

Working with the Non-State Sector to Achieve Public Health Goals

**Consultation on Priorities and Actions
20-21 February 2006, Chateau de Penthes,
Pregny-Genève**

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Our environment

- Ambitious time-limited goals: MDGs, Universal Access, Bilateral programs
 - Translate into expansion of services
 - Population based
 - Coverage (to quality services)
 - Access -- overcoming barriers: equity, affordability, patient satisfaction, stigma and discrimination, etc
- Competitive marketplace
 - New funding, but limited and for certain things
 - Politics: winners and losers
- Funding drivers
 - Donor practices
 - NSS preferences: SWAps, Direct budget support
 - Global health initiatives: requirements and opportunities
 - Performance based funding

Our environment

- Multiple providers have been around for a long time
 - Nothing new, but new combinations
 - Government subsidies
 - Increasing recognition of multiple providers
 - Poor public sector capacity
- Some health conditions more popular
 - The era of diseases of poverty: HIV/AIDS, TB, Malaria
 - Child health, safe motherhood, reproductive health
 - The ascension of health systems strengthening??
 - Human resources

The Non-State Sector

as defined for this meeting

“All providers outside of government management”

- Companies
 - Provision as core business
 - Provision to employees / community
- NGOs and FBOs
- Clinics / individual providers
- Pharmacies
- Informal providers / drug sellers

Some Claims about the NSS

Claim:

- Private sector is ‘out of control’
- Not properly trained
- Money minded only
- Don’t serve the poor
- Private sector success is public sector’s loss

Responses (that don’t work):

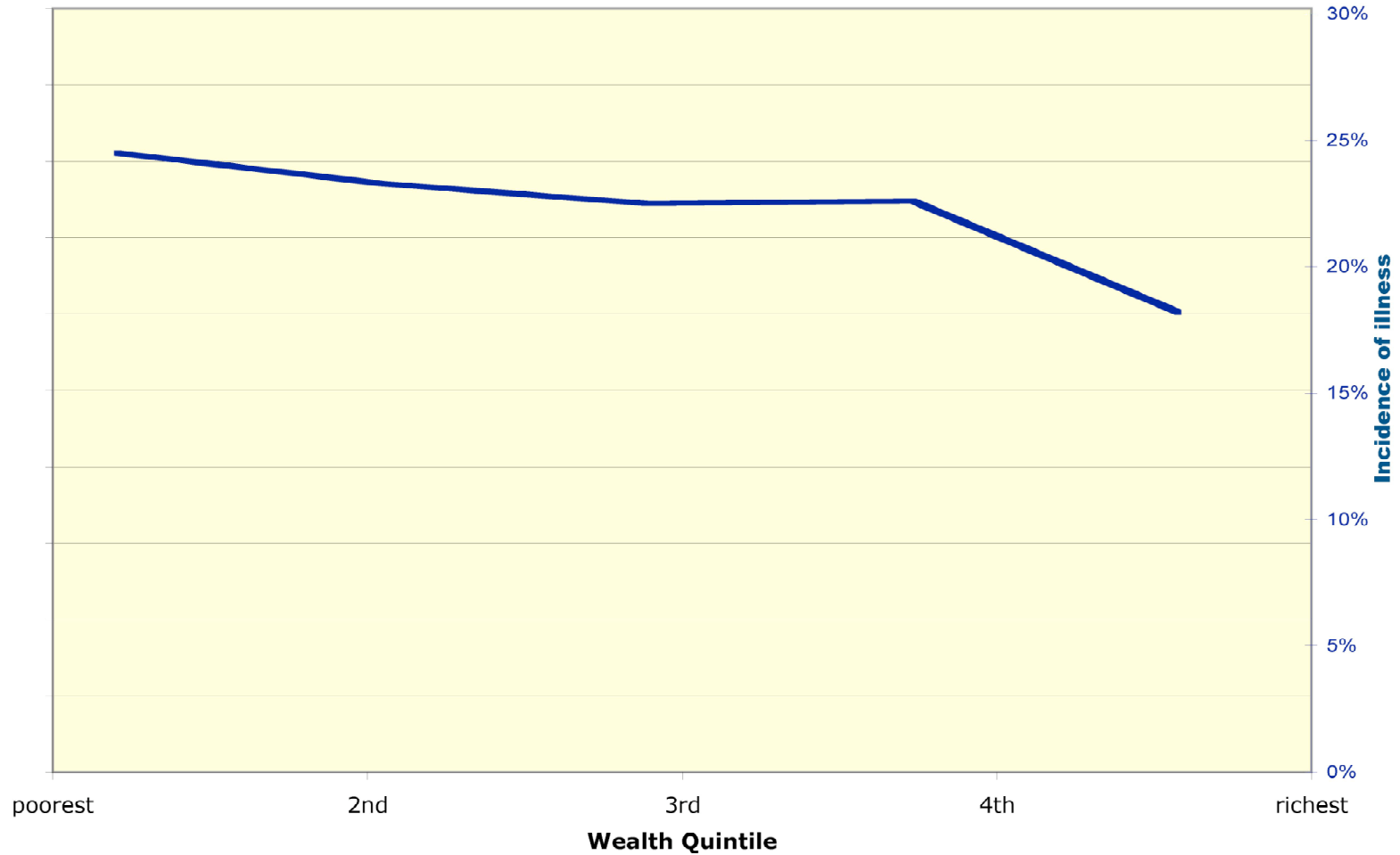
- Large scale regulation
- Massive training
- Given them money
- Ignore or chastise NSS providers
- Public sector defensive

How we got here

- Issues coming more frequently internationally
- Montreux Challenge meeting on health systems identified NSS as one of a number of critical topics
 - Health financing
 - Management
 - Non-state sector
 - Health workforce platform
 - Health Metrics Network
 - Essential Medicines
- WEF “building healthcare systems in sub-Saharan Africa
- Forum on engaging the private sector for child health
- National policy development (eg: Nigeria, Ghana, Uganda)

Private sector serves all wealth strata

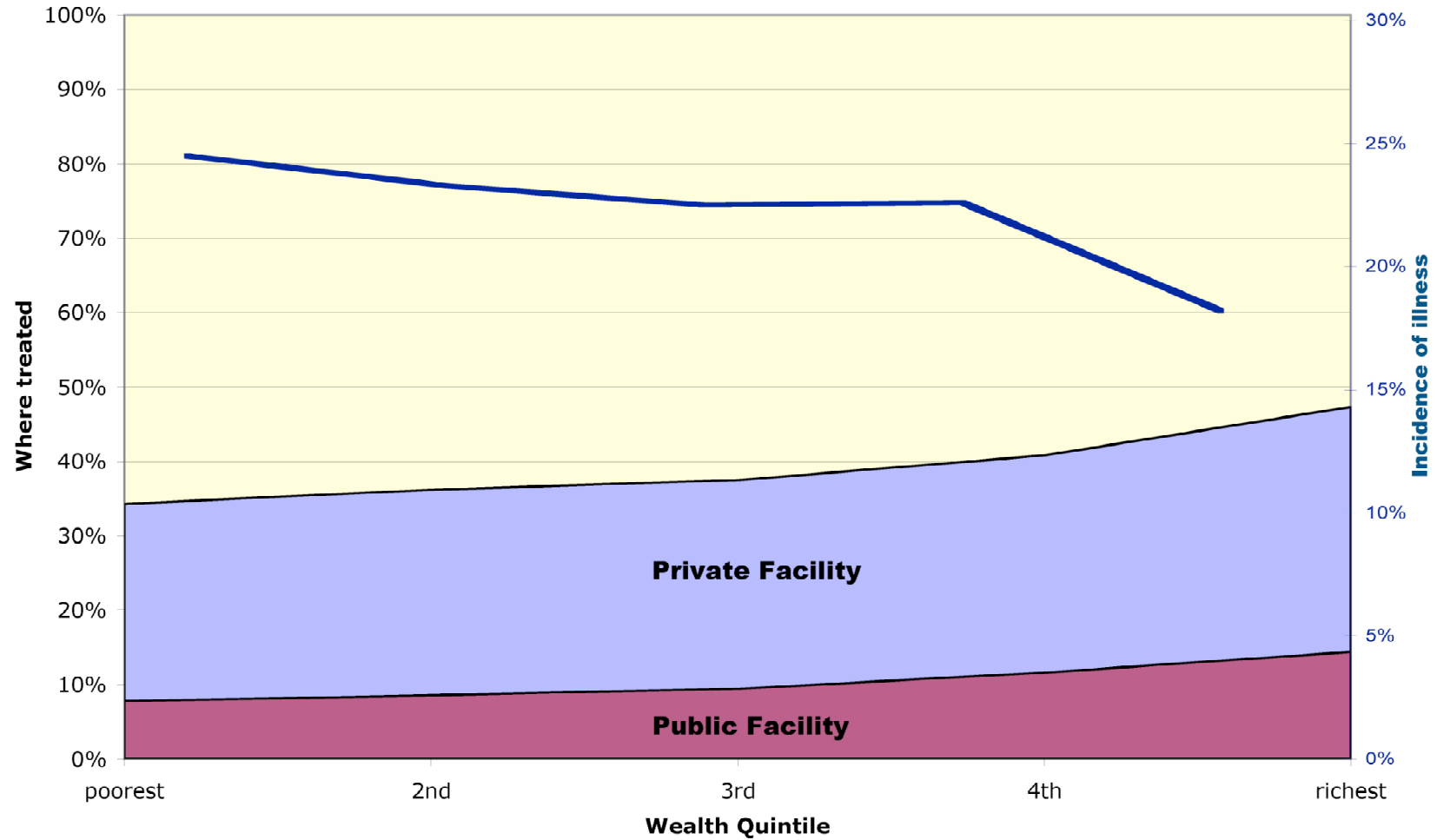
Incidence and Care of IDD among <5 in Africa



Source: Prata, Montagu, Jeffries 2005: analysis of DHS data
Benin, Burkina, Cameroon, C. Afr. Rep, Chad, Comorrow, Cote d'Ivoire, Ghana, Kenya, Madagascar,
Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Senegal, Tanzania, Togo, Uganda, Zambia, Zimbabwe

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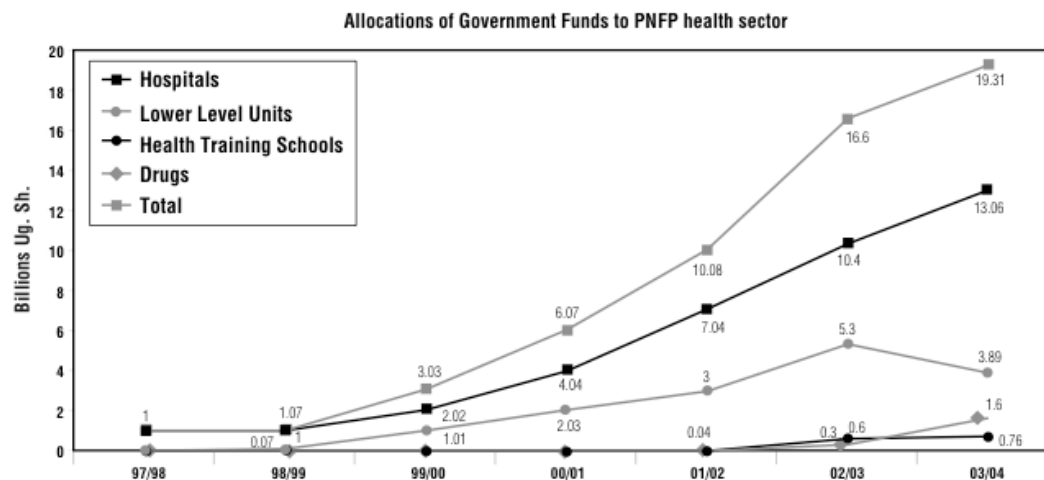
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NGOs are growing

Uganda Government financing to NGOs



Source: presentation by Dr. George Bagambisa, Coordinator of the PPP Unit, MOH, Uganda, on "PPP in Health: Uganda's Progress," PPP Workshop organized by the World Bank, Nairobi, Kenya, June 2004.

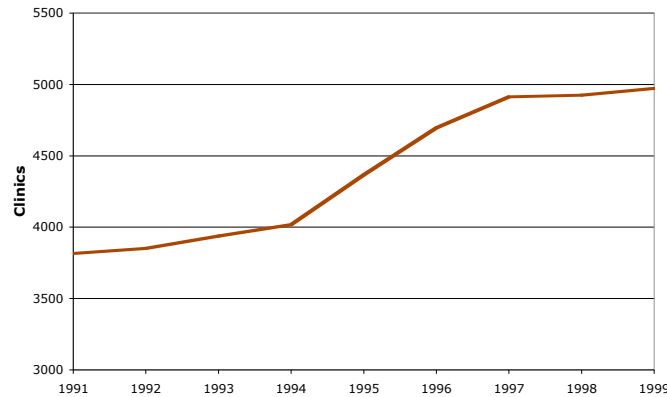
Social Organization and NGO/Non-Profits in China

Organization type	1999	2000	2001	2002	2003	2004
Sos	137,000	131,000	129,000	133,000	142,000	153,000
NGNCEs	6,000	23,000	82,000	111,000	124,000	135,000
SO percent increase	-9.0%	-4.6%	-1.6%	3.0%	6.3%	7.2%

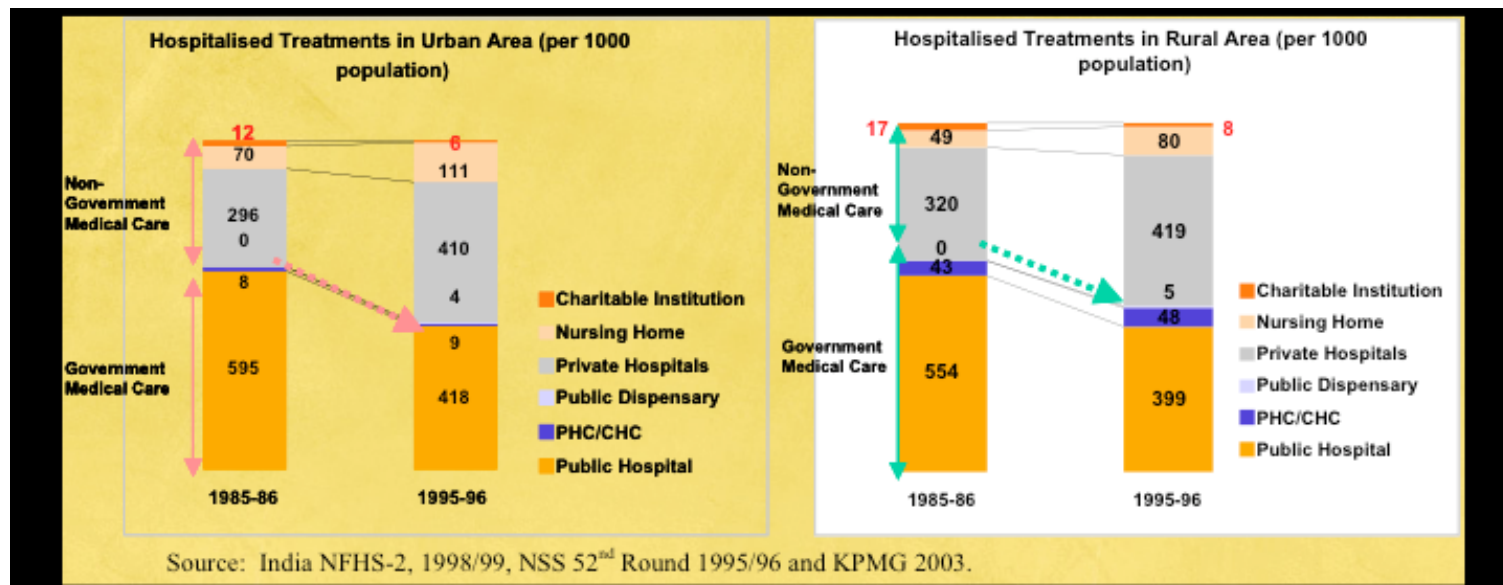
Source: [Chinese] Ministry of Civil Affairs, Cited by [United States] Congressional-Executive Commission on China

Private for-profits are increasing (in Asia)

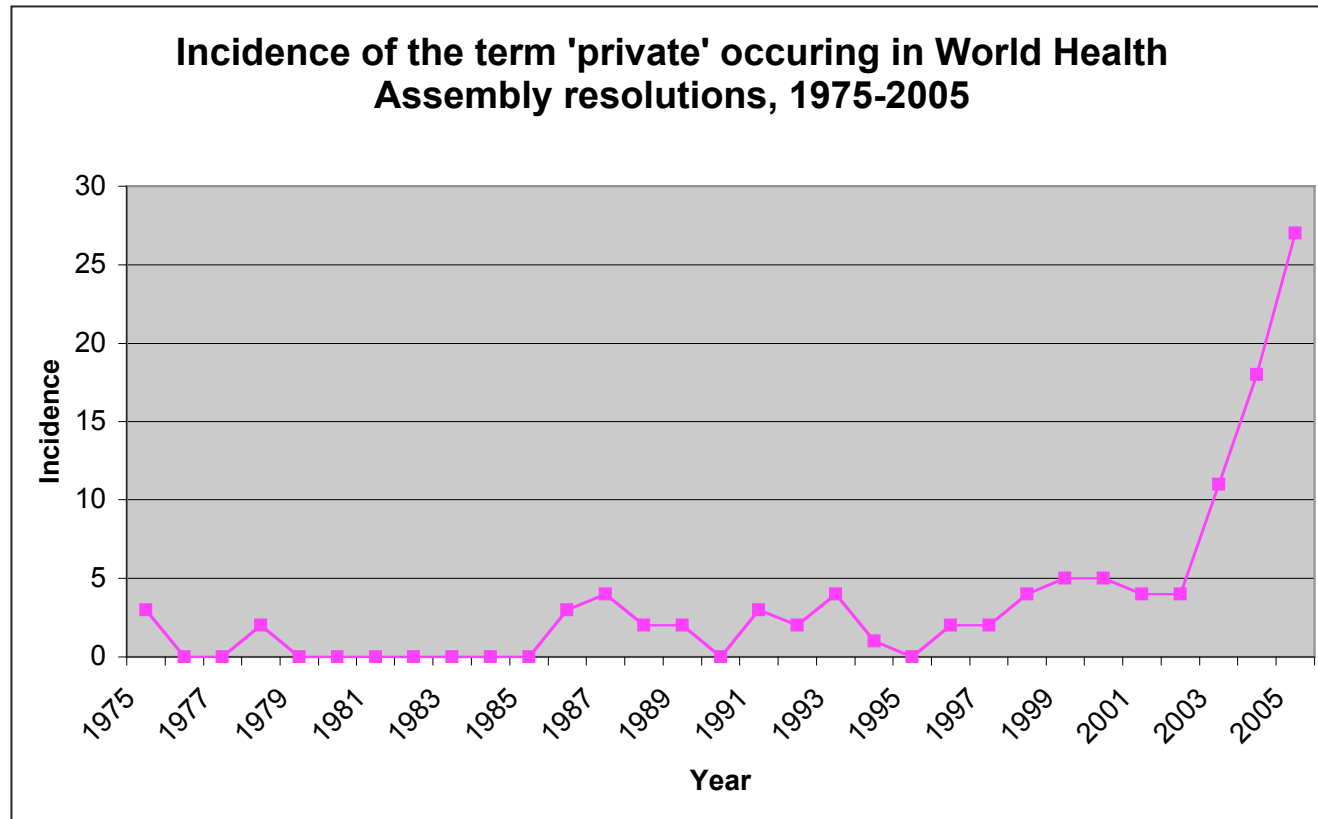
Private Clinic Growth in Indonesia 91-99



Change in treatment by hospital ownership in India 85-95



Global attention is increasing



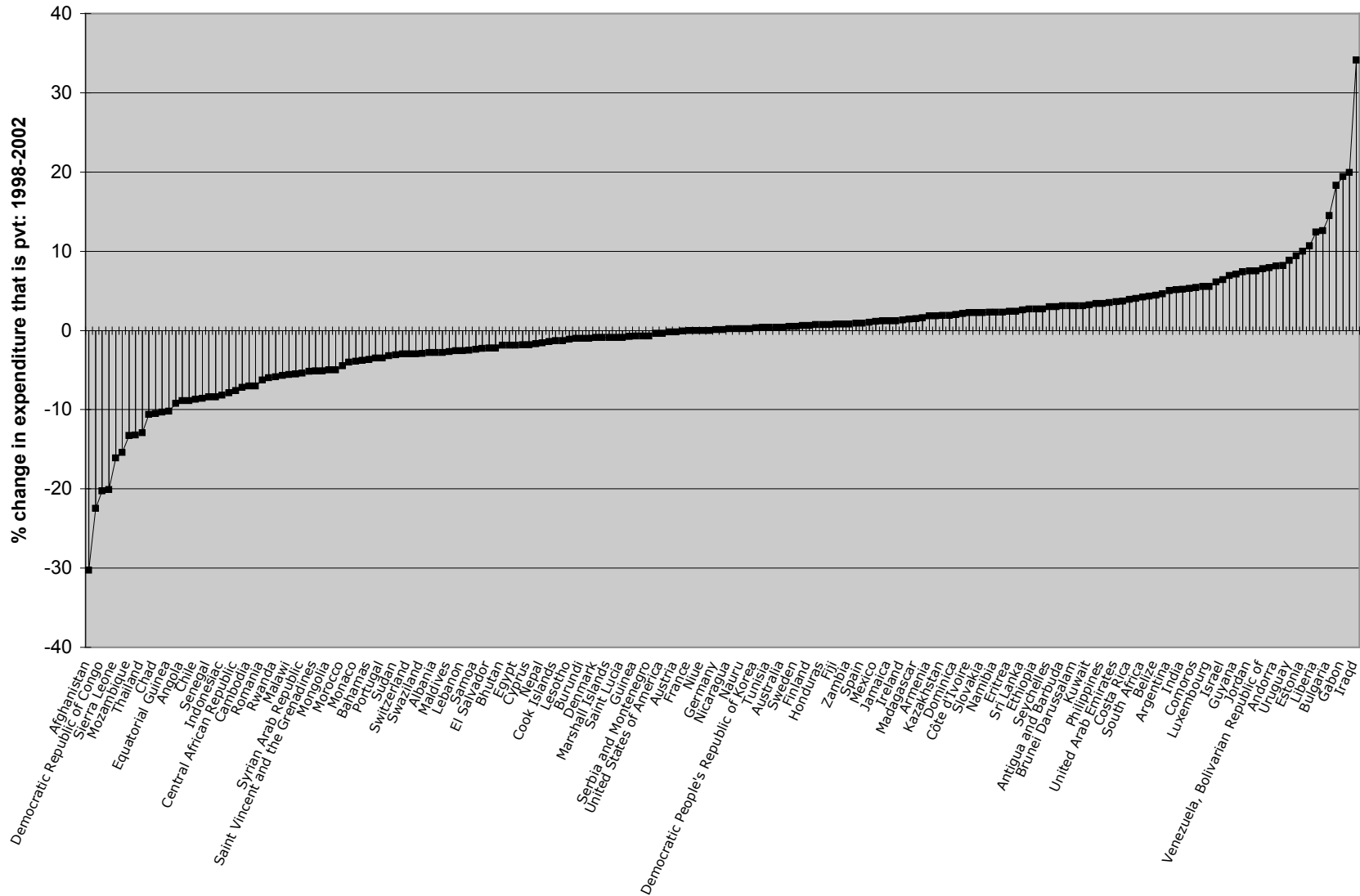
Innovative strategies are being explored

Country	Contracting		Delegation to Local Health Agency	User Fee Exemptions	Subsidies to Poor	Performance Incentives		Reorganize Health Workers	Social marketing		Community Engagement
Cambodia	1	1		4	1	1	2	1	3	4	
Ethiopia			4		2	3		2	3	4	
Ghana	3	3	3	4	2			2	2	2	
Indonesia				4	4				2	3	3
Kenya			4	4	3				3	3	
Mali	3								3	3	
Mozambique				2	1			3	3		
Myanmar			3	2				3	3	3	
PNG			4					3			
Tanzania			1	4	2	3			3	4	
Uganda	3		4	4		1			3	3	
Vietnam	3			4	4	4		2	3	4	
KEY											
	Not applicable - no plan										
1	Pilot only at outset										
2	Pilot plus plan for full-scale at outset										
3	Phased implementation without pilot										
4	National scale at outset										

Source: Janovsky and Peters Innovations 2005

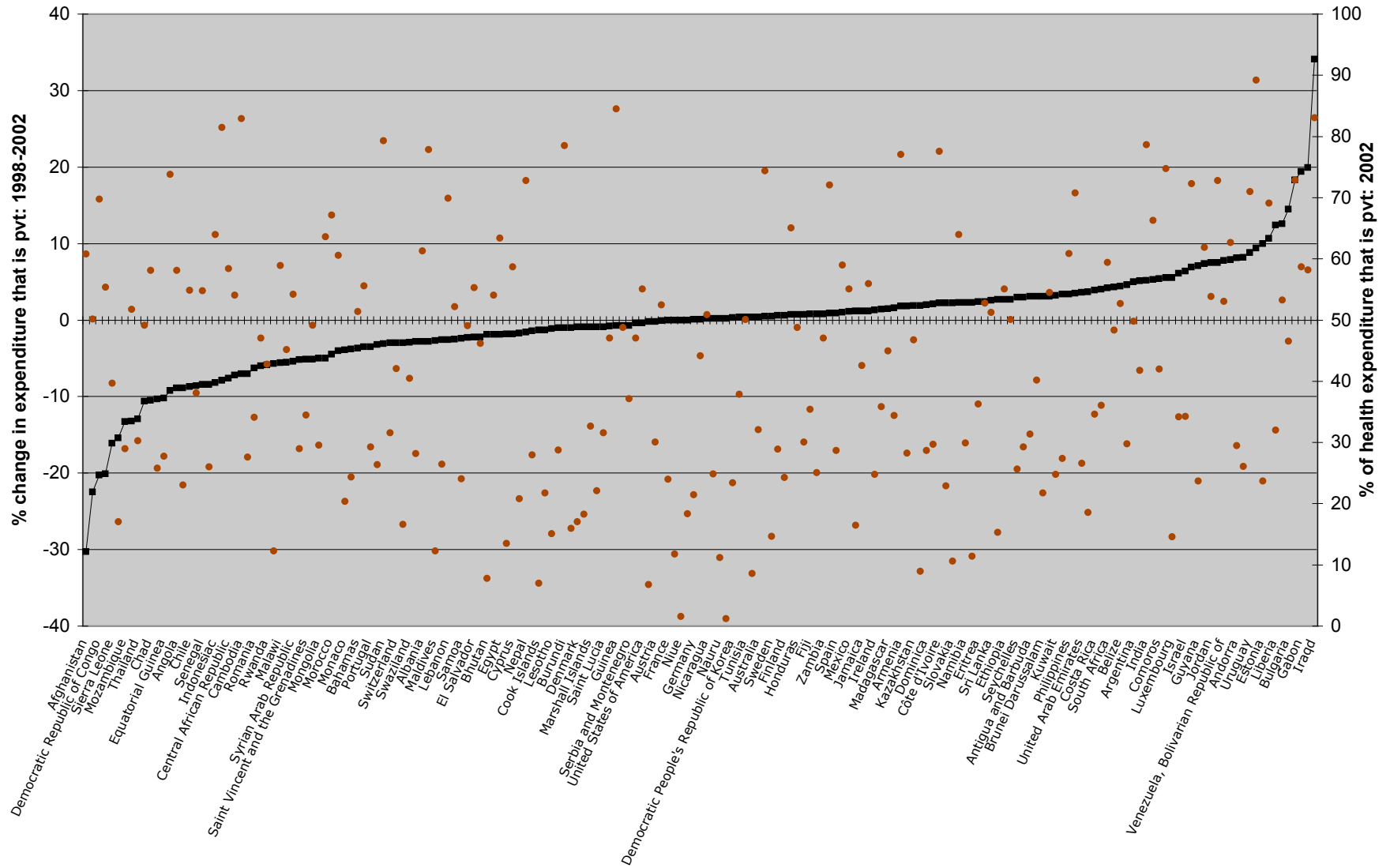
Change in pvt financing going in both directions

Change in private expenditure on health vs. total % of expenditure on health that is private, 1998 - 2002



...and unrelated to system importance of pvt financing

Change in private expenditure on health vs. total % of expenditure on health that is private, 1998 - 2002



Interviews with many stakeholders

- Context
- Critical issues
- Emerging issues
- What Activities are needed?
- What outputs should be produced?

Summary

- Focus on Service Delivery
 - Education, financing, pharmaceutical production etc. put in ‘parking lot’
- Focus on *important but neglected* or *new and relatively uncharted* policy and operational challenges

Eight issues

1. Scaling up
2. Stewardship & Policy
3. Regulation
4. New NGOs
5. Local Capacity
6. Data
7. Quality
8. Informal Sector

Three Clusters

1. Scaling up
 2. Stewardship & Policy
 3. Regulation
 4. New NGOs
 5. Local Capacity
 6. Data
 7. Quality
 8. Informal Sector
- New entrants into service delivery
 - Old challenges, but new approaches
 - Scaling up