Network for Africa's Online Chat Transcript: "Leveraging Private Sector Resources: The Case of HIV/AIDS and TB Services in Tanzania"

Moderated by Dr. Samwel Ogillo

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**This transcript has been modified (questions and answers grouped by topic) to improve readability.*

Assistant Moderator: Welcome everyone to the Abt Associates-led SHOPS project's Network for Africa Live Chat "Leveraging Private Sector Resources: The Case of HIV/AIDS and TB Services in Tanzania" with Dr. Samwel Ogillo. The chat is text-based, so there is no audio. The chat is moderated, which means that once you post a question, it will go into a queue. It may take several minutes for your question to be posted to the main chat window, so don't worry if you don't see it immediately.

We will begin at 9:00 AM EST.

Samwel Ogillo: Good Morning!
I am delighted to have you joining me for today's chat on leveraging private sector resources.

Assistant Moderator: Barbara O'Hanlon, Network for Africa technical manager and SHOPS project's private sector specialist is assisting Dr. Ogillo in answering questions.

Barbara O'Hanlon: Good morning to you all. Please feel free to start with your questions.

Mark Robertson: Good afternoon from South Africa, Dr. Ogillo. I'm curious about the different potential that different sized private companies have from a leverage perspective. How would you compare SMEs for example, to MNCs? Is there scope to leverage both, but in different ways?

Samwel Ogillo: Both have a role to play -- MNCs in a bigger way by contributing funds that can be utilized by both the private and public sectors. SMEs have a role to play both at their local communities as well as in national programs.

Samwel Ogillo: The approach is different. While the SMEs can be approached locally, the MNCs are usually approached from their headquarters by more powerful figures; like presidents or famous individuals.

Dr. Olayinka O. Ayankogbe (by email): What is the funding mechanism for this public private collaboration for HIV/TB?

Samwel Ogillo: Funding mechanism is usually through local governments, development partners, and the private health care providers themselves. The providers usually contribute in in-kind HRH, space, etc.

Barbara O'Hanlon: In some countries, the funding is through individuals but increasing number of MOHs are entering into service agreements or contracts with private providers groups.

Samwel Ogillo: Local funding can also come from the local governments in their country settings as per local policies and guidelines.

Barbara O'Hanlon: Unfortunately, very few international donors help either the governments with PEPFAR funding to assist governments to pay for the contracts or to directly support private providers to deliver HIV/AIDS services.

Calvin Epidu: A lot of partners are doing the same thing i.e. HIV /AIDS response and too many resources have been used. What is the best way of getting good outcomes from these many partners?

Samwel Ogillo: Organizing the partners to leverage each partner's resources more effectively is important. This will also avoid duplication of service provision. Sustainable projects should be given priority.

Barbara O'Hanlon: The key is organizing the private providers to help create one partner for the government. In Kenya, there is the Gold Star network comprised of many types of private providers that deliver different aspects of the HIV/AIDS continuum of care.

Barbara O'Hanlon: In other countries, like Kenya and Tanzania, there are private provider associations that can group private providers to participate in a HIV/AIDS programs to expand delivery sites.

Mark Robertson: How are 'sustainable projects' defined? Is it a case of breaking even on operating costs or is there more to it?

Maria Loguerdo: Dr Samwel, good morning, concerning human capital for this initiative, which have been in your opinion the key success factors? i.e. how are health workers selected, trained, motivated? What's the percentage of physicians participating in this PPP initiative, who work in both the private and public sectors?
From Maria Angela, MD, MSc, Health care consultant.

Samwel Ogillo: HRH is an issue in most countries in Africa and many other developing countries all over the world. Task shifting is important in implementing health care programs in Africa. Integration of programs also helps to solve the HRH shortage.

Samwel Ogillo: Private Health sector participation in national healthcare programs in the delivery of public goods is important in solving the HRH problems.

Barbara O'Hanlon: Training up more staff to deliver HIV/AIDS is another form of partnerships. In the case of Malawi, the MOH has a PPP with CHAM - an FBO- to train a range of health professionals. They have agreed that 60 percent of the trainees then work for the MOH and 40 percent remain and work with CHAM.

Samwel Ogillo: Physicians in private health care facilities contribute their time and expertise in the HIV/AIDS and TB programs in Tanzania. All the medical personnel in the facilities that participate in the program contribute in one way or another in the program.

Barbara O'Hanlon: Like all HRH motivation issues, private providers delivering HIV/AIDS need training, supplies, supportive supervision and feedback. However, this is more of a challenge for the private sector. Private providers who receive donated ARVs often experience stock-outs. Access to drugs for OIs is expensive in the private market place. The MOH has limited staff to supervise private providers.

Mark Robertson: Is there appetite from companies to engage private providers to provide services directly to their employees? Or are private providers too open to the risks you describe above / too expensive?

Barbara O'Hanlon: There are many companies that see the business case for offering HIV/AIDS services on-site or through purchasing services through local MOH or private providers.

Barbara O'Hanlon: There are two camps of private providers' response to HIV/AIDS. There are some that will not deliver the services because of stigma while there are others who are willing to take the risks to respond to their client needs. The challenge is to help reduce the risks for this special breed of private providers.

Samwel Ogillo: We have experience of working with goldmine companies in Tanzania -- these companies are supporting local PPP initiatives in health, with direct engagement with the private health sector.

Mark Robertson: How does that engagement work? Are the private health providers offering a comprehensive health care package, or is it a focused offering on HIV / TB, for example?

Samwel Ogillo: The private providers in Tanzania provide the whole range of HIV/AIDS care and treatment package: ART, PMTCT, VCT, home-based care, safe male circumcision, and nutritional supplements for the HIV/AIDS patients on ARVs.

Samwel Ogillo: TB/HIV collaborative services are also part of the package. 20 percent of TB services in Tanzania are through the private health sector for free to the public.

Barbara O'Hanlon: Engagement can take many forms. In the case of Kenya, there is a sector wide public-private dialogue forum in which there are equal numbers of MOH, FBO, NGO and commercial providers discussing sector wide issues. They deal mostly with policy and identifying PPPs. At the service delivery level, the best success has been working through private providers associations like PHP Consortium in Kenya or APHFTA in Tanzania.

Barbara O'Hanlon: These associations are a critical link between individual providers and the government - national and local - when designing PPPs.

Awadia Ogillo: Dr. Ogillo, what advice do you have for PPP in countries in transition from crisis to development such as South Sudan? Becky de Graaff - ADRA South Sudan

Samwel Ogillo: The advice is to start including PPP in national programs as early as possible to reduce donor dependence. The earlier the better.

Samwel Ogillo: Policies in these new countries should be supportive of PPPs and regulations and laws for implementation of PPP should be in place. The countries should also learn from other countries that have a long standing experience in PPPs implementation, preferably in the same setting as theirs.

Betty Ravenholt (by email): Are there details of how Dr. Ogillo and his organization have managed to pull together private sector providers, gain the support of the public sector, and implement improvements in service delivery and increase private sector service delivery in selected health areas?

Samwel Ogillo: Support from public was through organizing the private health sector to dialogue with the public sector- this was followed by encouraging the private sector to participate in national programs, and building a business case that they would also gain in many ways by supporting national programs.

Samwel Ogillo: Business case: The facilities would retain their HIV patients/clients. The public sector would also gain from the HRH, space and other support by the private health sector.

Samwel Ogillo: Most important: the private health sector viewed this as their corporate social responsibility.

Barbara O'Hanlon: In Kenya, the Kenya Health Federation (KHF) – an umbrella organization representing all private sector entities – started internal discussion with its members on the need to speak with one voice with the government. It was not easy. Private sector companies are suspicious of others because of competition, are not accustomed to sharing information and data. But KHF was able, in the face of the government introducing controversial new legislation on national social health insurance, to get everyone on the same page.

Barbara O'Hanlon: After their success in getting the government to back down and allow private providers and private insurance, they were encouraged to continue working together. Together they have accomplished quite a lot in partnership with the MOH in Kenya.

Barbara O'Hanlon: Samwel, can you share your experience in establishing HIV/AIDS delivery sites? What actions did you take? What results?

Samwel Ogillo: APHFTA in Tanzania has within the past five years supported 90 facilities to deliver HIV/AIDS and TB services, more than 10,000 patients have been started on ARVs at these sites, more than 132,000 tests have been done, more than 1,000 pregnant women have been on PMTCT program receiving antiretrovirals, and more than 7,000 patients have benefitted from the nutritional supplement program.

Barbara O'Hanlon: Mobilizing the private providers through APHFTA has been a good donor investment. APHFTA conducted a study of private providers' contribution. In addition to delivering HIV/AIDS, small private providers contribute US$ 1,000 monthly while lager facilities contributed US$ 2,000 monthly.

Thierry Uwamahoro: Given Tanzania's experience as a socialist country; has it been challenging gaining public health sector's trust?

Samwel Ogillo: It was not easy for Tanzania, a previously socialist country. We had to work on policy changes, regulations, and laws had to be changed to accommodate the private health sector. We now have PPP policy, PPP strategy for the private health sector, and PPP act that governs engagement with the private health sector.

Samwel Ogillo: The trust for the public and the private had to be built. Changes in the ideologies take time, but we are now at a good position to implement PPPs.

Elizabeth Corley: Dr. Ogillo, you spoke at the international AIDS conference last night about the importance of transparency in public-private partnerships. Could you elaborate and give us an example from your own experience?

Samwel Ogillo: Transparency in this case is sharing data with the public sector, knowing how much the sector is contributing, without fear of business rivals taking advantage of the situation.

Barbara O'Hanlon: Dialogue is the first step. And the dialogue has to be frequent, consistent, and open. In addition to dialogue, both parties have to share information with each other - both the good and bad. Often this is difficult for both. The MOH may not want to share its "failure" with the private sector and the private sector may not want to share its cost information. But it has to be done. Sharing this kind of information is usually a breakthrough for both.

Samwel Ogillo: We now encourage the private facilities to deliver their monthly reports to the district administration and to document all that they are doing. This has encouraged the public counterparts to trust them and to work together in a more transparent manner.

Samwel Ogillo: Entering into service agreements with the public would also mean doing due diligence for the facilities. These would require transparency at the highest level. Costing studies would also require transparency. We have achieved this in Tanzania. Transparency at the highest level, it can be done.

Barbara O'Hanlon: Welcome Macharia Kamau

Macharia Kamau: There is still need to encourage public bodies to be positive at operational level. It gets quite bureaucratic to access information or contribute in policy or strategic issues by some departments.

Barbara O'Hanlon: Macharia, I couldn't agree more. But working together at the operational level is usually the most productive way to gain trust between the sectors. Most physicians can respond to each other and overcome these biases.

Samwel Ogillo: This is True Kamau, the public sector is also not transparent in many ways -- both sides should improve in this.

Elizabeth Corley: You also mentioned joint inspections that led to some changes like having the private sector give support to facilities in need.

Samwel Ogillo: Yes, this is important. The private sector should be there to advocate for themselves during inspections. We got the inspections feedback and this helped us to set up a quality improvement program for the facilities as well as supporting/funding the facilities through low interest loans to improve quality of care.

Samwel Ogillo: Joint inspections and reviewing the traditional methods of inspection was important. We now have friendlier methods of doing inspections and APHFTA will come in at all times to support the facilities and advocate for them.

Macharia Kamau: There seems to be good intention both ways. Maybe internal marketing in public bodies to create confidence and awareness of the need for collaboration in PPP can help. The private

sector may require an advocate to do this e.g. APFHTA and similarly we should check from the other end what assurances we can extend to government to gain trust both ways.

Barbara O'Hanlon: Yes, we have found that to turn perceptions around, it is critical to have a core group of 'PPP champions" from both the public and private sector. First, the public PPP champions can help advocate and promote the benefits of PPPs. Also, it is important to bring the private sector to the public sector to demonstrate to MOH staff the public sector is indeed willing to partner. Then a group like APHFTA is needed to mobilize support and agreement among private sector leaders to encourage them to partner.

Barbara O'Hanlon: I would like to share another area of mistrust -- commercial sector with FBOs/NGOs. In many ways, the FOB/NGO community shares the same biases as the public sector. However, creating these dialogue forums like in Uganda, Kenya and Tanzania where every sector participates has helped the FBOs/NGOs better understand the commercial sector. In fact, in Kenya, the commercial sector has started to provide advice to FBOs on how to "turn around" the management and finances.

Awadia Ogillo: How does a quality improvement program differ from licensing?

Samwel Ogillo: Quality improvement program is a stepwise process that leads to accreditation. The licensing is done by the government to allow the facility to deliver services. Quality improvement is for the facilities that are already registered/licensed.

Maria Loguercio: Samwel, which do you consider to be the main program challenges moving forward?

Samwel Ogillo: Willing to share donor funds is a problem. Lack of understanding of how the private health sector works is another barrier to implementing PPPs in health. More should be done in these areas to turn the wheel towards more success.

Samwel Ogillo: The donor community has traditionally believed that their only partner is the public. This ideology should be reviewed and policies changed.

Barbara O'Hanlon: Another challenge moving forward is MOHs capacity. Engaging and contracting with the private sector in health is a new area for MOHs. Most MOHs do not have the staff with the needed skills in contract law, negotiations, costing analysis, due diligence, etc. They also do not have contract and tendering processes and systems in place. The donor community needs to invest in MOHs to build these skills.

Macharia Kamau: The private sector is innovative and progressive. It can provide serious solutions and cost effective interventions with far reaching impact if positively involved.

Samwel Ogillo: Kamau, you are right. Accountability and quality are part of the private health sector's quality stamp. All the resources invested in the private health sector can be accounted for in most cases. This is the opposite in the public sector.

Samwel Ogillo: APHFTA believes that investments in the private health sector are more sustainable. We should encourage our governments and development partners to invest in health through the private health sector.

Barbara O'Hanlon: I know Samwel is modest with his accomplishments in HIV/AIDS. So I will share some of them. APHFTA has trained 1,000 in HIV/AIDS alone. This includes a wide range of HRH. They have established 91 delivery sites that deliver approximately 5 percent of all those on treatment. They have established 90 sites that have tested 132,000. They created capacity in male circumcision and performed 1,600 in 2 months alone. All of this on less than US$ 200,000 from the Global Fund. Private sector in-kind contribution has been over US$ 2 million. Imagine what they could do if they received a little bit more donor funds!

Assistant Moderator: Dr. Ogillo spoke to N4A about APHFTA generally. You can watch the interview here at your convenience http://shopsproject.org/about/highlights/samwel-ogillo-on-organizing-the-private-health-sector-in-tanzania.

Awadia Ogillo: Is it possible for Abt Associates (South Sudan) to promote PPP in South Sudan in the similar way?

Barbara O'Hanlon: The country counterparts - both public and private - need to approach the USAID Mission in Juba and request technical assistance from the SHOP project. So much for the promotion but thanks for asking!

Samwel Ogillo: Will anyone share with us their experience in working with the private health sector in improving health outcomes in other countries?

Assistant Moderator: Welcome Louis Nortey -- too bad you were having difficulty logging in. We could have learned so much from the Ghana experience.

Samwel Ogillo: How does the private health sector help in Ghana?

Louis Nortey: Thank you. I am on. In Ghana, TB and ARVs are program drugs which are distributed principally through the public sector facilities.

Macharia Kamau: Policy should also be progressive and in line with science and technology. Excluding the innovators (private sector) in policy development means the public sector will always be trying to catch up and review every few years. Thanks for the session.

Assistant Moderator: Please send us feedback on how we can make the log in process friendlier for future chats. We realize that many participants were not able to log in and join the chat.

Awadia Ogillo: Thanks a lot; this has been great and informative.

Assistant Moderator: Many thanks to you Dr. Ogillo for leading today's chat.

Thank you for your very active participations. This session has come to an end. We will continue the discussion in the Network for Africa's Community of Practice. Dr. Ogillo will be answering questions that he did not get to today as well as any new questions. To sign up for the Network for Africa's community of practice, visit http://shopsproject.org/network4africa and look for Members' Corner. You can also email Thierry Uwamahoro (Thierry_Uwamahoro@abtassoc.com) if you need help registering.

Samwel Ogillo: Thank you.