

# Summary Day 1

Alex Ross, WHO/HTM

# Why address the topic?

- Pervasive issue touching on provision of care for millions of people, incl. the poor
- Large amounts of material
- A holistic view: NSS and the public sector
- A rapidly changing environment
- Policy debates: what do we say to a Minister, CEO, PS, COO?
- Keeping our eye on the ball: achieving public health goals

More effective State and NSS interaction

Country level vs. global action

***New entrants + policies and regulation + scaling up***

# Overarching Discussion

- NSS definition: govt management vs ownership; hybrids; non MoH providers
- Fragile states and conditions: differential country contexts
- Moving beyond generic discussions of NSS → how to move forward
- Misconceptions and expectations from NSS and from public sectors
- Inputs impt. (HR, financing, mechanisms, pharmaceutical products)
- Access, equity, quality (monitoring)

# New Entrants (1)

- Real issue--Increasing numbers→ coordination, synergy
- Characteristics
  - Outside or inside country? Are they new or expansion of existing ones?
- Financing as driver
  - Felt need vs. funder/funding drivers (impact on service area choices)
  - Threats? Direct budget support, reliance on donor funding, sustainability of funding and long term implications, destabilization
  - Influence of general resource flows (DBS) vs, decisions over sensitive areas
  - Market dynamics
  - Sustainability over long term
    - Long term NGOs vs. new entrants
    - Capacity building
  - Preconditions for new entrants?
- Innovation: e.g. corporations; hybrids
- Business case: donor funding vs opportunities in country
- Motivations and support differ by entrant (corp, NGO/FBO, etc)
- "New exits": government services, long term NGOs

# New Entrants (2)

- **Context specificity:** nature of public sector and NSS actors
- **Nature of actors:** map providers, coverage, target population, services provided; ownership= hybrids of models (e.g. Phillipines)
- Separate regulators and financiers vs. service provider agents
  - Managing the competition and means of competition (e.g, franchising)
- Governance
  - Tracking new entrants
  - Umbrella NGOs to help organization of NSS
  - Local government role
  - Policy development vs implementation? Theoretical vs. real impact
  - Manage evolution of definition of public sector
  - "Briefcase NGOs" – prevalence, corruption?
- Evidence for use by decision makers

# Policy and Regulatory Issues (1)

## Influencing Agenda: Targeting the audience

- **Inter-relationship** of public and NSS: emergence of new roles
- **Policy frameworks:** content and operationalization
  - Lifecycle of the public-NSS discussion
- Nurture dialogue, understanding, negotiation and **trust**
  - Trust vs. fear
  - Specifics important: types of providers, intervention and target,
- Mistaken and inadequate **knowledge** and assumptions of each other
  - Intangibles: clarify these e.g., strategic thinking, who does what
- What are **incentives** for public and NSS to work together? Motives of each? "What's in it for me?" → partnerships

# Policy and Regulatory Issues (2)

- **Fragile state situations:** alternatives and exit strategies
- International, national and sub national **interaction** with trans-national bodies, e.g. unions, prof associations, INGOs
  - **Fragile states and more stable situations**
- **Capacity** of public sector: national, local
  - **Nature of government structure**
  - **State strengths and weaknesses by country context**
- **Capacity of NSS**
- **Helping NSS organize**
  - **Heterogeneity of providers**
  - **MoH dedicated unit**
  - **Recognize diversity of NSS providers within a country**
  - **Ex: demonstrate small scale in numerous settings leading (achieve targets) lead to broader schemes; longer time frame**

# Policy and Regulatory Issues (3)

- **Entry points for NSS**

- Public request to NSS actors (community and prof association) to develop ignored health service areas (e.g., TZ and non-comm. diseases)
- Use resource allocation to shift resources to poorest areas and equity. E.g., Uganda—regardless of providers. Emphasis on users/beneficiaries
- Match models to intervention, actor, country context
  - **E.g., sub contracting (meet immediate needs)**
  - **What works, why, and factors to maximize sustainability?**
  - **Country governing philosophy and expectations**

# Policy and Regulatory Issues (4)

Regulatory approaches: incentives, sanctions

- Transparency.

# Country Examples: China

- China
  - Trust and misunderstanding
    - **Why is there no govt trust in NSS?**
    - **Public's trust and experience with using NSS**
  - Mis-knowledge
    - **Evidence is lacking: quality and cost**
    - **What information is needed?**
  - Lack of NSS organization
    - **Why?**
    - **How to organize?**
    - **What role and purpose of organized NSS: dialogue with state sector?**

# Country Examples: Zambia

- **Operational mechanisms for NSS policy to action**
  - Identify actors
  - Models for policy to action. But, inadequate
  - Models for NSS operations, e.g., subcontracting
  - Govt procedures on working with NSS e.g, procurement
- **Trust**
  - Mistrust of government by NSS
    - Government exiting from its commitments
  - Mistrust of NSS by government
  - Early engagement of NSS + govt effectiveness as partner
  - Dialogue crucial – experience best way to proceed
  - Trust within NSS: Trust within public sector across Ministries and govt.
- **Organization of NSS**
  - What are organizational relationships?
  - Disease specific: best way to achieve impact? Funding link? Opportunities and means to reorganize?
  - What are weaknesses of existing organizational approaches?

# Country Example: Fragile State

- Post conflict

(Small window of opportunity)

- Define rules of game in transparent way (partially creating as you go): e.g. funding flow and to whom?
  - Building trust: Joint review → data on NSS and practice patterns
  - Recognize existing CBOs and NSS
  - Starting point different for policy development
  - Who represents?
  - Incentive creation for organizing NSS
- Tools: who does what + oversight function (and implications)
- Capacity building of govt and NSS: role of int'l organizations.

# Country Example: Difficult Fragile State

- Govt failing to fulfill its obligations: who are alternative actors?
  - Int'l org + community reps (as allowed)
    - Facilitating dialogue
  - Rules of engagement
    - Participatory stance
    - Preparing for the future ("shadow alignment")
  - Operationalization

# Scaling Up (1)

- Specific health interventions
- Specific mechanisms working with NSS
- Process for involving existing NSS: local adaptation

# Barriers for successful scale up?

- Tensions and conflicting messages
  - Pressure to move quickly (political)
  - Working together: plethora of actors
  - Ideology
- Evidence of what works – working with NSS?
- Limited govt capacity and capability
  - Lack of coordination of multiple streams of funding
- Limited funds and competing needs
- Limited NSS capacity and capability
- Weak NSS representative institutions
- Demand drivers? Quality aspects via certain interventions

# Scaling Up (2)

- Data base of NSS interventions being scaled up
- Review barriers and enablers
  - Variance across NSS intervention type
- Case studies on attempts to overcome constraints to larger scale implementation
  - Limits of pilot and upscaling
  - Administrative load for broader application
  - Focus on providers for the poor, e.g., informal providers (learn and scale up)
- Where can we have most impact re: strategies and specific condition?
- Various approaches exist → open to all, but document impact, cost, and access
  - Country examples of quality services

# Country examples

- Ghana
  - New Govt policy of NSS as engine of growth
    - NSS policy: expand services to poor and disadvantaged
    - NSS coalition encouraged (to work with govt)
    - NSS unit in MoH
    - MoUs developed
    - Planning framework for each level of country and NSS engagement/interaction
    - Pilot
  - Stewardship challenges
  - Experiment—try it vs. Scaling up and incrementalism
    - Multiple efforts

# Country examples: Gates Program

- Tanzania
  - Accreditation regulatory model (govt as new entrant)
  - Evaluation positive → move forward
- Ghana
  - Private for profit, drug sellers (franchise)
  - Profitable enterprise for company
  - PH goals being promoted??
- Kenya
  - Clinic franchise

# Country examples

- Tanzania
  - Private hospital association (initial govt suspicion)
    - For profit grouping (stable organization)
    - Time: 8 years
    - Willingness of MoH officials
    - MoH recognition to cooperate and bring association into govt. policy deliberation
    - 3 umbrellas: NGO/FBO; private commercial; govt
    - Self regulation to increase quality
    - GFATM: HIV training by govt; extended to private providers
  - NSS capacity to engage in policy deliberation?
    - 15 or so major NSS insitutions (mostly urban). Less in rural areas

# Country Examples

- Fragile states
  - Govt and NSS capacity
  - Limited funds
    - Need for quick wins and credibility
  - Scale up: what does it mean in this context?
    - Dependable quality of care (vs. large spread)
    - "Islands of dependability"
  - Govt stewardship
    - Multiple community providers but how are they assembled? Guidance and monitoring—how?