



## 17th TechNet Conference

Panama City, Panama | October 16-19, 2023

Immunization Programmes That Leave No One Behind

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# *Private Sector Engagement for Immunization Programs, A Review of 25 Years of Evidence on Good Practice in Low- and Middle-Income Countries*

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# Definitions and Methods



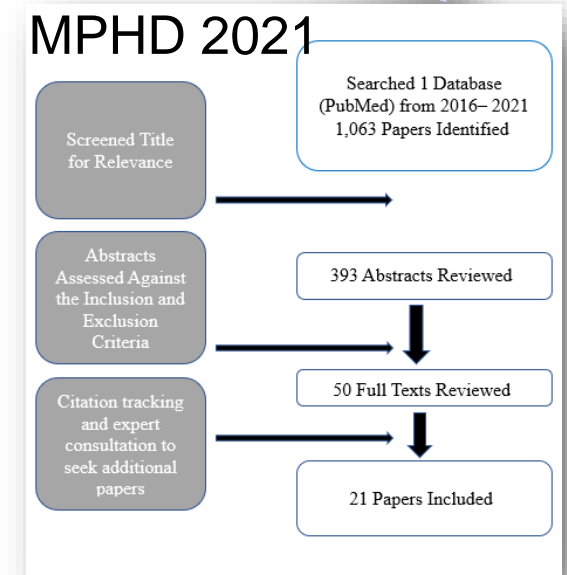
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# What do we mean by the “private sector” in relation to immunization service delivery?

- Focus on non-government healthcare providers who include (or could include) vaccination services
  - Differentiates this work from that on non-state actors that contribute in advocacy, communications, supply chain etc. but not in providing immunization services through vaccination.
- All entities not owned nor directly controlled by governments:
  - For-profit or not-for-profit (including faith-based organizations)
  - Formal or informal
  - Domestic or foreign
  - **With capacity to expand reach in service delivery by:**
    - Non-government health institutions that add staff and facilities whether larger private hospitals or smaller clinics
    - Non-government healthcare providers providing outreach services
    - Non-government providers of care in special settings, such as fragile or conflict-affected

# This update is a pragmatic review that maximizes evidence for LMICs collected in past reviews from 1998 onwards

- Past evidence reviews:
  - **2011:** Levin and Kaddar, *Health Policy & Planning*, contributed 37 experiences
  - **2017:** Mitrovich *et al*, *Unpublished review presented to WHO SAGE and used for WHO Guidance development*: included most of the above and an additional 17 LMIC experiences
- MPHD evidence update
  - Formal search of PubMed, 2017 – Nov 2021 validated by snowball searching of citations and expert consultation
  - 21 publications, covering 24 individual countries, one systematic review, and two regional reviews (WHO WPR and UNICEF MENA)
- Total to Nov 2021
  - At least 80 countries with some evidence over past 25 years
  - One new systematic review of pharmacist roles in LMICs



# Analytical Framework for the scoping review

*Data were extracted using a framework that emerged from discussions in USAID webinars:*

Motivations

Enablers & Barriers

Risks & Challenges

Process of Engagement

*Promising practices in engagement were consolidated under health system categories:*

Governance/Regulation

Service Delivery

Financing

Health Workforce

Supplies & Logistics

Information Technology

Community Engagement

# Findings



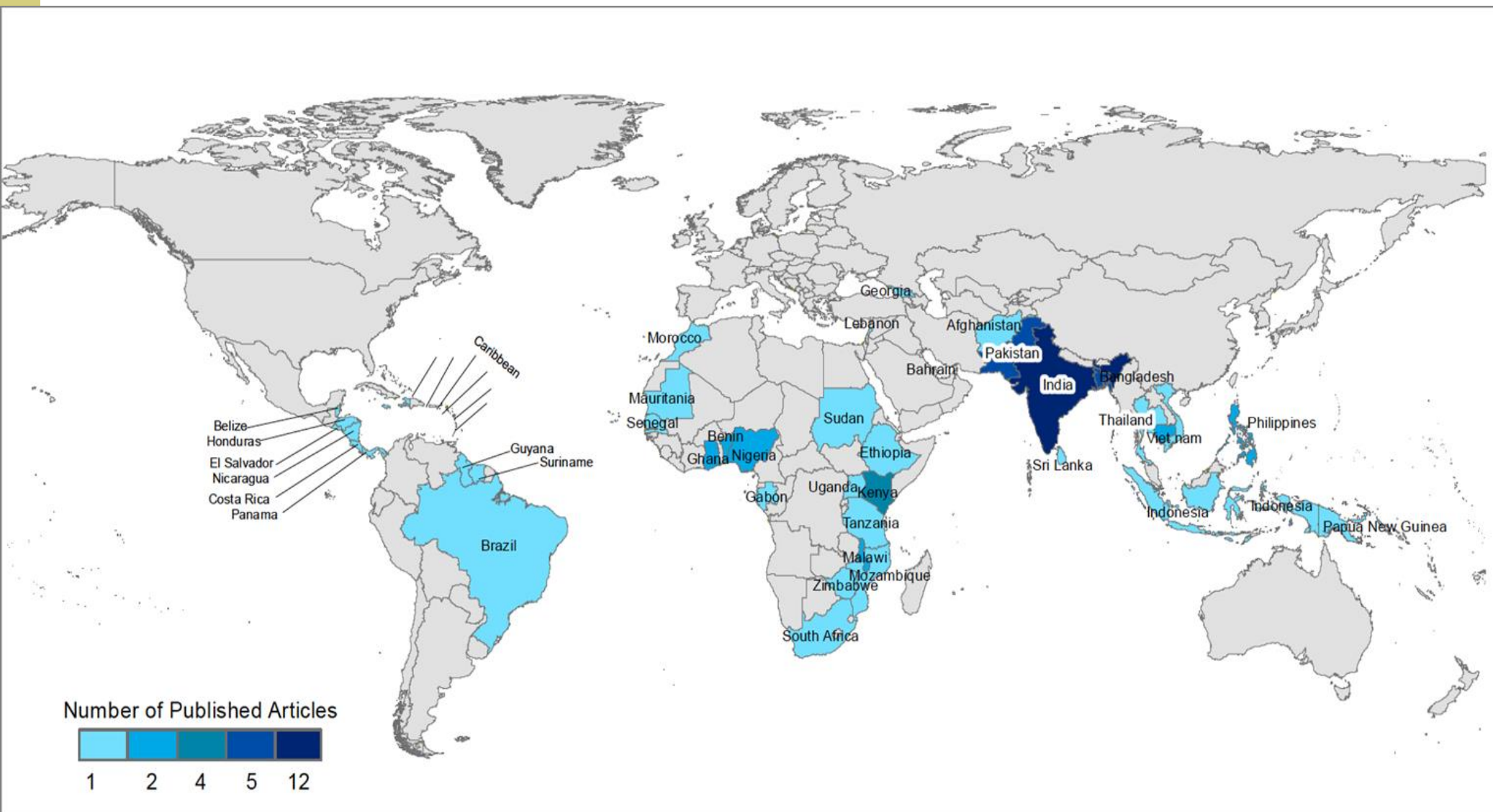
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# Availability of published evidence on private sector delivery of immunization – publications from 1998-2021

Private sector **contribution varies**, and can be **significant**

24 publications documented the proportion of vaccinations given in the private sector:



# Types of private sector engagement varied across LMIC settings

- *Private providers sometimes replace or supplement government services to a significant degree:*
  - Fragile or conflict affected settings (eg: Afghanistan, Sudan)
  - Rural or remote PHC locations, including FBOs (eg: Kenya, Papua New Guinea, many others)
  - Pharmacists (one systematic review) and medicine shops as extenders of government services
- *Mixed health systems*
  - Where families tend to stick with either public or private sector for their care (e.g., India)
  - May differentiate based on economic capacity of family, but not always
  - May enable differential access to new, or travel-specific, vaccines
- *Private sector has a limited role only*
  - Where private sector is limited role due to policy that restricts vaccination to public sector



# Findings by key learning questions:

**Motivations of private providers to participate in immunization service delivery?**

- Increased profitability (*Afghanistan, Bangladesh, Kenya, Sudan, Uganda*)
- Inclusion in decision-making, or practical support such as access to training or supplies
- Non-financial motivations, including institutional and socio-cultural (*several e.g. Bangladesh*)
- Opportunity to improve quality and operational capacity (*Benin, Malawi, Sudan*)

**Enablers for private sector service delivery?**

- Inclusion in policy and systems (*Sudan*)
- Practical support such as supplies and training
- Financial subsidies (free provision of immunization services, infrastructure upgrades)
- Leveraging benefits in accessibility and acceptability (*Bangladesh or Afghanistan*)
- Secondment of government vaccinators to private facilities

**Risks and challenges involved ?**

- Service quality and non-standard schedules
- Financial barriers to access
- Ineffective vaccine management, lack of safety monitoring
- Contracting arrangements, especially with non-profit or FBOs, rarely linked to quality

**Successful mechanisms of engagement?**

- A few examples of formal agreements or public-private partnerships, incl. quality standards
- Direct link between practical support to systems for accreditation or regulation
- Engagement through professional societies (e.g. pediatric) or networks of FBOs

# Three case studies

## SUDAN

**Context:** Conflict affected / fragile

**Process of Engagement:** Government authorization licensing, supervision, with inclusion in governance structures

**Motivations:** Private providers benefit from training, supplementary staff, bundled vaccines, cold chain equipment, integrated into information systems. Some expanded their client base. May include non-monetary incentives.

**Enablers:** Inclusion in decision-making and advisory processes.

**Risk:** inherent risk of losing accreditation if they fail to comply.

**Advantages:** partnering with NGOs to overcome geographical and financial barriers

## AFGHANISTAN (prior to 2021)

**Context:** Communities where there was distrust in the public sector

**Process of Engagement:** Contracting of local private health providers, first by a NGO, then by MOH of the time

**Motivations:** recognition as serious partners; sharing in training, facility renovations, equipment, vaccines, and medicines, and inclusion in reporting.

**Enablers:** strong supervision and monitoring program the activities

**Challenges:** lack of accreditation systems; unable to check on training and technical standards are met; poor regulation of service quality

**Advantages:** training & support extended beyond immunization to other integrated MCH services.

## INDONESIA

**Context:** Desire to engage through Professional Societies

**Process of Engagement:** American Academy of Pediatrics (AAP) and Indonesia Pediatric Society trained private providers in immunization advocacy.

**Motivations:** Recognition, internal desire to improve vaccination, and increased coordination across sectors

**Enablers:** Effective capacity building of IPS members to advocate for improved immunization services

**Challenges:** decentralized system; high turnover; consistency of data collection and regular reporting;

**Advantages:** Engaged both providers and the already-valued professional societies.

# Promising practices

## Governance and Leadership

- Government recognition, and inclusion
- Supervised formal agreements with quality standards.

## Financing:

- Regulation and pragmatic support to minimize financial barriers.
- Recognize private providers need for financial returns

## Service Delivery:

- Mapping of private providers including GIS
- Match community care seeking preferences.

## Health Workforce:

- Task shifting through pharmacies and medicine shops.
- Secondment of govt staff to private sector locations (*and vice versa?*)
- Multi-functional staff to allow private providers to integrate.

## Information Systems:

- Inclusion in existing HMIS systems and data systems
- Facilitate and mandate service reporting: safety reporting including AEFIs.

## Supplies and logistics

- Leverage providers own resources and standardize cold chain equipment
- Link all providers to subsidized supply.

## Community engagement:

- Pre-existing trust between providers and communities.
- Leverage flexibility of client and provider options
- Recognize and promote private providers in all communication.

# Conclusions and Next Steps



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# CONCLUSIONS

*There is now a significant body of evidence over the past 20 years*

- Three scoping reviews (and a SR of pharmacists) documented 80+ country experiences.
- Widespread consensus on the importance of the private sector
- Motivations and enablers are about inclusion and recognition, not always monetary
- Despite the volume of evidence, there is inconsistency in the detail and quality of evidence

*Key opportunities for improved PSE to build more sustainable and resilient programs now:*

- Mapping opportunities by geography and provider type, and include *all* providers in information systems
- Leverage on promising experiences, identify policy and practice options to build stronger immunization programs.
- Prioritize PSE for countries undergoing Gavi transition or otherwise seeking greater sustainability; for fragile or conflict affected settings, amongst urban disadvantaged, remote and rural communities.
- Important opportunities for expanded roles of pharmacies and CHWs.

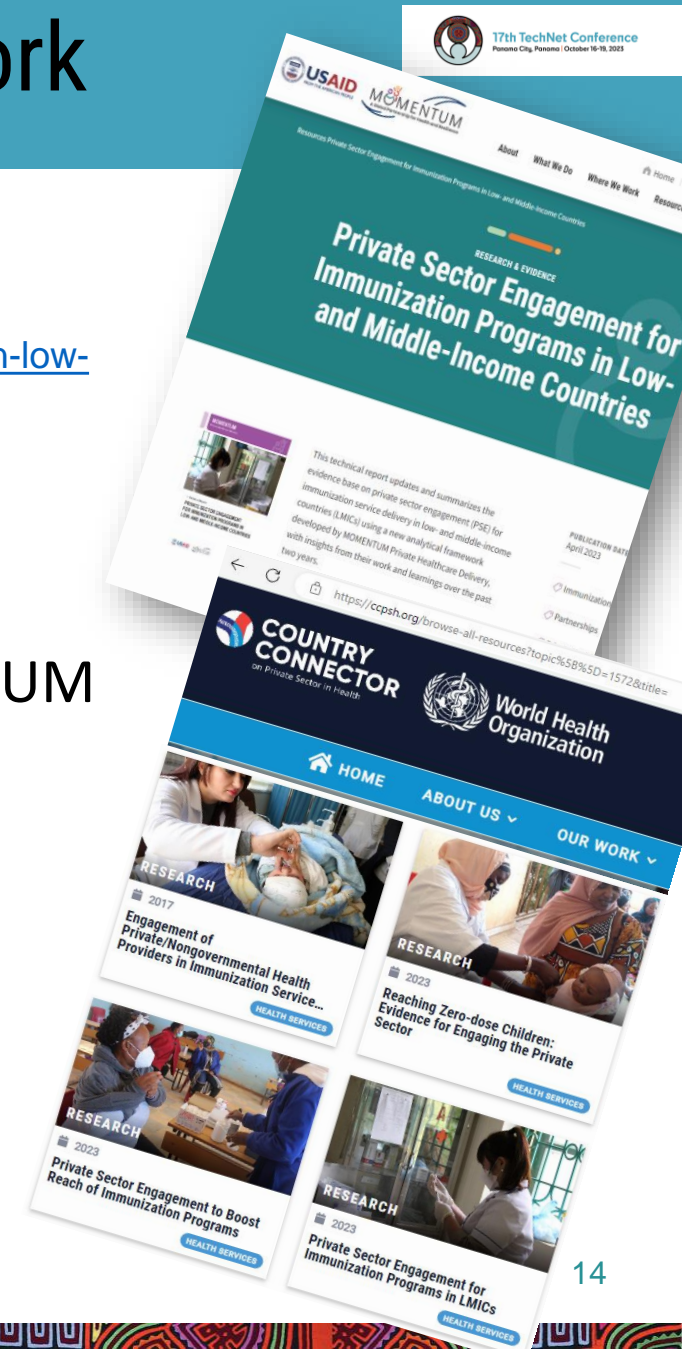
*Future research priorities:*

- A need to further document motivations and promising models of engagement
- Evidence gaps in targeted subsidies, franchising, demand-side incentives, human resource expansion
- Regional and national mapping by governance and location of providers



# Resources available and future work

- USAID MOMENTUM resources
  - 2021 Key Issues Brief and 2022 Technical Brief
  - <https://usaidmomentum.org/resource/private-sector-engagement-for-immunization-programs-in-low-and-middle-income-countries/>
- WHO Country Connector website:
  - Access to blogs and other relevant resources incl. MOMENTUM
  - <https://ccpsh.org/research/private-sector-engagement-immunization-programs-lmics>
- New work underway
  - Finalizing peer review publication
  - Identification of regional PSE champions and needs in AFRO
  - Consultations with WHO on update of global guidance





# Thank you!

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