pilot phase, were identified in the assessment. The interventions fell in four categories: consumer support, provider tools, program management applications, or mobile payment services. Riley concluded that stakeholder interest in mhealth is uniformly high, and there is political will among government partners to implement mhealth projects.

When asked about the future of mobile money in West Africa, Riley stated that mobile payment services have been introduced in all countries covered by the report, but uptake is slow due to need for consumer education about the benefits and security of mobile money service. When asked about use of SMS versus voice in mhealth programs, Riley noted that there is a need for low-cost easy-to-use voice applications due to low literacy. However, these options are currently too costly.

## **2.5 HOW MOBILE TECHNOLOGY CAN SOLVE RH/FP AND HIV/AIDS PROBLEMS**

### **2.5.1 PANEL DISCUSSION WITH mHEALTH DEVELOPERS**

The presentations of the first day concluded with a series of six presentations from mobile application developers with potential to improve health outcomes. All the organizations featured are currently engaged in mhealth activities in West Africa.

#### **MEDIC MOBILE**

Medic Mobile is present in 31 countries and builds mobile and web tools for frontline health workers, patients, and families. Examples of their work include patient registration, decision support, and data collection, all designed in close collaboration with end users.

#### **MPEDIGREE GOLDKEYS**

The verification system created in 2007 allows clients to ensure the quality of medicine at the time of purchase by texting code numbers from a drug package to a database. A reply text lets consumers know if the medicine is legitimate, thus limiting the spread of counterfeit medicines. This technology works with all phones, making it a suitable technology for low-resource settings.

“The promise of mhealth is best achieved when donors, implementers and government ministries of health collaborate closely to improve community-based healthcare.”

Motech

#### **INTERNATIONAL INSTITUTE FOR COMMUNICATION AND DEVELOPMENT**

Working in nine countries, the organization is engaged in prevention services as well as health monitoring and surveillance. The organization is working with local NGOs to develop SMS campaigns related to sexual and reproductive health as well as facilitating emergency transport.

#### **ONEWORLD**

With a focus on young people, Oneworld uses technology to empower its beneficiaries with reproductive health skills. The organization is involved in e-learning “hotline” services, both phone and web-based, radio programs, and social media for which materials are developed in local languages.

## **MOTECH / GRAMEEN FOUNDATION**

Motech is a suite of open source technologies from a variety of partners. Its applications address a wide range of issues including demand creation, supply chain management, patient adherence support, and supervisory tools for health workers. Motech applications have been implemented in about 10 countries worldwide.

Workshop participants asked numerous questions of the panel around patient confidentiality given that so much private information is shared using mhealth platforms. Participants agreed it is critical to implement best practices to ensure patient confidentiality including encryption technology and deletion of health data on personal phones. mPedigree was questioned about the cooperation of pharmaceutical companies to register with the database, and the presenter noted that in Nigeria regulators made it mandatory. One additional concern shared by an audience member was whether or not this technology takes into account local languages. Panelists agreed that many people can't read their local language. Although voice services are an alternative, they are much more costly.

### **2.5.2 PRESENTATION OF mHEALTH COMPENDIA**

Mr. Lungi Okoko of Management Sciences for Health (MSH) presented French translations of the previously published mHealth Compendia which are technical reports on mobile health produced by the African Strategies for Health project in collaboration with USAID's Africa Bureau. The mHealth Compendia series highlights case studies seeking to eliminate preventable maternal, newborn, and child deaths and to achieve an AIDS-free generation. Case studies in the compendium are organized into five programmatic areas: behavior change communication, data collection, finance, logistics, and service delivery.



# 3. DAY 2: PATHWAYS TO PARTNERSHIPS

## 3.1 PRIVATE SECTOR ASSESSMENT: SO WHAT?

### 3.1.1 COUNTRY-SPECIFIC RECOMMENDATIONS FROM THE WEST AFRICA PRIVATE SECTOR ASSESSMENT

To launch the second day of the workshop, Bettina Brunner presented regional and country-specific recommendations from the private sector assessments conducted in Burkina Faso, Cameroon, Côte d'Ivoire, Mauritania, Niger, and Togo. Regional recommendations are detailed below:

- **West African Health Organization:** Brunner first highlighted the central role of WAHO as a catalyst, convener, and connector in the region. The organization has a major role to play to improve the public-private landscape by setting up a dialogue platform, implementing standards, and developing resource mobilization strategies.
- **Total Market Approach:** Family planning strategies need to recognize the role of the private for-profit sector and include representatives from the for-profit sector in contraceptive committees. The Ouagadougou Partnership should be used as a platform for a total market approach in each country, and these activities should be standardized by WAHO.
- **Increase CSR opportunities:** It is important for the six countries to leverage resources from private companies and work through mining companies already providing HIV services to expand to FP. In order to identify partners, countries should work through CSR associations and business councils.
- **Document and develop PPP:** Countries should consider innovative PPPs with the private for-profit sector at all levels of the health system. A regional strategy for health PPPs should be developed by WAHO.

Specific recommendations for each country are summarized in Table 3.

**TABLE 3: COUNTRY-SPECIFIC RECOMMENDATIONS**

Country	Recommendation
Burkina Faso	Improve policies and regulations regarding the private health sector.
	Modify restrictions that impede the growth of the private health sector.
	Increase the role of FBOs in provision of HIV services to most-at-risk populations.
Cameroon	Ensure greater access to FP services and products.
	Encourage private providers to deliver HIV treatment.
	Work with the private sector to improve health outcomes.
	Develop a PPP with a mining or agribusiness company.

Country	Recommendation
<b>Côte d'Ivoire</b>	Strengthen policies to bolster private sector participation in FP and HIV service delivery. Work with the private sector to promote and strengthen PPPs and CSR activities.
<b>Mauritania</b>	Promote an enabling environment for the private sector at the national level and through PPPs. Promote public sector strengthening of reproductive health/FP rights and access.
<b>Niger</b>	Invest in community-based FP and HIV activities through partnerships with local NGOs. Engage the private commercial sector in improving health outcomes.
<b>Togo</b>	Improve private sector reporting. Invest in community-based FP and HIV activities through partnerships with local NGOs. Develop partnerships between the corporate and NGO sectors for the provision of HIV and FP services.

In response to these key recommendations, one participant noted how important the private health sector assessment experience is and suggested that USAID send this report to WAHO and present it officially. Another attendee suggested broadening the audience of the report to include mining companies which could become more involved in family planning instead of mostly HIV-related CSR. There was also discussion around the role of community pharmacies in Cameroon and a recommendation to include additional NGOs in the report as well as information about social marketing and social franchising in the six focus countries.

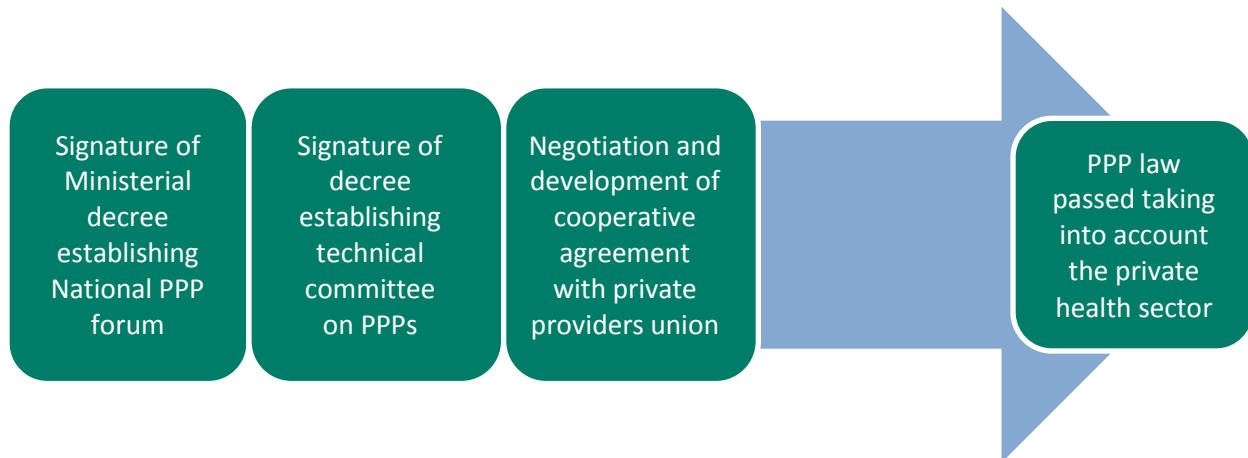
### 3.1.2 PUTTING THE PRIVATE SECTOR ON THE GOVERNMENT ENGAGEMENT AGENDA: THE SENEGAL EXPERIENCE

Tall Ndeye Fatoy from the Senegalese Ministry of Health PPP Unit presented Senegal's approach to building PPPs. She highlighted that the private sector composes a large portion of the total health system. The private sector is already well-integrated because the ministry of health has implemented a national framework involving the private sector to achieve Millennium Development Goals four and five. Strong public-private dialogue, she mentioned, requires collaboration from the private providers' professional associations as well as support from the public sector to "invite the private sector to the discussion table." She described the steps that have been taken by Senegal to draft PPP legislation as described in Figure 3. However, she added that the PPPs that have been implemented have faced challenges, and the framework may need to be redefined to better support those endeavors.



Tall Ndeye Fatoy of Senegal's PPP unit networks with Amit Thakker of the East Africa Healthcare Federation.

**FIGURE 3: STEPS IN PUBLIC-PRIVATE DIALOGUE IN SENEGAL**



After positive comments from the audience that congratulated Senegal for its political will and its understanding of the importance of the private sector and its motivations, Tall highlighted that continuity was the key to success, as collaboration was often person-based. Given the success of Senegal, participants proposed a forum to share experiences between countries since more data is needed to convince public authorities and governments to collaborate with the private sector. Discussion also centered on the role of associations in creating a synergy between the government and private sector.

### **3.1.3 PRIVATE SECTOR ENGAGEMENT: ROLE OF WAHO AND THE WORLD BANK**



Professor Khama Rogo of World Bank Group and Sani Ali of WAHO discuss private sector engagement.

Following the Senegal presentation and its integration of the private sector into the Ministry of Health's political agenda, the audience was invited to consider the role of the West Africa Health Organization (WAHO) and the World Bank Group (WBG). Mr. Sani Ali from WAHO and Professor Khama Rogo from WBG led the Davos-style discussion. Both described strategies of their respective organizations. WAHO, Mr. Ali mentioned, works on:

- Providing financial support for countries to qualify for further support
- Offering credit lines at the ECOWAS Bank for Investment and Development
- Organizing the private sector
- Expanding family planning in the region.

In response to a participant, Mr. Ali explained that support from WAHO needs to be requested at the national level, as WAHO cannot work in a country without authorization of the ministry of health.

Professor Khama Rogo then spoke about the Health in Africa Initiative which focuses on mainstreaming private sector participation in health. The Initiative's objectives are to provide analytical products on private and public health sectors, assist governments to improve healthcare policies, and facilitate direct and indirect access to credit for private healthcare entities. Currently active in nine countries (Burkina Faso, Republic of Congo, Ghana, Kenya, Mali, Nigeria, South Sudan, Tanzania, and Uganda), the Initiative cannot keep up with demand from countries wishing for assistance. Achievements of the Health in Africa Initiative to date are investments in health in several countries and more than 35 regulatory reforms.

Professor Rogo gave a rousing speech about the need to activate the private sector to reach Millennium Development Goals in Africa. Policy and regulatory reforms are essential because the private sector must be included in health policies to improve integration of the two sectors. He noted that most government dialogue is still with development partners and not with the private sector, an arrangement which needs to change. On the private sector side, there is absolute fragmentation which makes progress difficult.

Professor Rogo ended by insisting on one unified health sector led by ministries of health, which takes into account the views of both the public and private sectors.

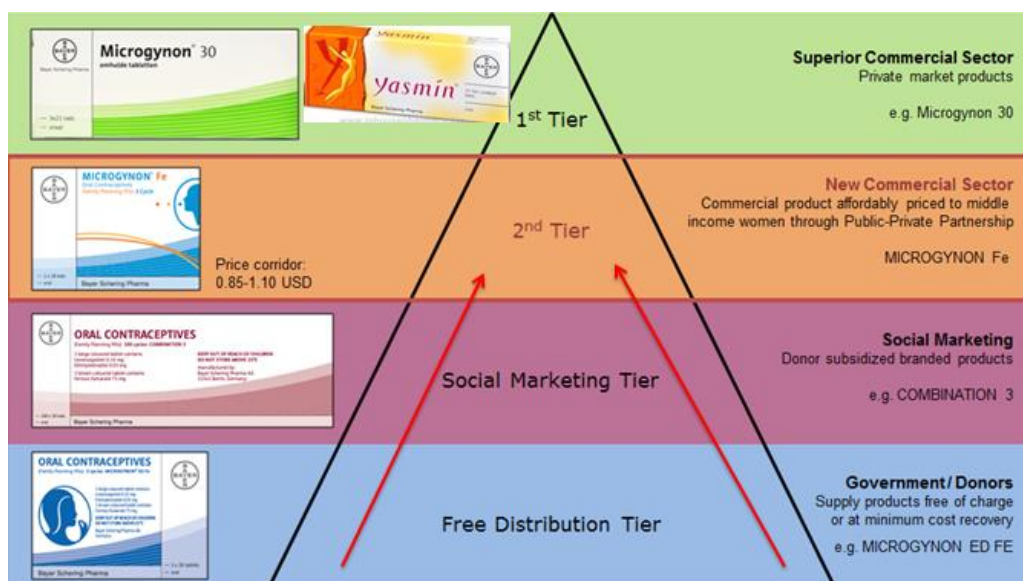
## 3.2 FORGING PARTNERSHIPS: WHAT'S IN IT FOR ME?

### 3.2.1 USING GDA AS A VEHICLE FOR TRANSFORMATIONAL PARTNERSHIP: THE BAYER HEALTH CARE EXAMPLE

In Session 6, Bernard Kituku from Bayer Healthcare and Andrea Harris of USAID/Washington presented the Bayer-USAID contraceptive security initiative as a case study. Bayer and its predecessor company have supported family planning projects for almost 50 years in more than 130 countries through collaboration with ministries of health and cooperation with a global network of NGOs, family planning organizations, and donors such as USAID.

The objective of the Bayer-USAID contraceptive security initiative is to broaden sustainable access to quality hormonal contraceptives through a new commercial venture. To achieve this goal, market segmentation was essential to move customers up the value chain as shown in Figure 4.

**FIGURE 4: BAYER'S MARKET SEGMENTATION VALUE CHAIN**

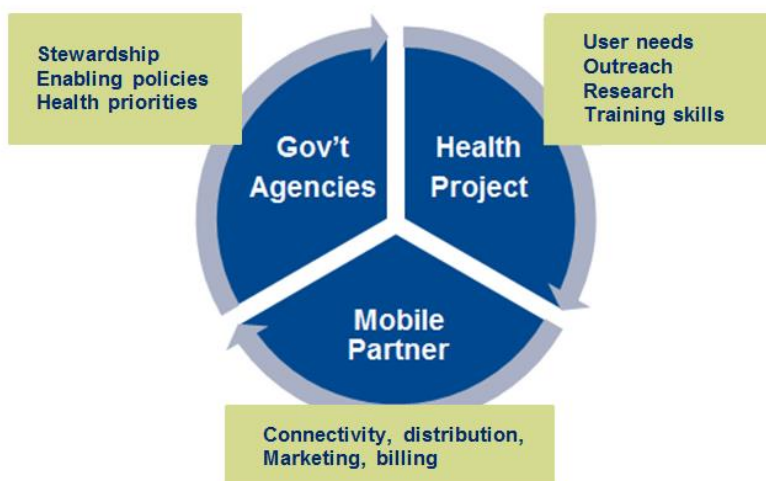


When asked by a workshop participant about the concept of a “win-win” partnership, the Bayer representative mentioned that Bayer shared a common goal with USAID to build trust among partners. Bayer has switched from a higher margin-lower volume strategy to a lower margin-higher volume strategy for their contraceptive products. By partnering with the ministry of health, the government allowed radio and billboard communications for these products which they ordinarily wouldn't. In return, the burden on the ministry of health to supply free contraceptives was reduced, and the state was able to focus its resources on those most in need.

### 3.2.2 mHEALTH WEST AFRICA RECOMMENDATIONS

Focusing largely on partnership opportunities, Pamela Riley presented key recommendations to improve mhealth in West Africa. Public-private partnerships are important, Riley stated, because mhealth is inherently cross-sectoral as demonstrated in Figure 5. Partnerships offer diverse but coordinated perspectives, shared indicators to measure success, and a stronger foundation for investments.

**FIGURE 5: CROSS-SECTORAL NATURE OF PPPS**



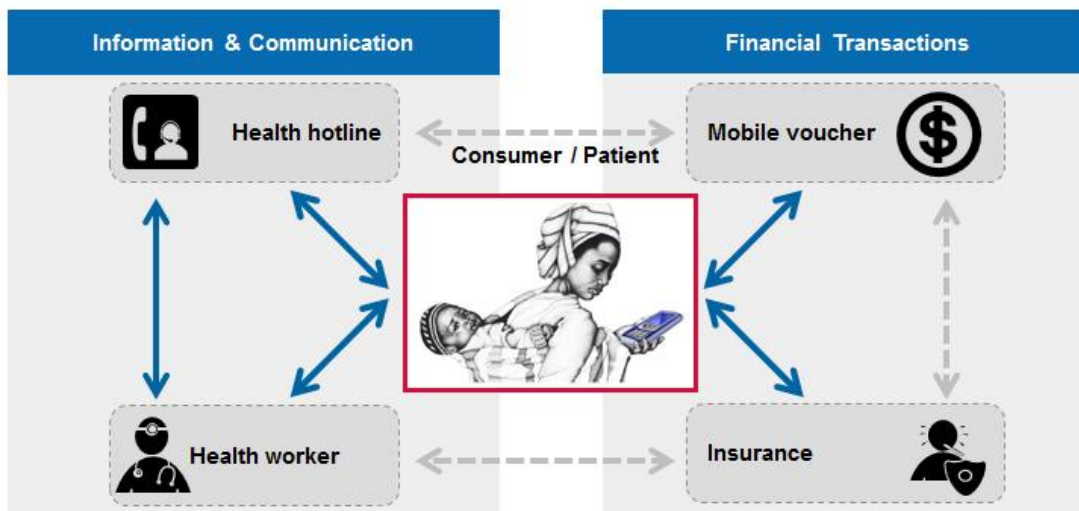
Riley presented three recommendations as pathways to partnership. First, stakeholders should create an mhealth working group to foster dialogue, reduce duplication, invigorate leadership, and identify partnership opportunities. To create a working group, MOH stewardship is critical. Second, regulatory bodies should be engaged to explore tapping into special universal service funds for rural coverage which could be utilized for mhealth. Finally, West Africa stakeholders could make use of the many global resources available in mhealth.

Recommendations for public-private partnerships included establishing an alliance with a regional mobile operator to aggregate demand while also scaling and incentivizing mobile operator investment. A second recommendation focused on tapping into emerging mobile money services to help fund health information services and expand beneficiary access to savings, credit, and insurance services. Third, a closed user group agreement with a mobile operator would encourage referrals, build private sector cohesion, and serve as a channel for group communications while at the same time benefitting the operator which could charge full retail rates for calls to friends and family. Finally, creation of a regional French-language mhealth repository would facilitate sharing of best practices and reduce duplication of marketing, content development, and training efforts.

### 3.3 EAST AFRICA mHEALTH AND PPP MODEL

The recommendations for West Africa mhealth were followed by a presentation on an existing PPP being implemented in East Africa (Nairobi, Kenya) by PharmAccess group. Sizzo van Gelder explained the mobile health insurance model. (Figure 6).

**FIGURE 6: ACTORS, INFORMATION, AND TRANSACTIONS IN THE PHARMACCESS MODEL**



Van Gelder covered many of the challenges including scaling up and lessons learned:

- Consumers have no trouble using the mobile technology; sticking close to what people already know improves acceptance
- Working with known local brands such as the Safaricom brand helps to gain trust quickly
- Mobile vouchers increase security for both facilities and patients

#### 3.3.1 DISCUSSION WITH MOBILE OPERATORS

To complete the session on partnerships, representatives from Orange, Vodafone, and GSMA participated in a mobile operator panel. Each company shared the successes of its mhealth initiatives and answered questions from the audience about project planning, implementation, and evaluation.



Representatives from GSMA and Vodafone

Orange works closely with stakeholders to develop ehealth projects. During the trial phase, Orange funds projects and pilots, but after the initial phase, there are three financing schemes to ensure economic sustainability: entirely public, partly public, or totally private.

Vodafone presented their Healthline which is available from 4:00 pm to 10:00 pm daily (including Sundays and public holidays). The low-cost service is available in nine local languages.

The GSMA representative spoke of many mhealth use cases in nutrition and maternal and child health including monitoring and providing real-time updates on drug stock-outs, behavior change communication messaging, mobile trainings and quizzes, real-time supervisory systems, and built-in error-checking protocols. In Nigeria, GSMA is facilitating alignment around national health priorities through a vibrant mhealth community of practice under leadership of the Nigerian government.

Audience feedback raised concerns about patient rights for health information and the role of mobile operators. The Vodafone representative responded that the company will look into access, education, and empowerment of patients.

### **3.4 CLOSING SESSION**

Bettina Brunner, Pamela Riley, and Dr. Mbayi Kangudie on behalf of the Acting Health Office Director, concluded the workshop by thanking participants for their participation and encouraging them to pursue the recommendations presented in each of the sessions. Brunner and Riley noted that the time is right for a private sector alliance in the region. Brunner encouraged West Africans to engage with East Africans to learn from their experiences. Partnerships, the focus of the reports and dissemination workshop, are a critical means to improving the West African health sector.

Throughout the two days, participants noted specific actions they intended to take in their home countries to initiate deeper engagement between public and private sectors and explore mhealth opportunities. Ending comments from audience members reiterated themes of a single health system in which everyone plays a part to maximize resources. Participants also reiterated their intentions to increase dialogue with their countries, a next step inspired by the many ideas and examples presented at the workshop.





# ANNEX A: WORKSHOP AGENDA

Day 1: Tuesday, May 20, 2014 Setting the Stage		
08:00	<b>Registration opens</b>	
08:30	Welcoming remarks	<i>Daniele Nyirandutiye, Acting Health Office Director, USAID West Africa</i>
08:35	Keynote address	<i>Bradley Wallach, Acting USAID Mission Director</i>
8:50	Remarks	<i>Dr. Sani Ali, WAHO</i>
09:00	Private sector engagement	<i>Jasmine Baleva, USAID Washington</i>
<b>Session 1</b> <b>Role of the private sector in delivering FP and HIV/AIDS services</b> <i>Moderator: Mbayi Kangudie</i>		
09:30	Private sector: An indispensable player for sustainable health outcomes?	<i>Bettina Brunner, Abt Associates</i>
09:45	Assessment findings	<i>Bettina Brunner</i>
11:00–11:15	<b>Coffee break</b>	
<b>Session 2</b> <b>Working with the private sector: gaps, opportunities, steps</b> <i>Moderator: Bettina Brunner</i>		
11:15	Yes, we can work with the private sector!	<i>Ousmane R Seye, Agha Khan Development Network Amit Thakker, East Africa Healthcare Federation</i>
12:30–13:30	<b>Lunch break</b>	
<b>Session 3</b> <b>mHealth in West Africa: what is the big deal?</b> <i>Moderator: Mbayi Kangudie</i>		
13:30	Global progress in harnessing mHealth potential to improve health outcomes: From Kigali to Dar to Addis	<i>Peggy d'Adamo, USAID Washington</i>
13:50	Landscape findings	<i>Pam Riley, Abt Associates</i>
15:00–15:15	<b>Coffee break</b>	
<b>Session 4</b> <b>How mobile technology can solve RH/FP and HIV/AIDS problems</b> <i>Moderator: Pam Riley</i>		
15:15–17:00	Panel discussion with mhealth developers Presentation of mhealth compendia	<i>Medic Mobile, mPedigree, IICD, OneWorld Grameen Foundation, Lungi Okoko</i>
18:30–20:00	<b>Networking event</b>	<b>Poolside</b>

**Day 2: Wednesday, May 21, 2014**  
Pathways to Partnerships

**Session 5**  
**Private sector assessment: so what?**  
*Moderator: Daniele Nyirandutiye*

08:30	Country specific recommendations from the WA private sector assessment	<i>Bettina Brunner</i>
09:00	Participants' feedback and discussion	<i>Bettina Brunner</i>
9:30	<p><b>Panel discussion</b></p> <ul style="list-style-type: none"> <li>Putting the private sector on the government engagement agenda: The Senegal experience</li> <li>Private sector engagement: Role of WAHO and World Bank</li> </ul>	<i>Tall Ndeye Fatou MOH Senegal Dr. Sani Ali Pr. Khama Rogo</i>
11:00–11 :15	<b>Coffee break</b>	

**Session 6**  
**Forging partnerships: what is in it for me?**  
*Moderator: Mbayi Kangudie, Pam Riley, and Jasmine Baleva*

11:15	Using GDA as a vehicle for transformational partnership: The Bayer Health Care example Discussion	<i>Andrea Harris/Bernard Kituku</i>
11:45	mHealth West Africa recommendations	<i>Pam Riley</i>
12:00	Panel discussion with mobile operators	<i>GSMA Orange Labs Vodafone Ghana</i>
13:00–14:00	<b>Lunch break</b>	

**Session 7**  
**Country group work:**  
**What does it take to develop a partnership at country and regional level**  
*Moderator: Pam Riley, Bettina Brunner, Peggy d'Adamo, Jasmine Baleva, Andrea Harris, and Mbayi Kangudie*

14:00	East Africa mHealth and PPP model Instructions and thematic group work	<i>PharmAccess</i>
15:00	Group feedback	
16:00–16:15	<b>Coffee break</b>	

**Closing Session**  
*Moderator: Daniele Nyirandutiye*

16:15	Synthesis	<i>Bettina Brunner/Pam Riley</i>
16:45	Closing remarks	<i>Bradley Wallach</i>

# ANNEX B: PARTICIPANTS LIST

Public and private sector representatives from SHOPS focus countries			
Country	Name	Organization	Title
Benin	Ricardo Missihoun	USAID/Benin	Representative
	Christian Boni I. Chaffa		Chief of Health Promotion
Burkina Faso	Dr. Isabelle Bicaba	MOH Burkina Faso	Director of Family Health
	Dr. Abdoulaye Guire	MOH Burkina Faso	HIV/AIDS Representative
	Dr. Hien Diedon Alain	APROCLIB	Private Sector Representative
Cameroon	Dr. Ngamby Marquise	MOH Cameroon	FP Representative
	Dr. Youmba Jean Christian	ACMS	Chief of Family Health Division
Côte d'Ivoire	Dr Virginie Kouakou	MOH	Director of the National RH/FP Program
	Dr. Boguifo Joseph		Association of Private Clinics Representative
Ghana	Akua Kwateng-Addo	USAID/Ghana	
	Mabel Segbafah	GHS	M&E Analyst
	Suzie Jacinthe	USAID/Ghana	HIV/AIDS Team Lead
Guinea	Marouf Balde	USAID/Guinea	
Liberia	Andrew Karlyn	USAID/Liberia (mobile solutions)	
Mauritania	Dr. Mahfoudh Boye	MOH FP	
	Dr. Mohammed Lemina	PNSR	
Niger	Dr. Kemou Adama		Director of MCH
	Dr. Assai Mariama Hama	Private Pharmacy	Pharmacist
Senegal	Ndeye Tall	MOH Senegal	PPP Coordinator
Togo	Dr. N'tapi Kassouta	MOH Togo	Director of Family Health Division
	Dr. Singo-Tokofai Assétina	MOH Togo	National Coordinator of HIV/STI Prevention
	Dr. Moïse K. Fiadjoe		Clinic Director and Private Sector Representative
Presenters			
Country, project organization	Name	Organization	Title
AKDN	Ousmane Seye	AKDN	CEO
ASH	Lungi Okoko	MSH	Senior M&E Advisor
Bayer Health Care	Clement Owusu-Addo	Ghana Bayer	Product and Marketing Executive
	Bernard Kituku	Bayer Healthcare	Nairobi Regional Bayer Representative
EAHF	Dr. Amit Thakker	Kenya Healthcare Federation	Consultant

<b>mHealth Developers</b>	Maeghan Orton	Medic Mobile	
	David Hutchful	Grameen Foundation	Technical Director
	Sicco van Gelder	PharmAccess	
	Kevin Adomayakpor	OneWorld	OneWorld Ghana Representative
	Selorm Branttie	mPedigree	Strategy Director
	Ken Kubuga	IICD	Technical Advisor
	Gabriel Fiadorme	PharmAccess Foundation	Quality Advisor
	Phylicia Adjei	PharmAccess Foundation	Process Manager
	Susan Bulthuis	PharmAccess Foundation	Intern
<b>Mobile Operators</b>	Ralph Ankri	Orange Labs	
	Steve Asumadu-Sakyi	Vodafone	Head of Product Marketing
	Victor Ohuruogu	GSMA	Pan African Initiative Representative
<b>SHOPS</b>	Bettina Brunner	Abt Associates	Senior Associate
	Pamela Riley	Abt Associates	Senior mHealth Advisor
<b>USAID Washington</b>	Peggy d'Adamo	USAID/Washington	IT/KM Advisor - USAID Global Health Bureau
	Jasmine Baleva	USAID/Washington	Private Sector Technical Advisor
	Andrea Harris	USAID/Washington	Senior Technical Advisor, Private Partnerships
<b>USAID/West Africa</b>	Daniele Nyirandutiye	USAID/West Africa	Acting Health Office Director
	DM Kangudie	USAID/West Africa	Senior Health Advisor
	Bradley Wallach	USAID/West Africa	Acting USAID WA Mission Director
<b>WAHO</b>	Sani Ali	WAHO	Planning Officer
<b>World Bank</b>	Dr. Khama Rogo	World Bank Group	Director of HiA
<b>Other participants</b>			
<b>Country, project organization</b>	<b>Name</b>	<b>Organization</b>	<b>Title</b>
<b>AGIR-PF</b>	Andre Koalga	Engender Health	Technical Director
	Dr. Eloi Amegan	Engender Health	Country Coordinator
<b>USAID   DELIVER PROJECT</b>	Damessi Yawo-Mensah	USAID   DELIVER PROJECT	Program Officer
<b>Deloitte Consulting</b>	Kingsley Frimpong	Deloitte Consulting	Institutional Capacity Building Advisor
<b>Ernest &amp; Young</b>	Yvette Ntrakwah	E&Y Ghana Office	
	Tosin Oshinubi	E&Y Ghana Office	
<b>PACTE-VIH</b>	Virginie Traore	FHI 360	COP
	Jean Paul Tchupo	FHI 360	DCOP
	Zoungrana Zacharia	FHI 360	PACTE-VIH Burkina Faso
	Marian Honu	FHI 360	PACTE VIH
	Fatoumata Traoure	FHI 360	PACTE VIH
<b>SHOPS</b>	Susan Mitchell	Abt Associates	SHOPS Project Director

<b>Other GSMA Invitees</b>	Adekunle Akindeji	VAS2NETS	
	Amos Ghunney	VAS2NETS	
	Dr. Byrite Asamoah	Vantage Medical	CEO
	Shadrach Amoako	Vantage Medical	General Manager
<b>USAID West Africa</b>	Sheila Mensah	USAID/West Africa	Communication M&E Advisor
	Laurent Kapesa	USAID/West Africa	Senior HIV/AIDS Advisor
	Susan Perez	USAID/West Africa	Reproductive Health Program Manager
	Alfred Amoatwo	USAID/West Africa	Program Management Specialist HIV/AIDS
	Rebeca Quarcoo	USAID/West Africa	Program Management Assistant
	Bertha Baffoe-Bonnie	USAID/West Africa	Program Office Representative
	Palx Sow	USAID/West Africa	YALI Regulation Coordinator
<b>World Bank</b>	Anthony Seddoh	IFC Ghana	Operations Officer of IFC Ghana



# ANNEX C: EVALUATION RESULTS

On a scale from 1 to 5, where 1 is “not satisfied” and 5 is “very satisfied,” how would you rate the following elements:

	1	2	3	4	5	X	Total
General organization of the workshop				8	6		15
Relevance of the identified themes			1	8	5		15
Expert interventions			1	9	4		15
Time allowed for discussion		2	6	2	4		14
Dissemination of the results and recommendations of the reports			3	9	2		14
Extent to which you have acquired new information			1	9	4		14
Usefulness of the new information			1	9	4		14

## What actions are you going to take following this workshop?

- “Implement a consultation platform for the private health sector in Togo.”
- “Explore opportunities for mhealth in my country.”
- “Encourage the MOH to implement a PPP platform to improve Cameroonians’ health.”
- “Meet with other private sector actors in Côte d’Ivoire.”
- “Start a dialogue with the Family Health Division at the MOH and exchange on what could be done to strengthen PPP in health.”
- “Implement a committee with the Togolese participants of this workshop.”
- “Integrate lessons learned to elaborate a program promoting the private sector.”
- “Actively participate in the reconciliation of the MOH and the private sector.”
- “Remind the World Bank country office of the Africa Health initiative.”

## Workshop strengths

- “Very relevant selection of panels.”
- “The quality of participants and panelists was so strong. Kudos to the organizing team.”
- “The workshop allowed for exchanges between countries and even between private and public sectors. Other people’s experiences need to serve as a base for others to start from.”
- “Country experiences sharing.”

“All objectives were met, all subjects programed in the agenda have been covered.”

### **Things that could be improved**

“Increase availability of presentations in French.”

“A 3rd day to go till the end of the country exercise would have been beneficial.”

“Provide electronic copies through Dropbox.”

“½ extra day would have been useful.”

“Send background materials prior to workshop.”

### **Other**

“Use the “call for paper” model to diversify the type of experiences to showcase.”

“Consider emerging actors (young people working on mhealth apps in startups).”

“Post dissemination to follow up on what happens in terms of PPP initiatives”.

“It is obvious mhealth is still nascent in Africa but it is the future.”

“Important workshop for our countries in terms of positive results on the health systems through successful PPPs. Good luck to all the organizers.”

“It has been a center for various stakeholders to open-up and repair collapsed relationships and perceptions between public and private sector.”

“mhealth is a necessary need as technology has become the order of the day. We need to position the delivery of health services strategically not to miss this movement.”