



# Strengthened Public-Private Engagement

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**Establishing Institutions for Engagement** 

Developing Tools and Guidelines to Enable Partnerships

# What PSA Found

Limited structures, policies, and guidelines on publicprivate engagement

Incomplete representation of private sector in policy processes

Regulatory boards in health have large mandates yet operate with limited capacity

# Why it's a problem

No mechanism in place to identify and leverage private sector's strengths

Policies unnecessarily limit private sector growth

Quality of service in private sector unknown and cannot be improved



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# Key Accomplishments to Institutionalize Capacity for Engagement

**Objective**: Strengthen MOH capacity to engage and interact with the private sector

- Re-energized PPP-TWG as a forum to engage the private sector in policy making
  - Expanded membership
  - Held regular meetings to promote dialogue
- Established PPP Desk in MOH
  - MOH approved terms of reference for PPP Desk
  - MOH assigned two full-time staff person
  - MOH approved Sustainability Plan to build PPP capacity through out MOH



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# Key Accomplishments to Develop Tools and Guidelines to Support PPPs

# **Objective**: Create the framework necessary to facilitate establishment of PPPs

- MOH approved H/PPP concept note providing green light to proceed with National H/PPP Strategy
- Conducted analysis of health data to identify priority areas for H/PPPs
- Assisted PPP-TWG to draft National H/PPP Strategy
- Assisted 3 health regulatory boards to involve private sector to update and develop new monitoring tools
- Facilitated revision of SLA Guidelines with MOH and CHAM
- Conducted a costing exercise to inform price list

# National PPP Strategy in Health

# PPP/H Strategy is a **major breakthrough** in public-private relations

- First-ever systematic effort to involve the private health sector in policy
- Clearly and publicly articulates MOH commitment to and vision on working with the private sector
- Defines strategic areas for health PPPs
- Describes process to identify, design and implement PPPs in Health



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# Priority Areas for H/PPPs

### Service Delivery

- Malaria
- HIV/AIDS
- TB
- Child Health
  - ARI
  - Diarrhea
  - Malnutrition
- Maternal Health
  - EOC
  - Family Planning
- Non-communicable diseases

## Health Systems

- HRH
- Supply Chain
- Transport/ Fleet Management
- Diagnostics/ Equipment Management
- Health Information
   Systems

# Maximizing PPPs for Better Healthcare

<b>Health Priorities</b>	Select # of PPP Ideas
Malaria	•Create local capacity to manufacture / distribute
	<ul> <li>Incentivize PFP to increase supply of and use of RDT</li> </ul>
Child Health	•Incentivize local manufacturing of ORS/Zinc and
– ARI	fortified foods
– Diarrhea	•Deliver ORS/Zinc and fortified foods through private supply chain
- Malnutrition	•Expand child health services through PFP providers
HIV/AIDS and TB	•Increase access to diagnostic services (HIV, TB)
	Increase access to care through PFP
Maternal Health	•Expand CHAM's role in Southern, Central &
– EOC	Northern regions (in that order) in maternal care
– Family Planning	•Explore how to deliver FP through PFP pharmacies and providers in southern region





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