



Malaria in Pregnancy: The Role of the Private Sector

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Presentation Overview



- Who is the private sector?
- What is their role in MIP now?
- What are the challenges and concerns?
 - From the public sector perspective
 - From the private sector perspective
- What are the opportunities?

Who is the Private Sector?



What the Private Sector Is Doing in Medicines/Technology: LNs and drugs



- Manufacture new products
 - 2002: 1 WHOPEs-recommended LN; 2012:10
 - ACTs
 - Vaccine
 - New insecticides and drugs, wall linings, vector control products
- Board membership RBM Partnership

What the Private Sector Is Doing in Service Delivery: ITNs



- Procurement, distribution and sale
 - Range of distribution mechanisms
 - Campaigns (e.g., Nigeria)
 - Voucher programs
 - Social marketing
 - Commercial
 - Range of pricing
 - Fully commercial
 - Subsidized
 - Free



What the Private Sector Is Doing in Service Delivery: IRS

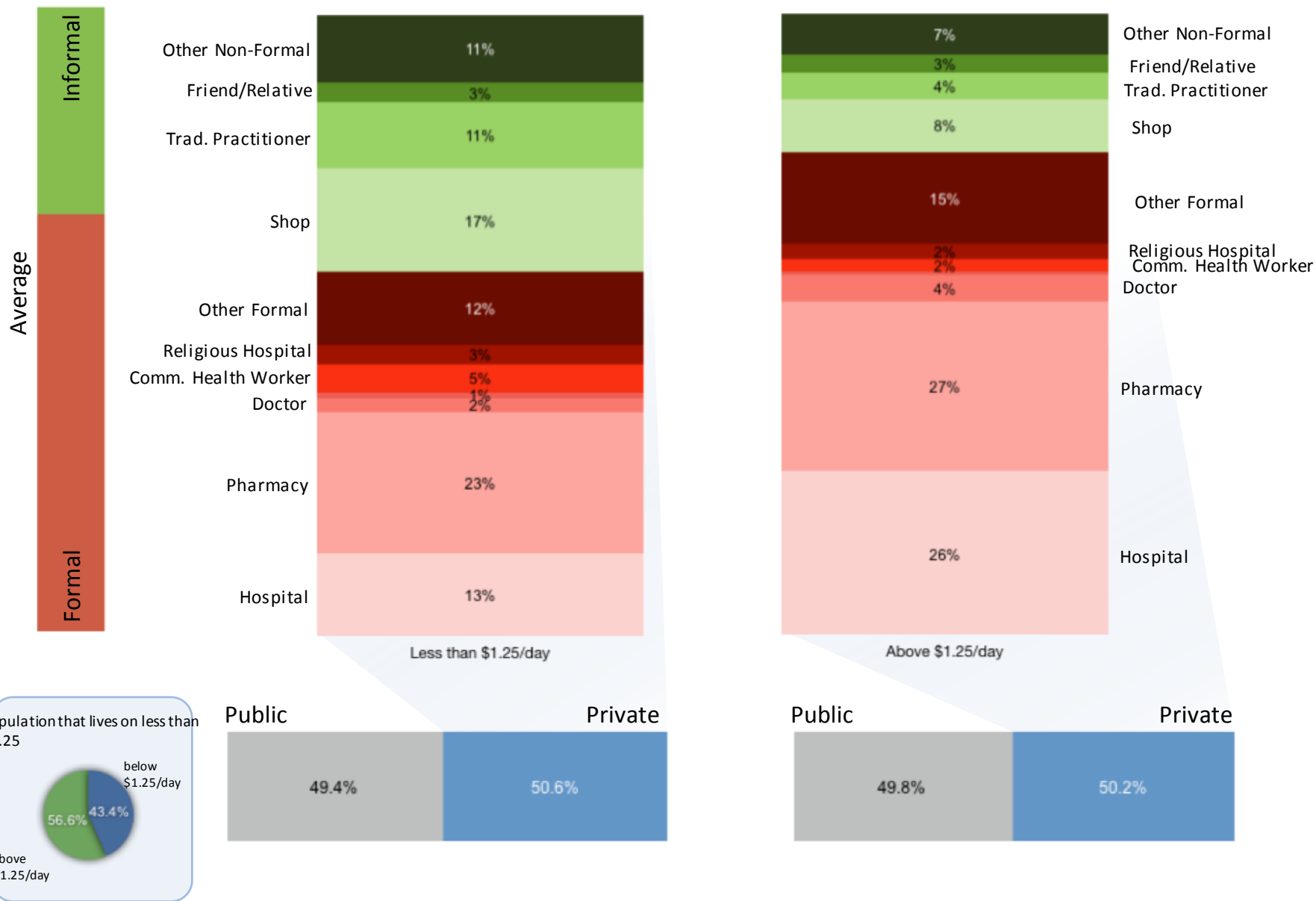


- Private companies exist in multiple countries (e.g., Uganda)
 - Quality improvement via training
- Anglo Gold Ashanti (Ghana)
 - 76% decrease in malaria cases in pilot
 - US\$133M Global Fund grant for vector control in 40 districts

Source of Healthcare by Income

Sub-Saharan Africa

(Gates-supported data from PS4H.org)



What the Private Sector is Doing in Service Delivery: ANC-centered MIP



- ANC
 - mission hospitals (e.g., Kenya)
 - private providers (e.g., Uganda midwives)
 - NGO-run clinics
 - Umbrella ladies (Ghana—linked to ITN voucher program through ANC)
 - TBAs

What the Private Sector is Doing in Service Delivery: Maternal Health



■ Contracting out

– Malawi

- 37% health services provided by CHAM
- To ensure access to maternal health services, MOH contracting with CHAM to reach areas where MOH has no facilities

– Jordan

- Vouchers to women to access RH services via private sector in areas not served by public sector

What the Private Sector is Doing in Service Delivery: Case Management



- Curative care (formal and informal sector)



What the Private Sector is Doing in Financing



- Private and employer-sponsored health insurance
- Community-based financing
- Working with banks via Abt-managed USAID-funded SHOPS project to facilitate lending from banks
 - Philippines and private midwives (44% increase in clinics with capacity for MCH services including ANC)
 - Nigeria (\$8.3 million guarantee for Diamond Bank and \$400,000 guarantee for Accion Microfinance Bank to increase lending to private health sector in Nigeria)
- Corporations
 - Pfizer and case management with LCS in Ghana
 - Exxon and vouchers for ITNs (multiple countries)
- Families (out-of-pocket expenditures)

Challenges to Greater/Better Private Sector Participation: Public Sector Perspective



- Quality concerns
- Stewardship concerns
- Lack of trust and corresponding lack of dialogue
- Profit motive
- Equity concerns
- Fragmentation
- Lack of information (not part of routine data collection)

Challenges to Greater Private Sector Participation: Private Sector Perspective



- Lack of appreciation of investment requirements
- Data ownership and “equivalent processes”
- Market planning (drugs, LNs)
- Challenge of proving safety with pregnant women
- Tender system focuses on lowest cost—drives out innovation and limits response to consumer demand
- Restricted access to information, policy dialogue, strategic planning, training, etc.
- Limited or no access to financing, preferential pricing, tax/tariff waivers
- Missing or inability to access supportive quality assurance systems

Opportunities



- Giving consumers products they prefer
 - Producing, stocking, distributing products people want to use (e.g., LNs of different sizes, shapes, colors; easy to take drugs)
- Addressing communication and mobilization gaps
 - Private sector as a primary point of contact
 - Local CBOs, TBAs, others
- Filling supply gaps
 - Up to 240.6 million LN gap shortage in SSA for 2011-2016*
 - Gaps in between campaigns and in routine supply (covering pregnant women with LN in 1st trimester)
 - PPPs for gaps in SP (e.g., vouchers, other reimbursements)

Opportunities



- Improving supply and distribution
 - Contracting out procurement and distribution logistics (Nigeria and LNs)
 - Contracting out supply chain management (e.g., RTT in SA)
 - Pooling
- Tackling HR gaps
 - Contracting out
 - Alternatives to ANC distribution?
- Addressing quality issues
 - Include private sector in training
 - Positive incentives (e.g., conditional cash transfers per Nigeria and TBAs)
 - Networking/franchising, accreditation, licensing
 - Improve drug packaging and labeling, including price

Opportunities



- Expanding access to financing
 - PPPs to work with banks on lending
 - Tapping broader spectrum of employers
 - Tything
- Improving stewardship
 - Eliminate taxes and tariffs on malaria commodities per Abuja commitments
 - Change laws that restrict access to medical training
 - Engage private sector (e.g., via associations, networks) in guidelines formulation and dissemination
 - Licensing, accreditation, regulation

Thank You

