

Private sector engagement in sexual and reproductive health

A LOOK AT MODALITIES OF DONOR SUPPORT



About Countdown 2030 Europe

Countdown 2030 Europe is a consortium of 15 non-governmental organizations in 12 European countries working to hold European donor governments and the European Union institutions to account for their policy and funding commitments on sexual and reproductive health and family planning.

Acknowledgments

The document review that fed into this report was conducted by Meg Braddock (consultant), who also developed the initial draft of the report. The review was coordinated by Raffaella Dattler, Financing for Development Advisor, IPPF, who further reviewed the draft report and finalised its text. The report production team included Sue MacDonald (design) and Mags Allison (edit).

Views expressed in this report do not necessarily represent those of individual members of the Countdown 2030 Europe consortium.

Contents

Executive summary	3
1. Introduction and review methodology	5
2. What is the private sector?	7
3. Current environment and discourse on private sector engagement	9
4. The private sector in low- and middle-income country health systems	13
5. Donor support for private sector engagement in sexual and reproductive health	17
6. Other private sector initiatives in sexual and reproductive health	27
7. Discussion	29
8. Recommendations	33
Key abbreviations	34
References	35



Executive summary

The private sector in sexual and reproductive health includes a range of actors involved in getting services and products to their final users. At global level, the private sector is a key player in product development and manufacturing, supply chain, and distribution. At country level, the private sector role varies widely. It is an important player in service delivery in many countries, with private sector service providers at all levels of the health sector from hospitals and professionally staffed clinics to local pharmacies and traditional community health service providers.

The current development environment and discourse are moving towards a greater focus on private sector participation, both as a means of providing the financial and technical resources needed to achieve the Sustainable Development Goals, and also to tap into the sector's potential contributions to design and implementation of innovative and sustainable approaches to social development. There is a growing emphasis on a market-based approach to development, seen as a way to achieve sustainable change and reduce future dependence on subsidies. On the downside, there are concerns that a market-based approach may lead to insufficient focus on equity in low- and middle-income countries, excluding many from access to education, health, and social support. Although health in general and sexual and reproductive health in particular have special characteristics which may make a market-based analysis less appropriate, changes in the development landscape are reflected in sexual and reproductive health. Major sexual and reproductive health organizations and networks are developing strategies and approaches to increase private sector engagement during the next decade.

Donors have supported different modalities of private sector participation in sexual and reproductive health in both global and country spaces. They have provided support for private sector activities in finance, product development and manufacturing, procurement, market planning and development, supply chain, service delivery, and capacity building to strengthen public sector stewardship of mixed health systems on the path towards universal health coverage. Although evidence is limited and there are important information gaps, these approaches have had results and some of them are potentially sustainable.

The challenge in private sector engagement for donors and governments is to improve the overall equity and accessibility of services and products, while ensuring that public funds going to the private sector are used for public gain and not private profit. Obstacles to private sector engagement include low levels of trust between the public and private sectors, poor understanding of each other's value propositions, weak legal and regulatory frameworks, low profitability of sexual and reproductive health services, and limited capacity for engagement on both sides.

Modalities of donor support which may have future potential include direct engagement with corporates for product development, procurement aggregation, and volume guarantees; indirect engagement through funding for multilaterals and international organizations who work with the private sector; funding for organizations who contract in private sector resources and expertise; and strengthening of government capacity for private sector engagement and stewardship.

Recommended future advocacy areas with donors include strengthening of public sector stewardship capacity, which is also an essential step in the move towards universal health coverage, promotion of interventions to stabilise sexual and reproductive health supplies markets and reduce their vulnerability, and development of more comprehensive information on the impacts of modalities for private sector engagement.



1. Introduction and review methodology

Countdown 2030 Europe is a consortium of 15 non-governmental organizations (NGOs) in 12 European countries which works to hold European donor governments and the European Union institutions to account for their policy and funding commitments on sexual and reproductive health and family planning.

In recent years donor governments and international institutions have increasingly advocated engagement of private sector actors in development. Private sector engagement is now on the international agenda and is promoted in global and country-based programmes in many sectors. Private sector engagement has also received increasing focus in sexual and reproductive health, and this is expected to continue over the coming decade.

Engagement with the private sector in sexual and reproductive health has taken a variety of forms and involved a diverse set of stakeholders, ranging from global corporations to traditional community-based service providers. Advocacy for private sector engagement often lacks specificity about the forms of engagement to support, and there is a lack of common language and understanding of the issues and the private sector actors involved.

Countdown 2030 Europe has contributed to the conversation on private sector engagement through a 2018 report on the role of donors in contraceptive supplies financing, which discussed several modalities for engagement in this field.¹ In the same year Countdown 2030 Europe released a policy brief outlining a set of high-level recommendations on donor engagement with the private sector.²

This review is part of Countdown 2030 Europe's evidence gathering to support advocacy work in sexual and reproductive health and specifically in engagement with the private sector. It is focused on low- and middle-income countries and on the for-profit private sector.

Methodology

The review used existing documentation and analysis. The first step was review of current thinking on private sector engagement and how it is being applied to sexual and reproductive health, followed by identification of the range of private sector actors involved and the areas where donors have provided support. Donor engagement was grouped into different activity areas: finance, product development and manufacturing, procurement, market planning and development, supply chain, service delivery, government capacity for private sector engagement, information and communications technology (ICT), and human resource development/training.

The documentary research covered:

- the current environment and discourse on private sector engagement in development and health in general, and in sexual and reproductive health in particular
- private sector involvement in sexual and reproductive health in low- and middle-income country health systems
- private sector engagement activities in sexual and reproductive health supported by donors

Key points in each of these themes were unpacked into a set of review questions. Documentary information on each one was collated in a matrix format for triangulation and identification of any information gaps. Data was assessed for relevance to the review themes, quality of evidence, and how well it triangulated with other documentation.

Documentation included published reports, research, development agency policies, databases, workshop summaries, manuals, and other grey literature. Sources were donor and private sector company websites, and information from multilaterals, NGOs, advocacy groups, and think tanks. Relevant materials were found through an iterative purposeful tracking, starting from documents on private sector engagement in health and sexual and reproductive health published by major organizations in the field, and following a search trail based on their content and references. This was supplemented by web research on activities of other health and sexual and reproductive health organizations and private sector actors. Key word searches were carried out within documents to identify relevant points on private sector engagement. Most of the materials used were published in the last 10 years, with a few earlier documents.

Report structure

This report summarises the review findings and presents recommendations for future advocacy. The chapters following this introduction are:

- Chapter 2 identifies the range of private sector actors
- Chapter 3 covers current changes in the development environment and the discourse on private sector engagement, firstly reviewing development in general, and then focusing in on relevant changes in the context of sexual and reproductive health
- Chapter 4 describes how the private sector is involved in different types of health systems in low- and middle-income countries
- Chapter 5 reviews donor support for private sector engagement in different activity areas
- Chapter 6 briefly looks at some other forms of private sector impacts and initiatives in sexual and reproductive health not explored elsewhere in the report
- Chapter 7 discusses conclusions that can be drawn from the review, and explores the suitability of different approaches for sexual and reproductive health
- Chapter 8 presents recommendations for future advocacy directions with European donors



2. What is the private sector?

The private sector in sexual and reproductive health includes a range of actors involved in getting services and products to their final users.

At global level, the private sector is a key player in product development and manufacturing of supplies. Private sector stakeholders may also implement their own sexual and reproductive health initiatives associated with corporate social responsibility (CSR) and environmental, social and governance (ESG) objectives.

The role of the private sector varies widely at country level, depending on the health system design and government policies for private sector involvement. Private manufacturers are often a key player in market development and introduction of new products, sometimes in partnership with governments and donors. The private sector is an important player in service delivery in many countries, with private service providers at all levels of the health sector from hospitals and professionally staffed clinics to local pharmacies and traditional community health service providers.

Private sector actors include:³

- banks and private investors
- global corporations
- manufacturers of supplies
- national and international supply chain and distribution companies, and ICT companies
- private health insurers
- private training institutions
- research organizations and think tanks
- service providers and suppliers, including hospitals, laboratories, pharmacies, formal and informal clinical service providers, and retail outlets such as kiosks, shops, and supermarkets

This review is focused on the for-profit private sector. It only covers not-for-profit organizations in their role in coordinating social marketing and social franchising networks and other initiatives which involve for-profit providers.





3. Current environment and discourse on private sector engagement

Private sector engagement in sustainable development

Development agencies have been discussing avenues for private sector engagement as part of development for many years.⁴ Donors, international organizations, and governments have all looked for ways to encourage private sector participation. Policies on private sector engagement are now embedded in development cooperation strategies of all the major European donors.⁵ Many low- and middle-income country governments also have private sector policies.⁶

Prior to the development of the 2030 Agenda, interest was mostly focused on the private sector's role in economic development and employment rather than the social sectors. However, private sector engagement has increasingly moved into the spotlight in a wider range of development areas, including health and sexual and reproductive health. This has been due to changes in the **development landscape**, estimations of the **financing gap** for achieving the Sustainable Development Goals (SDGs), as well as **international policy documents** associated with the 2030 Agenda and the SDGs,⁷ including the Addis Ababa Action Agenda.⁸

Growing interest in private sector participation in sustainable development has gone hand in hand with **major changes in approaches to development cooperation and financing**. There are new models of philanthropy and innovative finance as well as new participants, including corporations, private foundations, and new donor countries, which may attach different conditions to their aid.⁹

New approaches are often based on business models, with cost-efficient and value-for-money interventions to create 'healthy markets' which are open and accessible for both sellers and buyers.¹⁰ The focus is on sustainable income generation rather than traditional charitable support. There is more interest in seeking partnerships with the private sector for investment, innovation, and technical support. On the other side of the coin, concepts of equity and sustainable development are becoming more integrated into private sector policy and strategy statements, with some companies and corporations adopting environmental, social and governance (ESG) objectives to complement financial objectives.

This approach has led to debate in the development cooperation community. There has been discussion about applicability of the 'market' concept to the social sectors, especially in health, given its special characteristics, the public goods with externalities which it produces, the lack of perfect information and access for all users, and the risks of inequity.^{i 11} This is particularly important for low-income groups and populations who may not have information on availability of services or resources to travel to services if coverage is limited. There are also concerns about the potential use of public money for private profit.

Within this changing landscape there is growing awareness of the financing requirements and **funding gap** to achieve the SDGs. The International Monetary Fund (IMF) estimated, for example, that significant progress towards the SDGs in five areas, including health,ⁱⁱ would require additional annual spending by 2030 of about US\$0.5 trillion for low-income countries and US\$2.1 trillion for emerging market economies.¹² For reproductive, maternal, newborn, child and adolescent health, the World Bank estimated an annual funding gap of US\$33.3bn for the 63 countries eligible for Global Financing Facility (GFF) support in 2015.¹³

In the long term, sustainable development will have to be financed by countries themselves through domestic revenues. Currently, tax income is the largest source of finance in all country income groups, and dominates in middle-income countries, amounting to an estimated 62 per cent of the overall finance mix in lower middle-income countries and 78 per cent in upper middle-income countries.^{iii 14} There is clear evidence that growing national income is associated with increased public spending on health.¹⁵ The hypothesis is that as countries improve economic growth and governance, domestic tax revenues grow and can be used to develop and sustain the social sectors.

i On use of the term 'market', see also Barnes, J, Vail, J, and Crosby, D (2012) *Total Market Initiatives for Reproductive Health*. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates: "...the health system, which includes the market for reproductive health products and services. Where public health professionals see a health system, marketers and commercial suppliers see a market. Each refers to the same set of players, processes, and regulations."

ii The five areas are education, health, roads, electricity, and water and sanitation.

iii These are estimates for 2016.

However, in the meantime development assistance is still essential in low-income countries, in particular for the social sectors. It is projected to continue as a key source of health spending in low-income countries in future.¹⁶ Private investment in low-income and least developed countries is still a relatively low share, although it has been growing.^{iv 17}

The World Bank Group initiatives From Billions to Trillions¹⁸ and Maximising Finance for Development¹⁹ aim to reduce the SDG financing gap by 'crowding in' private sector funds. The former initiative seeks to encourage use of public funds, including development aid, to leverage private sector investment, while the latter seeks to support countries in optimising private sector finance and only drawing on public finance when private funds are not available.

Emerging markets with high growth potential are attractive to private sector investors, but are also high risk due to political instability, limited transparency, and economic volatility. To support the above and other initiatives, the World Bank and other multilateral development banks rely on programmes and mechanisms to mitigate or share risks for investors, such as the International Development Association Private Sector Window and the Multilateral Investment Guarantee Agency.²⁰

Private sector investments and loans also create risks for the public sector as they may affect equity, national fiscal space, and financial equilibrium. Private investment in health can be concentrated in higher level hospitals and high-quality clinics for those with capacity to pay, and these are often in urban areas. As countries take on additional debt their interest and capital repayment obligations rise, restricting funds available for other purposes.²¹ The public sector may lack fiscal space, stewardship capacity, and transparency to successfully contract and administer private sector loans.

Participation by the private sector in sustainable development has been incorporated in major **international policy documents**. It is included in the 2030 Agenda and the Addis Ababa Action Agenda not only for financing but also as a means of bringing in private sector expertise, innovation, and efficiency.

Private sector engagement in sexual and reproductive health

Changes in the overall development landscape are reflected in the health sector in general and in sexual and reproductive health specifically. Major organizations and networks in the field are integrating private sector engagement in their strategies for the coming decade.²²

However, the health sector in general and sexual and reproductive health in particular have special characteristics which mean that some of the new discourse and approaches may need modification. In market terminology, the health sector is an 'imperfect market' where sellers and buyers, i.e. service providers and users, have unequal access to information and choice.²³ At country level, there is vulnerability to market failures. There may be obstacles, for example, to market entry for pharmaceutical manufacturers and a limited number of suppliers can lead to inflated pricing and supply failures. To improve equity these factors have to be considered in the design of policy, primary healthcare systems, and universal health coverage schemes.

Special characteristics of sexual and reproductive health which may make it less suited to market analysis and approaches and reduce private sector interest in participation are:

- the low profitability of many sexual and reproductive health services and supplies in low- and middle-income countries, due to small markets, competition from free public sector services, barriers to entry, and uncertain income streams
- social and cultural attitudes to certain activities (e.g. safe abortion, services for adolescents)
- market interventions by donors which affect competitiveness of supplies (e.g. volume guarantees and reduced prices for specific contraceptives)²⁴

iv See GFF (2018) *Private sector engagement*, which points to trends in resource flows to developing countries over the 1990–2015 period, highlighting that while Official Development Assistance (ODA) grew very slowly over this period, there had been major increases in foreign direct investment, private debt and equity, and remittances, with these sources significantly overtaking ODA.

Governments' interest in seeking private sector involvement in sexual and reproductive health may also be affected by:

- the relatively low need for capital investment in sexual and reproductive health. Private sector engagement in finance is associated more with capturing private sector investment than with contributions to operating costs. Sexual and reproductive health does not have high needs for specific infrastructure or equipment, which it shares with the rest of the health sector, but it is often necessary to subsidise running costs of service provision, particularly for lower income groups.
- inequity in geographical access as most qualified private service providers are located in urban areas where they are more financially sustainable
- limited access to long-acting contraceptives in the private sector as more participation by private service providers can be expected to skew method mix towards short-acting contraceptives

Despite these reservations, at global level many multilaterals, donors, think tanks, and international non-profit organizations are adopting market terminology and looking for ways to strengthen private sector participation in sexual and reproductive health finance and programme implementation. New policies and new market-based models are being adopted for the health sector and stakeholders increasingly look at the role to be played by the private sector in universal health coverage²⁵ and in sexual and reproductive health specifically.

Funding for sexual and reproductive health is still dependent on development assistance in least developed and low-income countries. Concessional finance and grants are needed in countries with limited domestic resources and access to commercial funding, as well as for basic social needs which do not generate immediate income streams to justify investments. Over 90 per cent of gross bilateral Official Development Assistance (ODA) disbursements for health and population services from Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) countries to developing countries in the period 2013–2017 was grants.²⁶ Finance needs for capital investment are fairly limited in sexual and reproductive health as most

capital costs, such as for infrastructure, transport, and supply chains, are shared with the rest of the health sector, but working capital is needed for ongoing service provision costs, such as for salaries and supplies.

Donor funding for maternal health and family planning has grown steadily since the early 2000s,²⁷ but is unlikely to increase substantially beyond current levels in coming years. A recent study²⁸ on the history and likely future of global health funding shows that health spending increases with economic growth, with lower proportions of donor funding and a higher proportion covered by domestic government and out-of-pocket spending. Projections specifically regarding contraceptive supplies, a major element of sexual and reproductive health spending, highlight that if current trends in donor funding continue, domestic and out-of-pocket spending for supplies will have to increase significantly in future.²⁹

Although the private sector engagement discourse in **international policy documents** often focuses on development or health in general, sexual and reproductive health is identified specifically in some key documents. The SDGs include commitments to sexual and reproductive health in SDG 3 on health and SDG 5 on gender equality, while discussing multi-stakeholder partnerships, including with the private sector, in SDG 17. Partnerships with the private sector were highlighted as important to the advancement of the International Conference on Population and Development (ICPD) agenda at the UN General Assembly ICPD Beyond 2014 Special Session,³⁰ as well as in the Nairobi statement on ICPD25.³¹ Engagement of the private sector features prominently in the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).³²

At global level, major initiatives looking to engage the private sector in sexual and reproductive health include the GFF and FP2020.³³ Global programmes in technical areas include the Reproductive Health Supplies Coalition (RHSC)'s Global Family Planning Visibility and Analytics Network³⁴ and different contraceptives procurement initiatives. Global fora, such as UHC2030, also seek to strengthen inter-sector communication and discussion on engagement of the private sector in health.³⁵

European donors' policies support private sector engagement and prioritise sexual and reproductive health although the two are less often linked directly. Among private sector stakeholders, there has been increasing focus on sexual and reproductive health, as part of companies' CSR programmes and efforts to improve the sexual and reproductive health of workers in global value chains.³⁶

Private sector engagement has also been part of international discussions on the promotion of **universal health coverage** and is included in international endorsements of universal health coverage.³⁷ Universal health coverage holds important potential for sexual and reproductive health, but although some areas of sexual and reproductive health are widely considered basic services and likely to be included in universal health coverage schemes³⁸ this is not a foregone conclusion and advocacy will be needed, especially for specific sexual and reproductive health services such as safe abortion and sexual and reproductive health services for adolescents.

Potential private sector contributions to universal health coverage have been outlined in a statement by UHC2030.³⁹ Areas highlighted include the provision of quality products

and services that consider the needs of all people, inclusion of universal health coverage principles in core business models, innovations to drive progress on universal health coverage, strengthening of health workforce capacities, financing, and policy dialogue and partnership building with governments. Specific areas for private sector participation will depend on universal health coverage design in each country. The type of strategic purchasing or reimbursement for services and the arrangements for stewardship and quality control will affect potential for private sector engagement and private sector stakeholders' interest in participating.

Whatever schemes are developed, advances towards universal health coverage in low- and middle-income countries will depend largely on the availability of finance from the public purse, i.e. on countries' ability to improve their tax systems and increase allocations to health. The most efficient and equitable way of raising domestic finance for universal health coverage is through compulsory pre-payment via taxation or social insurance schemes, with government subsidies for those too poor to pay, but this will take time to achieve in many countries.⁴⁰

4. The private sector in low- and middle-income country health systems

“A health system consists of all organizations, people and actions whose *primary intent* is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities. A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services. It includes, for example, a mother caring for a sick child at home; private providers; behaviour change programmes; vector-control campaigns; health insurance organizations; occupational health and safety legislation. It includes inter-sectoral action by health staff, for example, encouraging the ministry of education to promote female education, a well known determinant of better health.”⁴¹

The private sector is present in health systems throughout low- and middle-income countries, where the public health sector is often under-resourced. It is also included in current discussions on universal health coverage, which is endorsed by many advocates and donors as the best way to improve equity and accessibility. In low- and middle-income countries, actual and potential involvement of the private sector in each country depend on the structure of the health system and government policies for private sector engagement.

Some low- and middle-income country health systems are dominated by the public sector, some rely heavily on NGOs and faith-based organizations, and others have a stronger for-profit private sector. In India and Nigeria, for example, the health system is dominated by the private sector, with challenges regarding access and quality for low-income groups.⁴² South Africa and Argentina have a high-cost private sector dominating a system where low-income groups rely on lower quality free or low-cost public sector services; China has a commercialised public sector relying on fees and charges which has been undergoing reform; Tanzania, Malawi, Ghana, and Nepal have stratified private sectors with use of hospitals and clinics by higher-income groups and use of cheaper private shops by lower-income groups; in Thailand and Sri Lanka the private sector complements a non-commercialised public sector.⁴³

In some low- and middle-income countries there is high participation of both for-profit and not-for-profit private sector providers throughout the health system. Private sector participation also varies by service type and level, being concentrated in urban tertiary services in some countries but with a larger presence in primary healthcare and community-based services in others.

International Finance Corporation (IFC) country private sector diagnostics of specific countries⁴⁴ discuss the structure and levels of private sector engagement for different sectors, including health. Private health sector assessments by USAID’s Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project highlight the role of the private sector in sexual and reproductive health areas and include analysis of the policy environment, financing, service delivery, commodity supply, and demand for priority health areas. The assessments show that every country is different, but that the private sector is important in most of them and has a major presence in many different service areas.⁴⁵

Sexual and reproductive health often shares infrastructure, resources, and systems with other health areas. This includes health facilities, transport, supply chain, procurement, information systems, government stewardship and regulatory systems, health workers and administrative personnel. The following sections look briefly at private sector participation in four of the World Health Organization (WHO) health system building blocks,^{v 46} focusing on sexual and reproductive health where appropriate:

- service delivery
- medical products and technologies
- financing
- leadership and governance (stewardship)

v The private sector also participates in the other two building blocks of human resources and information, which are not key focus areas for this review.

Service delivery

The private sector participates in service delivery at all levels – primary healthcare, secondary level hospitals and clinics, and tertiary care. Private sector participation in sexual and reproductive health at primary level is through both qualified and traditional health workers, and pharmacies. Qualified private providers tend to be concentrated in urban areas and may be too expensive for low-income groups. In remote rural areas and urban slums private pharmacies and informal services provided by unqualified traditional practitioners may often be the only services available within the financial reach of low-income groups. Most hospitals and tertiary care units are in urban areas. These include public sector and private sector providers. As well as high-price quality hospitals for the wealthy, there are some no-frills high-volume private sector providers that seek to provide lower cost services to low-income users.⁴⁷

Medical products and technologies

The private sector is the dominant actor in this area, pharmaceutical and research companies being the principal sources of medical products and technologies. Companies may not engage directly with the public sector in low- and middle-income countries as procurement is also carried out by multilateral organizations such as UNFPA Supplies. Procurement and price negotiations between donors, international procurement agencies, and WHO pre-qualified suppliers are carried out at global level, where demand is aggregated and volumes may be guaranteed by donors to enable manufacturers to reduce prices, notably for contraceptives.

The private sector is also a dominant player in medical technologies and ICT systems. In some countries the health systems contract in private expertise and management skills and contract out processes such as supply chain and ICT. ICT initiatives use private infrastructure and networks.

Financing

Many low- and middle-income countries are still dependent on ODA from OECD DAC donors and concessional finance from new donor countries which are not part of the OECD DAC, as well as out-of-pocket spending. Private investors may participate in some capital investments such as hospital construction and supply chain strengthening, but health in emerging economies is a high-risk area for investors. The World Bank Group has developed strategies to mitigate investment risks. There are also innovative financing models such as Development Impact Bonds (DIB) where the private sector pursues social objectives and shares financial risks.

In low- and middle-income country health systems where free public sector services are not available and accessible for everyone, out-of-pocket spending by individuals fills most of the financing gap. Although users sometimes have to pay for public sector services or supplies, much out-of-pocket spending takes place in the private sector. It is by far the largest element of spending on contraceptive supplies.⁴⁸

Stewardship

The public sector is responsible for stewardship and governance of the whole health system. Key functions are policy development, design and implementation of legal and regulatory frameworks, and definition of quality standards and supervision. All three areas affect private sector suppliers and service providers. The public sector is also responsible for administration of contracts in health systems where private companies are contracted for supply chain, transport, ancillary services or service provision. In many low- and middle-income countries, the public sector lacks the skills, resources, and political will to design and carry out these stewardship functions.⁴⁹

WHAT DO WE KNOW ABOUT USERS OF THE PRIVATE SECTOR?

There is only limited information available on who is using private sector sexual and reproductive health services in low- and middle-income countries, especially for the informal sector. The principal data sources are Demographic and Health Surveys (DHS).^{vi} Some information on users is available from commercial market research and retail audits such as from IQVIA but is expensive to purchase and has limited coverage.

An analysis of DHS data for 57 low- and middle-income countries to assess the use of private sector family planning, antenatal care and safe delivery services found the private sector to be a major provider for all three services but showed significant variation across countries and service categories.^{vii 50} For all three categories, women in the richest quintile were found to use private services more than the poorest women. Grépin (2016) carried out a similar analysis with the same overall conclusions.⁵¹

Use of private sector services for family planning can also be deduced from the share of spending on contraceptive supplies covered by out-of-pocket expenditure, most of which takes place in the private sector. The RHSC's Commodity Gap Analysis is based on triangulation of many data sources including DHS^{viii} and shows that out-of-pocket spending on contraceptive supplies in low- and middle-income countries far outweighs the contributions of governments and donors. Annual out-of-pocket spending on non-subsidised contraceptive supplies is estimated at US\$2.66bn out of a total US\$3.33bn in spending on contraceptive supplies, while donor funding reaches only US\$159m and domestic government funding US\$465m.⁵²

These and other sources concur that although richer groups do use the private sector in low- and middle-income countries, it also provides supplies and services to many of the poorest in the poorest countries.⁵³



vi Note that DHS rely on respondents' own identification of service providers as public sector, private sector or NGOs.

vii The private sector was found to provide services to between 22 to 32 per cent of women in need, but this varied across service categories and regions (family planning: 37–39 per cent, antenatal care: 13–61 per cent and delivery: 9–56 per cent).

viii Data sources used by the RHSC for its Commodity Gap Analysis include: IQVIA, FP Watch, SHOPS Plus Private Sector Assessments, as well as Track20, DHS and PMA2020 data.



5. Donor support for private sector engagement in sexual and reproductive health

Donors have supported private sector engagement at global and country levels in:

- a. Finance
- b. Product development and manufacturing
- c. Procurement
- d. Market development and planning
- e. Supply chain
- f. Service delivery
- g. Strengthening of government capacity for private sector engagement and of private sector capacity to engage with governments
- h. ICT, including eHealth and mHealth
- i. Training

This chapter looks at initiatives in each of these areas.

a. Finance

Modalities employed by donors to incentivise private sector finance for sexual and reproductive health have included risk mitigation schemes, results-based financing mechanisms, and Development Impact Bonds (DIBs). The private sector has also provided financing for sexual and reproductive health through corporate donations, including in the framework of donor-supported mechanisms.

Finance is one of the principal problems facing health, including sexual and reproductive health, in low- and middle-income countries with limited government budgets, low allocations to health and sexual and reproductive health, rising health costs, and inefficiencies in spending.

Investment financing has been a major focus of private sector engagement efforts by the World Bank and the IFC, and has included models such as public-private partnerships and blended finance, which use a mix of public and private sector funds and involve a sharing of risks between public and private participants. The GFF, hosted at the World Bank, is exploring different models to incentivise private investments in health, including in collaboration with the IFC.⁵⁴

Capital investment is not the major problem area in finance for sexual and reproductive health specifically as it shares most of its infrastructure with the rest of the health system. The greatest need in sexual and reproductive health is operating subsidies, including for low-income groups. Sexual and reproductive health service provision in low- and middle-income countries has little attraction for private sector investors due to low profitability, risks, and volatile income streams^{ix 55} for suppliers and service providers.^{x 56}

Methods with potential to attract private sector finance specifically for sexual and reproductive health include:

- **Donor-funded risk sharing and mitigation through guarantee schemes.** In a scheme supported by the Swedish government, for example, a national private sector bank in Uganda gave loans to service providers for clinic improvements, with Sida and USAID providing a joint guarantee for a portion of the loan amounts.⁵⁷ The overall aim of the intervention was to increase access to private healthcare in rural areas. An evaluation of the intervention and other guarantee schemes by Sida found positive results overall against a number of criteria, including efficiency and additionality, and also pointed to contributions to increased quality and coverage of service provision.⁵⁸
- **Results-based financing (RBF)** has been applied to sexual and reproductive health services in various countries. In RBF, the financier only pays the service providers when results are achieved. Many existing schemes have offered top-up finance to service providers whose core costs are covered from other sources. Verification systems can be cumbersome and expensive. The schemes are often seen as stepping stones to universal health coverage as many of their management systems, such as verification to ensure payments are made for services which have actually been performed to the required standard, are similar to those needed for universal health coverage schemes. RBF schemes have been financed by donors, but different models have

ix This includes income from users' payment for services, which is erratic due to competing demands on limited household resources, and income from national governments for supplies and for contracted services. Lack of trust in the reliability of government payments can be an obstacle to private sector participation, including in supply chain and other areas.

x See also Thurston, S et al (2015), which points to "fragmentation, poor economies of scale, inadequate financing, political opposition, a bias toward curative services, and weak regulatory and quality control systems" as major challenges for the private sector.

potential to attract private sector funding.^{xi 59} A recent review of pay-for-results interventions concluded that they have potential but also challenges, and that further evidence will be needed to determine whether they are more effective than other methods of aid financing.⁶⁰

- **Development Impact Bonds (DIBs).** DIBs are a form of results-based financing. In DIBs, private sector investors pay up front, and are reimbursed with interest by the outcome funders – which can be donors or governments – if the agreed results are achieved. Examples of DIBs in sexual and reproductive health include a maternal and newborn health DIB launched in Cameroon with GFF support and a DIB in Rajasthan, India, also focused on maternal and newborn health and supported by USAID and Merck for Mothers among others.⁶¹ Both are quite new ventures. DIBs involve multiple participants and are complex and costly to set up.⁶² A recent critique of DIBs pointed to limited information being available publicly on their estimated impacts and value for money and called for sound evaluations of DIBs to strengthen the evidence base.⁶³
- **Private sector donations from corporate entities.** An example focused clearly on sexual and reproductive health is Merck for Mothers (also known as MSD for Mothers), which partners with many organizations in the field, financing a wide range of activities.⁶⁴ It has made financial contributions to the GFF Trust Fund, for example, with the aim of supporting integration of private sector innovations in health programmes in GFF focus countries.⁶⁵

b. Product development and manufacturing

Donors have encouraged development of new sexual and reproductive health products and their placement in markets. For selected products, donor interventions have also lowered prices through volume guarantees. Possible downsides of such interventions and subsidies are effects on market competitiveness and creation of barriers for other manufacturers.

Sexual and reproductive health medicines, such as drugs for maternal health, reproductive health and safe abortion, and contraceptive supplies are produced by the private sector. Research and development (R&D) and product pricing are important areas of engagement between donors and manufacturers.^{xii}

Medicines and contraceptives fall into two groups:

- ‘R&D supplies’, which are branded products with patent protection manufactured by international pharmaceutical companies, mostly based in Europe and North America. R&D companies often expect branded products to make their profits in high- and middle-income countries. They aim to break even in low-income countries, where there are non-financial incentives such as positive publicity, which may help to attract consumers in high-income countries, contact with low-income country governments, and a foot in the door of low-income country markets.⁶⁶
- Generics, which are off-patent products.^{xiii 67} Generics manufacturers have high fixed costs and low marginal costs but no patent protection to maintain high prices. They therefore need large stable markets and guaranteed payment to recoup investments. In low- and middle-income countries, government payments are not always reliable, and generics may find it hard to compete.⁶⁸ Generics have a large presence in high-income countries, where markets are

xi See USAID and Palladium (2016), which suggests that “[p]ay for results (PFR) has shown great promise as a tool for accomplishing health and other social outcomes. Interest is growing in how it can be applied more broadly in international development. Of particular interest to USAID’s Office of Private Capital and Microenterprise (PCM) and Palladium [...] is the ability of PFR to encourage private sector financing for investment that advances development objectives.”

xii Other sexual and reproductive health supplies and equipment (e.g. general supplies such as antiseptics, gauzes, surgical equipment and supplies, and sterilization equipment and supplies) are normally financed through the overall health budget, and overall project budgets if donor financed, rather than specific sexual and reproductive health budget lines.

xiii Some R&D companies have their own generic products and subsidiary companies, such as Pfizer’s Upjohn, and some generics manufacturers, such as Mylan, distribute internationally. Upjohn and Mylan have been undergoing a merger.

large and stable, but relatively little in low-income countries, where markets are smaller and payment may be risky. This problem is compounded for sexual and reproductive health generics in low- and middle-income countries if they have to compete with R&D products whose prices have been reduced by demand aggregation or with subsidised social marketing products.

Quality control is of great interest to donors, but users also need a reliable supply and product choice, especially in family planning. Donors demand a high level of quality control in manufacturing and importing.^{xiv 69} This limits the range of products procured with donor funding and can lead to vulnerable and unstable markets dominated by a handful of suppliers. Good manufacturing quality may also be lost if supply chains are deficient and quality deteriorates before products reach end users (e.g. due to unreliable cold chains or poor storage conditions and inventory management).⁷⁰

Donors have provided:

- subsidies for R&D and product development for family planning and maternal health supplies⁷¹
- support for pre-qualification and country registration for R&D products and generics. Products require international quality certification, i.e. WHO pre-qualification or stringent regulatory authority approval, for donor procurement and country registration for import.⁷²
- support to involve generics manufacturers in dialogue and conversations on quality and registration procedures⁷³

There have been few donor-financed initiatives in menstrual health which is dominated by large corporates, such as Procter and Gamble and Johnson & Johnson, but is a growing area of interest within sexual and reproductive health.⁷⁴

R&D and product development:

Insufficient R&D and new product development in sexual and reproductive health has led to unstable concentrated markets dominated by few suppliers. There is a high risk of supply failures and monopolies increase the risk of inflated pricing.

There has been some R&D specifically for low- and middle-income country products.^{xv 75} Donor input is needed as low- and middle-income country markets are generally too small to stimulate industry-funded R&D.⁷⁶ However, donor involvement can disrupt markets and is less sustainable than identification of locally cost-effective products.⁷⁷

Quality control:

WHO pre-qualification and country registration are expensive and time-consuming. They can be major obstacles to market entry, incurring both initial costs to secure approval and ongoing costs to maintain quality accreditation. Market size in low- and middle-income countries for sexual and reproductive health products may be insufficient to justify the effort and the cost from the manufacturers' point of view. Generics manufacturers may forego the possibility of participating in donor procurement because of this barrier and concentrate only on national and regional markets with fewer regulatory hurdles.

Donors have provided technical support for R&D and generics manufacturers in WHO pre-qualification, country registration, and market development, for example through the Concept Foundation, which works with both the public sector on development of quality standards and improvement of regulatory processes and with the private sector to support compliance.⁷⁸ Donor funding has also been used to subsidise pre-qualification for smaller manufacturers, such as under the Universal Access to Female Condoms Joint Programme.⁷⁹ These initiatives help increase the number of products in markets and reduce their vulnerability.

xiv Donor funds can generally only be used for products which are WHO pre-qualified or have approval from a body recognized as a stringent regulatory authority, such as the Food and Drug Administration (FDA) in the United States.

xv Such as for products that are heat stable and easier to administer.

Pricing:

Some pharmaceutical companies have tiered pricing for low-income countries to take into account countries' limited ability to pay. Prices have also been reduced through donor-supported price negotiations with manufacturers which offer volume guarantees and contributions to market development.⁸⁰ Such initiatives have generally provided good value for donor money and opened markets to new products. However, price agreements and market development with specific manufacturers can stymie competition for others and reduce market stability.

c. Procurement

Donors have supported procurement aggregation leading to price reduction for some products, but this can have a negative effect on market competitiveness and create barriers to entry for new products. There has been some donor support for eProcurement, whose importance can be expected to grow in future.

Most donor-funded procurement of sexual and reproductive health supplies, including contraceptives, for low- and middle-income countries is done by international organizations and procurement agencies, with UNFPA Supplies and USAID as the major players. UNFPA Supplies provides third-party procurement services for countries with limited procurement capacity and/or small markets.⁸¹ Low- and middle-income country governments also procure locally and regionally, applying their own quality control and product registration procedures. Transparency in procurement transactions is essential if prices and flows of supplies are to be optimised.

As mentioned above, donors have supported procurement aggregation and negotiation of reduced prices with contraceptives manufacturers, such as through the Implant Access Program and for Sayana® Press.⁸² Cheaper supplies benefit buyers but can reduce competitiveness in markets, create barriers to entry for other manufacturers, and potentially skew national purchases towards the methods covered by the programmes.^{xvi}

Donors have provided finance for volume guarantees in price agreements.⁸³ The guarantees can be called up if procurement volumes do not reach levels agreed with manufacturers. International coordination and information flow fostered by the RHSC and other agencies have smoothed procurement timing, and volume guarantees for implants have not needed to be activated. Donors have also funded agencies involved in procurement coordination and have provided bridging finance to UNFPA Supplies,^{xvii 84} which helps smooth demand.

Participation by private sector service providers, supply chain operators, and generics manufacturers in national procurement planning and distribution can bring in commercial expertise and improve stability in procurement quantities and prices. USAID has promoted national coordination for reproductive health commodity security through inter-sectoral round tables in countries in Latin America^{xviii} and elsewhere.⁸⁵

There is a growing field of work in eProcurement, which may be implemented by the private sector with donor funding for initial set-up.⁸⁶ eProcurement is carried out through web platforms which offer products and enable direct procurement by registered buyers.^{xix} It is one part of a web of infrastructure involved in getting products to end consumers and is likely to expand in future.⁸⁷

xvi The methods covered may also not always be the most cost-effective or appropriate for a country.

xvii Bridging finance may be necessary for countries whose legal framework restricts payment for goods prior to their arrival in the country. As UNFPA Supplies cannot use commercial bridging finance, donors have provided funds.

xviii Known as DAIs – 'Disponibilidad Asegurada de Insumos Anticonceptivos'.

xix Platforms may restrict access to practitioners who are professionally accredited for use of specific supplies and equipment.

d. Market development and planning

Donors have supported market assessments, which serve as building blocks for planning. Methods such as Sustaining Health Outcomes through the Private Sector (SHOPS) Plus assessments, Making Markets Work for the Poor (M4P) analyses, and Total Market Approach (TMA) processes provide information and frameworks for planning. Donor support for market shaping has had mixed impacts.

As health systems are different in each country, national sexual and reproductive health market assessments are an important first step to identify potential for private sector engagement. Assessments serve to identify the role of public and private sector actors, including supply chain participants and service providers. Assessments need interest from governments and participation of private service providers.

Approaches to market assessment and planning that have been funded by donors include:

- Sustaining Health Outcomes through the Private Sector (SHOPS) Plus market assessments.⁸⁸ SHOPS Plus is a USAID-funded project and has a specific focus on family planning, HIV, and child health.
- Making Markets Work for the Poor (M4P).⁸⁹ M4P uses systems analysis to understand how low-income groups use markets, and how to strengthen those existing markets to improve sustainability. The approach has been promoted for different sectors, including health.
- Total Market Approach (TMA) processes, which analyse the market as a whole to identify which elements are best addressed by the public sector, private sector, and NGOs to improve equity, cost-effectiveness, and sustainability.⁹⁰ TMA processes can serve both as market assessment and planning tools. They have been widely used in sexual and reproductive health.

- Market shaping. The term market shaping covers a range of activities, including price negotiations with manufacturers and partnerships for introduction of and market development for new sexual and reproductive health products.^{xx} Donors have funded market shaping as a catalytic intervention to help markets move towards a sustainable equilibrium.⁹¹ Advantages may be offset by negative impacts on competitiveness and a skewing of the method mix towards sponsored products.⁹²

e. Supply chain

Donors have provided support to strengthen a range of supply chain elements at global and country levels. Supply chain can be a fruitful area for private sector engagement as it is a core competence area of many private sector companies. There may be obstacles to private sector engagement such as lack of trust between public and private sectors.

Donors have financed activities to strengthen the global elements of supply chains (from manufacturers to countries) through support to coordination of procurement and development of visibility and analytics networks to track product movement through the global supply chain. Coordination between procurement agencies and international organizations through the RHSC Coordinated Supply Planning Group has linked countries, procurers, donors, and suppliers to prevent stock imbalances and optimise use of resources.⁹³ The RHSC Global Family Planning Visibility and Analytics Network is expected to provide more complete and visible information on global supply chains, showing the status of procurement, inventory and transport of products, and should enable adjustments in transport and delivery dates to reduce the possibility of stock-outs. It should also assist manufacturers in optimising their production scheduling to ensure orders are met efficiently.⁹⁴

xx Donors have, for example, financed user awareness and provider training programmes, and pharmaceutical companies have, in turn, provided supplies at favourable prices.

In-country there may be several supply chains for sexual and reproductive health products. Products distributed through the public sector use central warehousing and distribution and information systems. Sexual and reproductive health supplies usually use the same public sector supply chain and infrastructure as other health products. Some supply chains have been set up specifically for family planning. There is ongoing debate on the merits of separate systems, private sector participation, and the “tension between efficiency and effectiveness in the supply chain”.⁹⁵

Manufacturers normally have their own distributors and supply chains in-country. Private sector supply chains can be complex and include many agents, each with a markup on the products. The Center for Global Development Working Group on the Future of Global Health Procurement estimated that distribution costs at national and subnational levels can make up 30 to 60 per cent, and “in extreme cases, as much as 90 percent” of the final cost of products to end users.⁹⁶ High markups can also affect prices for the public sector in decentralised countries where regional health authorities purchase locally. Little information is available on prices to end users. They are not controlled by suppliers and depend on the last-mile distributors’ experience of what the market can bear. Some information is available from retail audits but they are expensive and have limited geographical coverage.

Supply chain can be a fruitful area for private sector involvement as it is a core competence area of many specialist transport, distribution, and logistics companies at global and at country level.⁹⁷ There has been total and partial outsourcing of supply chain work to the private sector, for example, contracting out of warehousing and transportation functions. Feasibility of private sector involvement depends on the quality of existing infrastructure in the country, such as roads, warehousing, and cold chains. Partial outsourcing can be a first step in more comprehensive private sector participation.

John Snow, Inc. points to four different ways in which the public sector can engage with the private sector at different stages of supply chain maturity, ranging from ad hoc to more organized approaches to integrated systems:⁹⁸

- adapting and learning from private sector solutions
- contracting private sector providers, e.g. for warehousing or transportation

- collaborating with private sector actors, e.g. to introduce new products
- providing stewardship of private sector participants in supply chains

Scope for private sector participation increases in all four areas as supply chains mature.

The United Nations Commission on Life-Saving Commodities described several possible advantages as well as risks and challenges associated with private sector participation in supply chain.⁹⁹ Possible advantages it identified included access to skills, increased efficiency, more space for governments to focus on their core functions, access to capital and innovations, and shared risk. Risks and challenges it highlighted included lack of mutual trust, unwillingness of the public sector to cede control to the private sector, and lack of public sector stewardship capacity.¹⁰⁰

An example of private sector engagement in supply chain funded by donors was the Senegal Informed Push Model, which engaged private third-party logistics providers to handle deliveries from regional levels to local health facilities. They delivered contraceptives, checked stock levels and topped up where necessary, collected data for forecasting and worked with facility staff to identify potential changes in use.¹⁰¹ The model was found to be successful in reducing stock-outs of contraceptive supplies, but also had shortcomings – it needed time-intensive supervision, and was not found to directly impact contraceptive use at the national level.^{xxi 102} Funding was taken over by the government after the initial period but discontinued.¹⁰³

A partnership between the GFF, Merck for Mothers, the Bill and Melinda Gates Foundation, and the UPS Foundation aimed at improving supply chains in GFF focus countries through bringing in private sector expertise on areas such as warehousing and distribution was launched in 2018.¹⁰⁴

Donors have also funded initiatives involving private distributors and last-mile delivery agents such as social marketing through shops, pharmacies, kiosks, neighbourhood sales agents, and community promoters. These are often coordinated through NGOs (see below).

xxi See Cavallaro, F et al (2018), which points to a range of further supply-side barriers, beyond the availability of supplies at facilities, that may prevent contraceptive use, such as problems with operating hours, stock-outs of auxiliary products that were not included in the Informed Push Model, and cost factors.

f. Service delivery

Donors have supported a range of private sector engagement initiatives in delivery of sexual and reproductive health services and supplies. Some initiatives may have potential for scale-up, but sustainability without ongoing donor support is a key challenge. Private sector engagement in universal health coverage schemes has potential to overcome sustainability and stewardship obstacles.

Private sector service providers include qualified medical staff in private clinics and hospitals, pharmacies, and community-based health workers, both qualified and traditional.

Private sector **sexual and reproductive health services** may be used because of:

- legal, policy or provider restrictions on service provision. Sexual and reproductive health services for adolescents and safe abortion, for example, may not be available in the public sector.
- lack of geographical coverage by the public sector, e.g. in remote areas
- accessibility and ease of use of the private sector, such as for short-acting contraceptive methods in pharmacies
- users considering private sector services to be of good quality and affordable, e.g. subsidised social franchising or social marketing services

Sexual and reproductive health service users in low-income quintiles may not generate reliable positive income streams for service providers. Subsidies and other approaches have been used to motivate the private sector.

Users often go to private pharmacies and stores for **sexual and reproductive health supplies**, some of which are subsidised by donors and distributed by social marketing organizations. Private sales agents may be used for short-acting contraceptive methods, medical abortion supplies, some maternal health drugs and menstrual health products. They may be the only source of supplies in countries with under-resourced public sector services and for groups such as adolescents who may face obstacles to access in the public sector. Private sector sales agents dominate the market for menstrual health

supplies, which are mainly distributed through supermarkets and convenience stores.

Donors have financed a range of initiatives which include private sector participation in service delivery, and have provided start-up finance and operating subsidies for potentially scalable models, some channelled through NGOs (e.g. finance for social franchises, social marketing, and voucher schemes). Initiatives which involve private sector agents include:

- **Results-based financing and other pay-for-performance schemes** including private sector clinics, usually contracted by the public sector for delivery of specific sexual and reproductive health services. Verification procedures can be costly and time-consuming and public sector quality control and supervision may require strengthening.¹⁰⁵
- **Social franchising**, including complete franchised clinics and partial franchises, where sexual and reproductive health services are added on to private doctors', nurses' or midwives' existing service menus. Partial franchises are more likely to be sustainable, but all may need ongoing subsidies unless aimed at users with capacity to pay for services. Some may be supported by domestic government financing or integrated into the public sector referral chain.¹⁰⁶
- **Social marketing** of condoms, contraceptives, and medical abortion products through a range of agents including pharmacies, kiosks, shops, clinics and community promoters or sales agents.¹⁰⁷ Products are donor subsidised and sustainability without continued donor support presents a challenge.
- **Contracting out** service delivery for specific groups in specific locations.¹⁰⁸ Low availability of quality private sector services in focus areas, lack of formal arrangements and effective regulations as well as lack of dialogue and distrust may inhibit private sector participation.¹⁰⁹
- **Service provider training** for private sector medical practitioners, community workers, and traditional birth attendants and integration of these groups into referral systems for public sector services.
- **Service provider credit schemes** where credit is provided by national banks and guaranteed by donors, such as for clinic improvements or equipment.¹¹⁰
- **Microinsurance and risk pooling**, which can reduce the risk for private sector providers.¹¹¹

- **Vouchers** for specific low-income groups, giving them free access to specific sexual and reproductive health services and choice from a range of public, NGO, and private sector providers. Reimbursement schemes may be cumbersome. Technical quality can be controlled through accreditation, and user satisfaction through users' choice of providers.¹¹²
- **Conditional cash transfers (CCTs)**. CCT schemes may include private sector service providers.¹¹³ Individuals who receive CCTs from governments undertake to attend specified health services as a condition for receiving the payment.

The overall evidence base on the outcomes of donor-supported service delivery interventions engaging the for-profit private sector is weak and evidence is mixed.¹¹⁴ Different criteria have been used to measure impact, including access to and use of services, service quality, and user satisfaction. Key challenges relate to sustainability of models without continued donor subsidies,¹¹⁵ as well as public sector capacity for stewardship and quality control of service providers financed by donors.^{xxii}

Some service delivery models, such as results-based financing schemes and social franchising, have potential to strengthen the links between public and private sectors and can serve as stepping stones on the path to universal health coverage.¹¹⁶ Social marketing and social franchising networks can also provide collective platforms for the private sector in dialogue with governments.

Donor policy reflects a growing level of interest in universal health coverage schemes, which can involve private sector service providers. Well-designed and implemented universal health coverage schemes have potential to overcome sustainability and stewardship problems in private sector service delivery (e.g. reimbursements for services can provide a steady income stream for service providers, especially with capitation schemes; and stewardship and quality control can be carried out by insurers, with strategic purchasing from the government). However, successful integration of the private sector in universal health coverage service delivery will require actions by governments to strengthen health systems and stewardship to ensure equity and service quality.

g. Strengthening of government capacity for private sector engagement and of private sector capacity to engage with governments

Both strengthening of government stewardship capacity and of private sector capacity to engage with the public sector are key areas for enhancing success in private sector engagement.

Government capacity for private sector engagement

"International agencies have been focusing on promoting the role of private providers in expanding access to care. Less attention has gone to enhancing the role and capacity of government in providing policy guidance, exercising oversight, and defining and enforcing the mix of incentives and regulation needed."¹¹⁷

Sustainable participation by private sector suppliers and service providers requires government political will and capacity to develop adequate regulatory frameworks, supervision and quality control with effective services for accreditation, registration, and administration.¹¹⁸ A strong policy environment and good regulation can mitigate against potential adverse effects of private sector participation, including service provision by untrained providers. Government capacity for supervision is often limited and under-resourced.

Donors have, for example, contributed to analyses of regulatory frameworks and production of guidance materials to strengthen government capacity.¹¹⁹ Donors have also contributed to the development of systems which work through incentives rather than regulations and need less government resources. Examples are accreditation of private sector service providers with professional bodies and as participants in voucher programmes and results-based financing schemes, all of which provide incentives to private sector providers to maintain quality standards.

xxii Some models can be self-regulatory for service quality. If users of services provided by participants in results-based financing, social franchise, or voucher programmes are not satisfied they may seek to use alternative service providers within the scheme. Annual accreditation procedures can control technical quality.

Donor-funded activities in this area are normally aimed at the whole health sector rather than sexual and reproductive health specifically.

Private sector capacity to engage with governments

The private sector also needs capacity to engage with governments in sexual and reproductive health. One of the principal obstacles it faces is fragmentation and lack of collective platforms for dialogue, especially at country level.

Global platforms and fora, such as the UHC2030 Private Sector Constituency,¹²⁰ provide opportunities for representation and dialogue with the corporate private sector. International organizations and donors have sought participation of manufacturers, financiers, and service providers in working groups and at conferences, and there are high-level representatives of private sector entities on the boards and steering committees of many global organizations and programmes.¹²¹

At country level, donors have supported fora where private sector suppliers and service providers can engage with the public sector and donors.^{xxiii} Donor-financed social franchises have also provided a collective platform for franchisees to dialogue with government.¹²² Donors have also financed work to strengthen professional associations involved in accreditation of service providers.¹²³ Evidence on the effects of accreditation is mixed.¹²⁴ Accreditation is well established in high-income countries but challenging to implement in low-income settings.¹²⁵

h. Information and communications technology (ICT), including eHealth and mHealth

Donors have supported projects in information and communications technology (ICT), including eHealth and mHealth. This is likely to be an area growing further in future.

ICT is a cross-cutting area of work which is growing rapidly. eHealth refers to the use of ICT for health. mHealth is a subset of eHealth which uses mobile devices. Initiatives use private sector infrastructure and networks and tap into private sector expertise and innovations. ICT has been used for data collection, administration, communications and mentoring for service providers, including those in remote locations, for community awareness raising, and for eProcurement.¹²⁶

Private sector ICT expertise is often contracted in to improve government systems for information collection, supply chain management, contract management, financial control, and user feedback. Private sector companies and network operators such as Vodafone have also participated in initiatives as part of their CSR programmes.¹²⁷

Donors have supported initial set-up and ongoing ICT systems development using private sector infrastructure and expertise at both global and country levels. Global examples are the RHSC Global Family Planning Visibility and Analytics Network, and the mHealth Alliance, which was hosted at the UN Foundation and supported by Norad, among others.^{xxiv 128} At country level, donors have supported systems development^{xxv 129} and implementation of mHealth for both health workers in remote areas and for awareness raising and user education.¹³⁰ To date there have been many small-scale and pilot projects which need a stronger evidence base to identify their impact.¹³¹

xxiii For example, USAID-sponsored DAIs, which were set up specifically to promote private sector engagement in sexual and reproductive health commodity security.

xxiv The mHealth Alliance was active between 2009 and 2014. The UN Foundation also hosted the Mobile Alliance for Maternal Action (MAMA).

xxv Such as M-Pesa, a mobile money transfer service, which was initially set up in Kenya in 2007 and has since expanded to several other countries.

i. Training

Donors have provided support for private sector engagement in human resource development, where country capacity is often limited.

Private sector health worker training can cover gaps in public sector capacity. Donors have supported both online and offline training, by and for the private sector. Communication and trust between government and the private sector are especially important in this area as governments are ultimately responsible for the quality of health staff.

Donors have supported training programmes involving private sector experts in course development and maintenance. Donors have also supported training for private sector service providers, often coordinated by NGOs as part of donor-financed projects.¹³²

Donors can make an important contribution to private sector human resource development where country governments are resource-poor and have to focus on training public sector personnel. Evidence on the effectiveness of training interventions is mixed.¹³³



6. Other private sector initiatives in sexual and reproductive health

Aside from the forms of private sector engagement explored above, private sector actors also have impacts on sexual and reproductive health through their own company policies and labour practices, through working with low- and middle-income country companies in their global value chains, and through their advertising and media voice.

Labour practices which impact on sexual and reproductive health include equal pay, maternity leave and subsidies, time off for medical visits, health insurance which includes sexual and reproductive health services, sexual and reproductive health awareness raising and education, and access to sexual and reproductive health services in the workplace, as well as availability of in-house supplies, such as for menstrual health.¹³⁴

International companies have implemented such types of practices themselves and encouraged, or required, low- and middle-income country companies in their global value chains to do the same.¹³⁵ Companies have further used their contact

with the media and their advertising to promote sexual and reproductive health awareness.¹³⁶

Companies have also worked in partnership with donor-funded organizations which promote sexual and reproductive health in the workplace. Examples include the global non-profit organization BSR's HERHealth programme,¹³⁷ which is focused on awareness raising and access to services and includes capacity building for both workers and management.

Workplace health programmes have been found to deliver good business benefits and returns of investment for companies, delivering positive results such as rises in productivity and worker satisfaction and decreases in staff turnover and absenteeism.¹³⁸ Companies may also benefit from positive publicity, favourable public opinion and better acceptance of their products.¹³⁹





7. Discussion

This chapter summarises conclusions that can be drawn from this review. It seeks to respond to the following questions:

- What is the rationale for private sector engagement?
- How do donors engage with the private sector?
- What is the experience to date?
- What are the principal obstacles for private sector engagement?
- Which approaches could be suitable and sustainable for private sector engagement in sexual and reproductive health?

What is the rationale for private sector engagement?

Input from the private sector can make an important contribution to achievement of the sexual and reproductive health targets in the SDGs and in building sustainable programmes. Private sector expertise and skills are used to manufacture and distribute sexual and reproductive health supplies. Private sector providers deliver sexual and reproductive health services to all income groups and can enable governments and donors to direct their resources and subsidies to those who cannot afford to pay.

The challenge in sexual and reproductive health for donors and governments is to improve the overall equity and accessibility of public and private sector services and products, while ensuring that public funds going to the private sector are used for public gain and not private profit.

Donor policies prioritise both sexual and reproductive health and private sector engagement but the two are less often linked specifically. Donors and other sexual and reproductive health stakeholders are in favour of private sector participation in principle but in practice there are obstacles in both global and country contexts.

How do donors engage with the private sector?

Donors work with the private sector both directly and indirectly. There is direct engagement at global and intergovernmental levels with the corporate private sector, manufacturers, and financial institutions, and with private sector representatives in global fora and governing bodies of international organizations. Donors also engage with the private sector indirectly at global level through their contributions to multilateral and international organizations which work with the private sector, such as the GFF, the RHSC, and UNFPA Supplies. At country level, donors engage with the private sector through national governments, including in coordination with other donors, as well as through NGOs both in their home countries and in low- and middle-income countries.

What is the experience to date?

There are information gaps on funding and its impact. Consolidated data on donor financing for the private sector is not available as allocations come from different sources.^{xxvi} On the demand side, disaggregated information on private sector users, their level of satisfaction, and health outcomes is limited.^{xxvi} There are few independent objective analyses of which forms of engagement do and do not work.

The evidence which is available suggests the following broad areas of donor support may have potential that could be explored further:

- **Direct engagement with corporates:** Donors and pharmaceutical firms have been the principal actors in negotiations to reduce prices through procurement aggregation and through volume guarantees. Donors have supported R&D by private sector manufacturers to increase the number of sexual and reproductive health products available and to help reduce market vulnerability.
- **Indirect engagement through multilaterals** which coordinate with investors and private companies and have access to private sector resources and expertise in finance, procurement, supply chain or information systems. This includes work through UN agencies, including UNFPA.
- Funding for international organizations and NGOs who **contract in private sector resources and expertise** for:
 - development of technical solutions (e.g. visibility and analytics networks for supplies), and
 - service delivery in existing private sector service delivery facilities (e.g. through partial social franchises).^{xxvii}
- Support for establishment of **policy fora and working groups to share learning**.
- **Strengthening of government capacity for private sector engagement**, for example through technical support in development of regulatory frameworks, or capacity building for outsourcing and contracting.

Experience has shown that programmes with positive benefits for both public and private sector actors are most likely to get the necessary buy-in from all parties and have better prospects of sustainability.

xxvi See chapter 4. The SHOPS Plus project recently published a series of briefs on sources for family planning in 36 countries, based on secondary analysis of DHS data.

xxvii Social marketing and franchising models may struggle to be sustainable without donor funding. Partial franchises may have better sustainability prospects.

What are the principal obstacles for private sector engagement?

Successful engagement with different private sector actors depends on the context and country. Each country and health system has specific opportunities and obstacles for private sector involvement, and there is a wide range of private sector agents. Obstacles encountered in many contexts include:

- **Lack of mutual trust**, with ‘us and them’ mentalities on both sides. Communication and interaction between public sector and private sector actors are often poor.
- **Lack of mutual understanding of each other’s value propositions**, although they can have elements in common. For example, both the public sector and the private sector seek efficiency and value for money, and although the private sector has to be financially sustainable, there are moves towards adoption of broader ESG objectives, many of which also reflect public sector aims.
- **Lack of clear legal and regulatory frameworks and transparency**, which are necessary to avoid potential negative impacts of the private sector and also to stimulate private sector participation (e.g. to give formal private sector agents more confidence that only qualified practitioners who respect standards will have market entry).
- **Low profitability of sexual and reproductive health products and services** in low- and middle-income countries. Sexual and reproductive health activities can be initiated with subsidies and sustained by market forces, but products and services will in many cases continue to require concessional funding, including to ensure access for low-income groups. There are important non-financial benefits for private sector participants which can stimulate private sector participation.^{xxviii}

xxviii Possible benefits for companies include: fulfilment of their own social objectives, improved public image, better workforce relations, and increased productivity; for manufacturers: an opening of new markets, provision of entry points to new countries and sectors, and facilitation of partnerships with governments; for service providers: a widening of service menus to attract more users and fulfil social and community objectives.

- **Both the public and the private sector lack capacity for engagement** in-country. In many countries the public sector lacks stewardship capacity and resources, and the private sector has no collective platform for engagement with government.
- **Poorly integrated approaches** with donor support for either one or the other sector but not for both, which can lead to the private sector undermining the public sector.
- **Donors may also be constrained** by their own policy frameworks and procedures, funding structures, and staff capacities and experience in working with the private sector.¹⁴²

Which approaches could be suitable and sustainable for private sector engagement in sexual and reproductive health?

For both global and country contexts:

Approaches which involve both public and private sector actors in **discussions and strategy development** can help improve understanding of the other stakeholders' points of view and foster sustainable solutions.¹⁴³ Donors have promoted and supported inclusion of private sector actors in conversations, such as in planning for programmes and as participants in international fora. However, it may not always be easy to find interlocutors for the private sector. Caution may also be needed to avoid potential risks of private sector involvement in this context, including exertion of undue influence on public sector stakeholders.

An **integrated approach in implementation**, which takes into account the private sector's business propositions, including financial sustainability and ESG objectives they pursue, and builds on their core competences. This means recognizing the need for the private sector to sustain itself financially while working towards its non-financial objectives and tapping into the areas where it does have key skills to support development efforts in the public sector. Examples of initiatives at global level that are seeking to employ such an approach include visibility and analytics networks, eProcurement systems, and innovative financing solutions such as DIBs, which are still in early stages of development. At country level, integrated approaches may include market segmentation based on users' income such as TMA processes. Private sector innovation and expertise can also provide support to public sector management and to newer areas such as mHealth. Contracting out and contracting in are integrated modalities where the public sector pays for private sector expertise in specific fields such as supply chain and service delivery. Universal health coverage schemes may hold potential for a range of integrated approaches with the private sector participating as service providers, insurers or stewards for quality control, for example.

'Win-win-win' approaches which have the potential to generate benefits for the public sector, for the private sector and for users. Possible examples include reduction of market vulnerability through support for R&D and market entry of new products and services^{xxix} and workplace initiatives which improve sexual and reproductive health of workers in companies' global value chains.

xxix Although these will not benefit companies which have monopolies, such as for contraceptive products.

For country contexts:

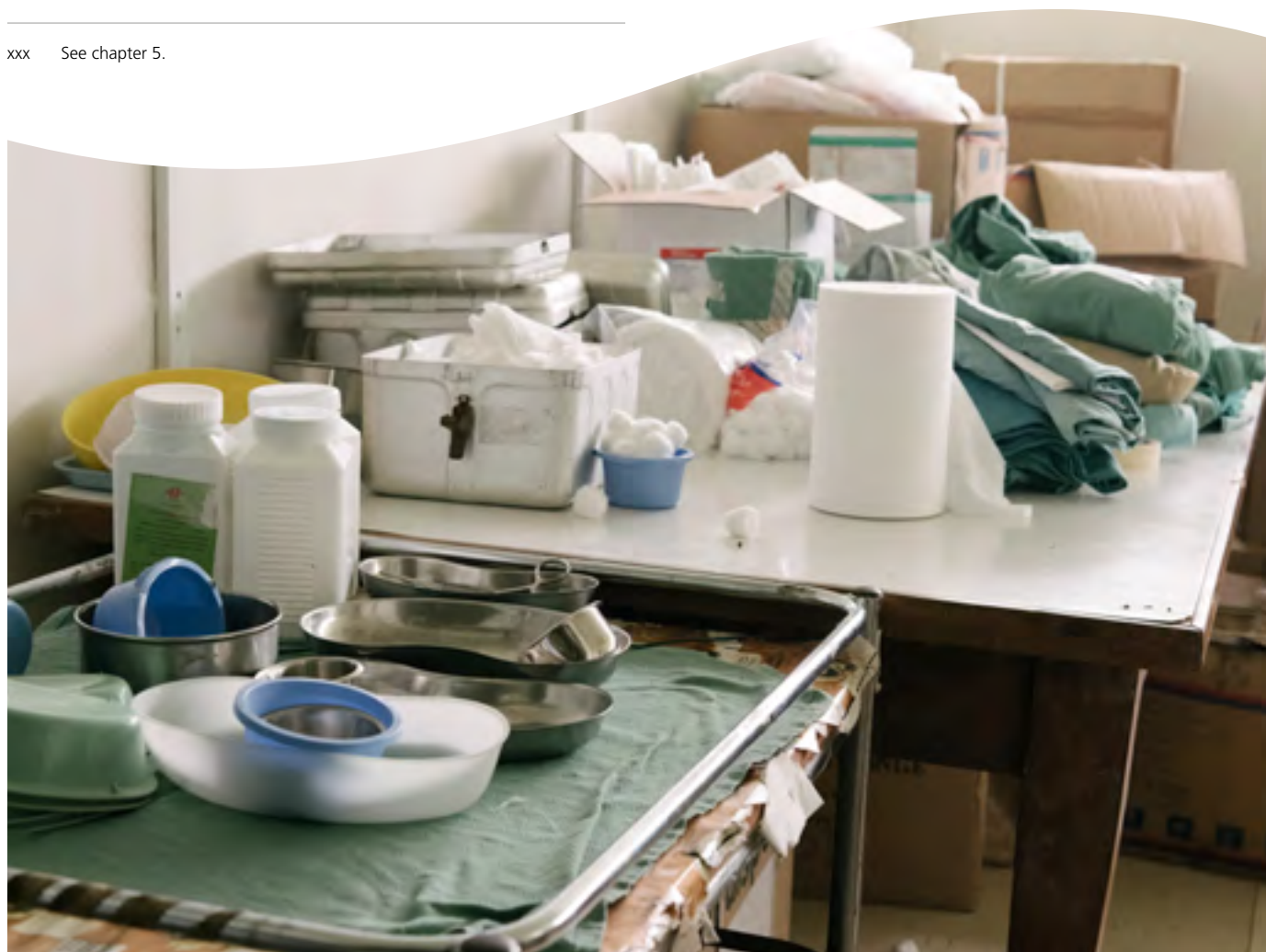
Use of market – or health system – assessments as a basic first step. These provide country-specific information on the structure of the health system, the policy and regulatory environment, and the distribution of users between public and private sectors. Concepts and methodologies that have been used include Sustaining Health Outcomes through the Private Sector (SHOPS) Plus market assessments, Total Market Approach (TMA) processes, and Making Markets Work for the Poor (M4P) analyses.^{xxx}

Systemic approaches to private sector engagement in the health sector based on strengthening existing public and

private sector structures and capacity to engage, rather than isolated experiments and demonstration projects which may not be scalable. The key example of a systemic approach to the health sector is universal health coverage schemes.

Government buy-in and stewardship are essential for private sector engagement. This requires approaches which put country governments in a central role and strengthen their capacity to steward the private sector in the interests of the country's development objectives. Capacity building for governments is also a stepping stone on the road to universal health coverage.

xxx See chapter 5.



8. Recommendations

Participation by a wide range of private sector actors will be important for reaching the SDGs, including its sexual and reproductive health targets. Donors can play a key role in ensuring that equity considerations are always in the forefront of private sector engagement initiatives, promoting inclusiveness and participation of low-income groups in the benefits of private sector contributions and activities. Findings from this review suggest that donor support in the following four underlying areas could assist public and private sector participants to work together more fruitfully and enhance prospects of effective collaboration in the interests of better sexual and reproductive health for end users:

- Public sector stewardship and capacity for private sector engagement
- Integration of private sector service providers in universal health coverage schemes
- Healthy markets for sexual and reproductive health supplies
- Better information on private sector involvement and its impacts

Many countries will need to **strengthen public sector stewardship capacity** for work with private sector suppliers, experts, and service providers. Donor support can help build the public sector's capacity to adequately manage the private sector's contribution to national development objectives and its participation in universal health coverage schemes. This may include technical assistance for development of policies and legal and regulatory frameworks which give clear and accessible information and guidance for private sector participants and of systems for public sector supervision and quality control. Capacity building may also be needed in the private sector to engage with government, for example in developing collective platforms for engagement with the public sector.

Donor support can help governments **move towards universal health coverage which increases access for all income groups** using models which focus on equity, include sexual and reproductive health, and foster participation by integrating and building on existing private sector service delivery. This could include technical support and resources for system design, financing of pilot schemes, strengthening of health sector capacity to advocate for larger allocations in national budgets, or interim financing. Donors could also support discussion fora and other activities to foster integration of private sector representatives and technical experts in strategy and system design.

Donors can help **stabilise sexual and reproductive health supplies markets and reduce their vulnerability to supply shortages** by ensuring there are sufficient products available at accessible prices from a range of suppliers. This may include financial support for private sector R&D to develop new sexual and reproductive health products, pre-qualification support for generics, and resources for national market planning and development to reduce barriers to entry.

More information is also needed on the **impact of private sector engagement initiatives**, from community to global contexts. To improve the evidence base on private sector participation from manufacturers to delivery of products and services for end users, donors should support independent evaluations and research on modalities of private sector engagement. Participation by the private sector in finance, supply chain, service provision and other areas should have impacts on efficiency, accessibility, user satisfaction and above all sustainability. Better information on donor support for the private sector can help to highlight progress with private sector engagement and the contribution to sexual and reproductive health that can be achieved through collaboration with private sector partners.

Key abbreviations

CCT	Conditional cash transfer	Norad	Norwegian Agency for Development Cooperation
CSR	Corporate social responsibility	ODA	Official Development Assistance
DAC	Development Assistance Committee	ODI	Overseas Development Institute
DAIA	Disponibilidad Asegurada de Insumos Anticonceptivos	OECD	Organisation for Economic Co-operation and Development
DCED	Donor Committee for Enterprise Development	R&D	Research and Development
DfID	Department for International Development	RBF	Results-based financing
DHS	Demographic and Health Survey	RHSC	Reproductive Health Supplies Coalition
DIB	Development Impact Bond	SDGs	Sustainable Development Goals
ESG	Environmental, social and governance	SHOPS	Sustaining Health Outcomes through the Private Sector
FP2020	Family Planning 2020	Sida	Swedish International Development Cooperation Agency
GFF	Global Financing Facility	TMA	Total Market Approach
HIP	High Impact Practice	UAFC	Universal Access to Female Condoms
ICT	Information and communications technology	UHC	Universal health coverage
IFC	International Finance Corporation	USAID	United States Agency for International Development
IPPF	International Planned Parenthood Federation	WHO	World Health Organization
JLN	Joint Learning Network		
M4P	Making Markets Work for the Poor		
NGO	Non-governmental organization		

References

- 1 See Countdown 2030 Europe (2018) *Contraceptive supplies financing: what role for donors? A guide for advocates*. Available at: https://www.countdown2030europe.org/storage/app/media/uploaded-files/C2030E_Contraceptive%20Supplies%20Financing_Donors.pdf; and Countdown 2030 Europe (2018) *Contraceptive supplies financing: what role for donors? A brief guide*. Available at: https://www.countdown2030europe.org/storage/app/media/uploaded-files/C2030E_Contraceptive%20supplies%20financing_a%20brief%20guide%20FINAL.pdf.
- 2 See Countdown 2030 Europe (2018) *Six criteria for donor engagement with the private sector*. Available at: https://www.countdown2030europe.org/storage/app/media/uploaded-files/C2030E_Six%20Criteria%20for%20Donor%20Engagement%20with%20the%20Private%20Sector_Jan2018.pdf.
- 3 Input to this list comes from: GFF (2018) *Private sector engagement*. Available at: https://www.globalfinancingfacility.org/sites/gff_new/files/images/GFF-IG7-6-Private-Sector-Update.pdf; and WHO (2018) *The private sector, universal health coverage and primary health care*. Available at: https://www.who.int/docs/default-source/primary-health-care-conference/private-sector.pdf?sfvrsn=36e53c69_2. See also GFF and Managing Markets for Health (undated) Session #6 handout: Range of private sector engagement in RMNCAH-N (gives details of supply chain and service delivery functions carried out by private sector actors). Available at: https://www.globalfinancingfacility.org/sites/gff_new/files/documents/Session_6-Handout-Designing_EN.pdf; and Innovation Working Group for EWEC Task Force on Sustainable Business Models (undated) *Fostering Healthy Businesses: Delivering Innovations in Maternal and Child Health*. Available at: https://healthmarketinnovations.org/sites/default/files/Fostering%20Healthy%20Businesses_Delivering%20Innovations.pdf.
- 4 See, for example, for an overview of DfID's private sector engagement work at the beginning of this century: DfID (2005) *Working with the private sector to eliminate poverty*. Available at: <https://www.eldis.org/document/A21665>.
- 5 See the Donor Committee for Enterprise Development (DCED) website for details of European donor government policies: <https://www.enterprise-development.org/about-the-dced/>.
- 6 See World Bank (2011) *Healthy Partnerships: How governments can engage the private sector to improve health in Africa*. Available at: <http://documents.worldbank.org/curated/en/323351468008450689/Healthy-partnerships-how-governments-can-engage-the-private-sector-to-improve-health-in-Africa>.
- 7 See UN General Assembly (2015) *Transforming our world: the 2030 Agenda for Sustainable Development*. Available at: https://www.unfpa.org/sites/default/files/resource-pdf/Resolution_A_RES_70_1_EN.pdf.
- 8 See United Nations (2015) *Addis Ababa Action Agenda of the Third International Conference on Financing for Development*. Available at: https://www.un.org/esa/ffd/wp-content/uploads/2015/08/AAAA_Outcome.pdf.
- 9 See Prizzon, A, Greenhill, R, and Mustapha, S (2016) *An Age of Choice for Development Finance*. London: ODI. Available at: <https://www.odi.org/sites/odi.org.uk/files/resource-documents/10451.pdf>. See also IHME (2019) *Financing Global Health 2018*, p. 51, for a chart showing development assistance for health by channel of assistance from 1990–2018. Available at: http://www.healthdata.org/sites/default/files/files/policy_report/FGH/2019/FGH_2018_full-report.pdf.
- 10 See UNDP (2018) *Financing the 2030 Agenda: An introductory guidebook for UNDP Country Offices*. New York: UNDP. Available at: https://www.undp.org/content/dam/undp/library/Sustainable%20Development/2030%20Agenda/Financing_the_2030_Agenda_CO_Guidebook.pdf.
- 11 See WHO (2018) *The private sector, universal health coverage and primary health care*. See further Barnes, J, Vail, J, and Crosby, D (2012) *Total Market Initiatives for Reproductive Health*. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates. Available at: https://www.abtassociates.com/sites/default/files/migrated_files/1e8e3ce0-e800-4b27-bc4f-c40ed8efcd95.pdf.
- 12 See Gaspar, V, Amaglobeli, D, Garcia-Escribano, M et al (2019) *Fiscal Policy and Development: Human, Social, and Physical Investment for the SDGs*. IMF Staff Discussion Note. Available at: <https://www.imf.org/en/Publications/Staff-Discussion-Notes/Issues/2019/01/18/Fiscal-Policy-and-Development-Human-Social-and-Physical-Investments-for-the-SDGs-46444>. See p. 25ff for details on the costing methodology.
- 13 See GFF (2015) *Business Plan: Global Financing Facility in Support of Every Woman Every Child*. Available at: <https://www.worldbank.org/content/dam/Worldbank/document/HDN/Health/Business%20Plan%20for%20the%20GFF%2C%20final.pdf>.
- 14 See OECD (2019) *Global Outlook on Financing for Sustainable Development 2019*, p. 88. Available at: https://read.oecd-ilibrary.org/development/global-outlook-on-financing-for-sustainable-development-2019_9789264307995-en#page90.
- 15 See Global Burden of Disease Health Financing Collaborator Network (2019) Past, present, and future of global health financing: a review of development assistance, government, out-of-pocket, and other private spending on health for 195 countries, 1995–2050. *Lancet* 2019; 393, pp. 2233–60. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30841-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30841-4/fulltext). See also OECD (2019) *Global Outlook on Financing for Sustainable Development 2019*.
- 16 Ibid; also see IHME (2019) *Financing Global Health 2018*, p. 115ff.
- 17 See OECD (2019) *Global Outlook on Financing for Sustainable Development 2019*, p. 88. See also GFF (2018) *Private sector engagement*.
- 18 See World Bank and International Monetary Fund Development Committee (2015) *From Billions to Trillions: Transforming Development Finance – Post-2015 Financing for Development: Multilateral Development Finance*. Available at: <http://pubdocs.worldbank.org/en/622841485963735448/DC2015-0002-E-FinancingforDevelopment.pdf>.
- 19 See World Bank and International Monetary Fund Development Committee (2017) *Maximising Finance for Development: Leveraging the Private Sector for Growth and Sustainable Development*. Available at: https://www.devcommittee.org/sites/dc/files/download/Documentation/DC2017-0009_Maximizing_8-19.pdf.
- 20 For a summary see Collins, J (2019) *The Role of Private Finance in Financing for Development*. Course handout in: *Unlocking Investment and Finance in Emerging Markets and Developing Economies*. World Bank Group Open Learning Campus. Available at: <https://blogs.worldbank.org/voices/unlocking-investment-finance-emerging-markets-developing-economies-emdes>.

- 21 See, for example, Oxfam (2014) *A Dangerous Diversion: Will the IFC's flagship health PPP bankrupt Lesotho's Ministry of Health?* Available at: https://www-cdn.oxfam.org/s3fs-public/file_attachments/bn-dangerous-diversion-lesotho-health-ppp-070414-en_0.pdf.
- 22 See, for example, on the RHSC: Braddock, M and Skibiak, J (2019) *Creating an effective & sustainable ecosystem for reproductive health supplies by 2030*. Washington: RHSC. Available at: https://www.rhsupplies.org/uploads/tx_rhscpublications/Ecosystem_2030.pdf. On FP2020, see: Beyond 2020 – A Collective Vision for Family Planning Post-2020. Available at: <http://www.familyplanning2020.org/Beyond2020>.
- 23 See WHO (2018) *The private sector, universal health coverage and primary health care*. Available at: https://www.who.int/docs/default-source/primary-health-care-conference/private-sector.pdf?sfvrsn=36e53c69_2.
- 24 For a discussion of these characteristics in relation to reproductive health supplies, see Braddock, M and Skibiak, J (2019) *Creating an effective & sustainable ecosystem for reproductive health supplies by 2030*.
- 25 See *Lancet* (2016) Universal Health Coverage: markets, profit, and the public good. Available at: <https://www.thelancet.com/series/private-sector-health>.
- 26 See UN Inter-agency Task Force on Financing for Development (2019) *Financing for Sustainable Development 2019*, p. 83. Available at: <https://developmentfinance.un.org/sites/developmentfinance.un.org/files/FSDR2019.pdf>.
- 27 See IHME (2019) *Financing Global Health 2018*, pp. 82–84 for trends in donor finance for reproductive, maternal, newborn and child health by source and programme area between 1990–2018. Available at: http://www.healthdata.org/sites/default/files/files/policy_report/FGH/2019/FGH_2018_full-report.pdf.
- 28 See Global Burden of Disease Health Financing Collaborator Network (2019) Past, present, and future of global health financing: a review of development assistance, government, out-of-pocket, and other private spending on health for 195 countries, 1995–2050. *Lancet* 2019; 393, pp. 2233–60. Available at: [https://www.thelancet.com/action/showPdf?pii=S0140-6736\(2019\)2930841-4](https://www.thelancet.com/action/showPdf?pii=S0140-6736(2019)2930841-4).
- 29 See RHSC (2019) *Commodity Gap Analysis 2019*. Available at: <https://www.rhsupplies.org/cga/>.
- 30 See ICPD (2016) *Beyond 2014 High-Level Global Commitments: Implementing the Population and Development Agenda*. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/ICPD_UNGASS_REPORT_for_website.pdf.
- 31 See Nairobi Statement on ICPD25: Accelerating the Promise. Available at: <https://www.naiboisummiticpd.org/content/icpd25-commitments>.
- 32 See Every Woman Every Child (2015) *The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)*. Available at: <https://www.who.int/life-course/partners/global-strategy/ewec-globalstrategyreport-200915.pdf?ua=1>.
- 33 See, for example, GFF (2018) *Private sector engagement*, and FP2020 (undated) *FP2020 Accelerating Progress: Strategy for 2016–2020: Executive Summary*. Available at: http://www.familyplanning2020.org/sites/default/files/1590F_FP2020_R4_Theory_of_Change_01.18.16_pages_0.pdf.
- 34 See RHSC website, Global Family Planning Visibility and Analytics Network: <https://www.rhsupplies.org/activities-resources/global-fp-van/>.
- 35 See World Economic Forum website, Universal Health Coverage: UHC2030 Private-Sector Constituency: <https://www.weforum.org/projects/uhc2030-private-sector-constituency>.
- 36 See, for example, Universal Access Project, United Nations Foundation, The Evidence Project et al (2017) *Private Sector Action for Women's Health and Empowerment: How Businesses Can Invest in Women and Realize Returns*. Available at: https://www.bsr.org/reports/Private_Sector_Action_For_Womens_Health_Empowerment_Brief.pdf.
- 37 See, for example, the mission statements and strategy documents of UHC2030 at <https://www.uhc2030.org/>, and the Declaration of Astana (2018) at <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>.
- 38 See, for example, WHO website, Universal Health Coverage: [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).
- 39 See UHC2030 (2019) *Private Sector contributions towards Universal Health Coverage – UHC2030 Private Sector Constituency Statement*. Available at: https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/Private_Sector/UHC2030_Private_Sector_Constituency_Joint_Statement_on_UHC_FINAL.pdf.
- 40 See High-Performance Health Financing for Universal Health Coverage (Vol. 2): *Driving Sustainable, Inclusive Growth in the 21st Century (English)*. Washington, DC: World Bank Group. Available at: <http://documents.worldbank.org/curated/en/641451561043585615/Driving-Sustainable-Inclusive-Growth-in-the-21st-Century>. See also *Lancet* (2016) Universal Health Coverage: markets, profit, and the public good.
- 41 See WHO (2007) *Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action*. Geneva, WHO. Available at: https://www.who.int/healthsystems/strategy/everybodys_business.pdf.
- 42 See Mackintosh, M, Channon, A, Karan, A, Selvaraj, S, Cavagnero, E & Zhao, H (2016) What is the private sector? Understanding private provision in the health systems of low-income and middle-income countries. *Lancet*; 388, 10044, p. 596–605. Available at: [https://doi.org/10.1016/S0140-6736\(16\)00342-1](https://doi.org/10.1016/S0140-6736(16)00342-1).
- 43 Ibid.
- 44 See for example IFC (2018) *Creating Markets in Nepal: Country Private sector diagnostic*. Washington: IFC. Available at: https://www.ifc.org/wps/wcm/connect/cf66e8dc-f7c0-42b9-80ef-fc13920f89dd/CPSD_Nepal_Oct18_2_Web.pdf?MOD=AJPERES&CVID=msllQer.
- 45 See SHOPS Plus website, Private Health Sector Assessments: <https://www.shopsplusproject.org/technicalarea/private-health-sector-assessments>.
- 46 See WHO (2007) *Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action*.
- 47 See Tung, E, Bennett, S (2014) Private sector, for-profit health providers in low and middle income countries: can they reach the poor at scale? *Global Health*; 10, 52. Available at: <https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-10-52>.
- 48 See RHSC (2019) *Commodity Gap Analysis 2019*.

- 49 See Joint Learning Network (2018) *Regulation of Private Primary Health Care: Lessons from Six JLN Countries*. Joint Learning Network for Universal Health Coverage, Bill & Melinda Gates Foundation, Health Finance & Governance Project, Abt Associates, Results for Development. Available at: <https://www.hfgproject.org/regulation-of-private-primary-health-care/>.
- 50 See Campbell, OMR, Benova, L, MacLeod, D et al (2016) Family planning, antenatal and delivery care: cross-sectional survey evidence on levels of coverage and inequalities by public and private sector in 57 low- and middle-income countries. *Tropical Medicine and International Health*; 21, 4. Available at: <https://doi.org/10.1111/tmi.12681>.
- 51 See Grépin, KA (2016) Private Sector An Important But Not Dominant Provider Of Key Health Services In Low- And Middle-Income Countries. *Health Affairs*; 35, 7. Available at: <https://doi.org/10.1377/hlthaff.2015.0862>.
- 52 See RHSC (2019) *Commodity Gap Analysis 2019*.
- 53 See, for example, International Finance Corporation (2008) *The Business of Health in Africa*. Available at: <http://documents.worldbank.org/curated/en/878891468002994639/pdf/441430WPOENGL1an10110200801PUBLIC1.pdf>; and Innovation Working Group Every Woman Every Child (undated) *Fostering Healthy Businesses: Delivering Innovations in Maternal and Child Health*. Available at: https://healthmarketinnovations.org/sites/default/files/Fostering%20Healthy%20Businesses_Delivering%20Innovations.pdf.
- 54 See GFF (2018) *Private sector engagement*.
- 55 See Braddock, M and Skibiak, J (2019) *Creating an effective & sustainable ecosystem for reproductive health supplies by 2030*.
- 56 See Thurston, S, Chakraborty, NM, Hayes, B et al (2015) Establishing and Scaling-Up Clinical Social Franchise Networks: Lessons Learned From Marie Stopes International and Population Services International. *Global Health: Science and Practice*; 3, 2. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4476858/>.
- 57 See Carnegie Consult (2016) *Evaluation of Sida's use of guarantees for market development and poverty reduction: Evaluation report*. Available at: <https://www.sida.se/contentassets/a99e846c5eaf48268efb1f99a0de0edf/36729336-4134-4ece-8f9f-afab49824678.pdf>.
- 58 Ibid.
- 59 See USAID and Palladium (2016) *Pay for Results in Development: A Primer for Practitioners*. Available at: https://www.usaid.gov/sites/default/files/documents/1865/Pay_for_Performance_Primer_Final.pdf.
- 60 Ibid.
- 61 See GFF (2019) First-of-its-kind development impact bond launched in Cameroon to save newborn babies. Available at: <https://www.globalfinancingfacility.org/first-its-kind-development-impact-bond-launched-cameroon-save-newborn-babies>; and: Convergence, Palladium and Bertha Centre (2018) *The Utkrisht Impact Bond: Design Grant Case Study*. Available at: <https://thepalladiumgroup.com/news/The-Utkrisht-Impact-Bond-Design-Grant-case-study>.
- 62 See USAID and Palladium (2016) *Pay for Results in Development: A Primer for Practitioners*.
- 63 See Nemzoff, C, Clarke, L, and Chalkidou, K (2019) DIBs: Value for Money or Just an Interesting Financing Mechanism? Available at: <https://www.cgdev.org/blog/dibs-value-money-or-just-interesting-financing-mechanism>; and Clarke, L, Chalkidou, K and Nemzoff, C (2019) *Development Impact Bonds Targeting Health Outcomes*. Available at: <https://www.cgdev.org/sites/default/files/development-impact-bonds-targeting-health-outcomes-revision-mar2019.pdf>.
- 64 See MSD for Mothers website: <https://www.msdfornmothers.com/>.
- 65 See GFF (2019) Merck for Mothers Announces Renewed Commitment to the Global Financing Facility to Scale up Innovations to Deliver Better Health and Nutrition for Women, Children and Adolescents. Available at: <https://www.globalfinancingfacility.org/merck-mothers-announces-renewed-commitment-global-financing-facility-scale-innovations-deliver>.
- 66 See Policy Cures (2015) *Reproductive Health: R&D for the Developing World*. Sydney: Policy Cures. Available at: <http://www.policycures.org/downloads/RH%20full%20report.pdf>. See also Access to Medicine Foundation (2019) *Are pharmaceutical companies making progress when it comes to global health? First Independent Ten-Year Analysis*. Amsterdam: Access to Medicine Foundation. Available at: https://accesstomedicinefoundation.org/media/uploads/downloads/5d93329e141cb_Access-to-Medicine-Index-10-Year-Analysis.pdf.
- 67 See Pfizer website, About Upjohn: <https://www.pfizer.com/products/upjohn/about>, and Mylan website: <https://www.mylan.com/>. See also Pfizer (2019) Mylan and Upjohn, a Division of Pfizer, to Combine, Creating a New Champion for Global Health Uniquely Positioned to Fulfill the World's Need for Medicine. Available at: https://www.pfizer.com/news/press-release/press-release-detail/mylan_and_upjohn_a_division_of_pfizer_to_combine_creating_a_new_champion_for_global_health_uniquely_positioned_to_fulfill_the_world_s_need_for_medicine.
- 68 See Center for Global Development (2019) *Tackling the Triple Transition in Global Health Procurement: Final Report of CGD's Working Group on the Future of Global Health Procurement*. Washington: Centre for Global Development. Available at: <https://www.cgdev.org/better-health-procurement>.
- 69 See WHO website, List of Stringent Regulatory Authorities (SRAs): <https://www.who.int/medicines/regulation/sras/en/#:~:text=The%20concept%20of%20a%20stringent,international%20regulatory%20and%20procurement%20community>.
- 70 See Braddock, M and Skibiak, J (2019) *Creating an effective & sustainable ecosystem for reproductive health supplies by 2030*.
- 71 See Access to Medicine Foundation (2015) *Improving maternal health and access to contraceptives: pharmaceutical companies' contribution to MDG 5*. Amsterdam: Access to Medicine Foundation. Available at: <https://accesstomedicinefoundation.org/media/atmf/2015-Thematic-study-access-to-maternal-and-reproductive-health.pdf>.
- 72 See Concept Foundation (2011) *Medicines for Reproductive Health: Ensuring Access to Quality Assured Products*. Washington: RHSC and Concept Foundation. Available at: https://www.conceptfoundation.org/wp-content/uploads/2015/06/Medicines_for_Reproductive_Health.pdf.
- 73 See RHSC It's About Supplies blog series, 2019: Making It: Mukul Taparia. Available at: <https://medium.com/its-about-supplies/pregna-internationals-mukul-taparia-talks-about-representing-the-pharmaceutical-sector-on-the-e1a391bf91a9>.

- 74 See Braddock, M and Skibiak, J (2019) *Creating an effective & sustainable ecosystem for reproductive health supplies by 2030*.
- 75 See Policy Cures (2015) *Reproductive Health: R&D for the Developing World*. Sydney: Policy Cures.
- 76 See, for example, Global Health Technologies Coalition and Policy Cures Research (undated) *Return on Innovation. Why global health R&D is a smart investment for the United States. Key findings*. Available at: <https://www.ghcoalition.org/pdf/Return-on-Innovation-key-findings.pdf>; and Access to Medicine Foundation (2016) *Ensuring sustained incentives for pharmaceutical companies to develop medicine for the poor*. Available at: <https://accessmedicinefoundation.org/publications/ensuring-sustained-incentives-for-pharma-to-develop-medicine-for-the-poor>.
- 77 See Center for Global Development (2019) *Tackling the Triple Transition in Global Health Procurement: Final Report of CGD's Working Group on the Future of Global Health Procurement*.
- 78 See Concept Foundation website for examples of their work: <https://www.conceptfoundation.org/>.
- 79 See UAFC Joint Programme (2013) *Female Condoms Product Brief*. Available at: https://sxpolicies.org/wp-content/uploads/2013/08/uafc-female-condom-product-brief_aug-2013.pdf.
- 80 On volume guarantees for the Jadelle® and Implanon®/Implanon NXT® implants, see, for example: Clinton Health Access Initiative (2015) *Case Study: Expanding global access to contraceptive implants*. Available at: https://clintonhealthaccess.org/wp-content/uploads/2015/08/Case-Study_LARC.pdf; on Sayana® Press, see Pfizer (May 2017) *Collaboration Helps Broaden Access to Pfizer's Contraceptive, Sayana® Press (medroxyprogesterone acetate), for Women in Some of the World's Poorest Countries*. Available at: https://www.pfizer.com/news/press-release/press-release-detail/collaboration_helps_broaden_access_to_pfizer_s_contraceptive_sayana_press_medroxyprogesterone_acetate_for_women_in_some_of_the_world_s_poorrest_countries.
- 81 See UNFPA website, Procurement Services: <https://www.unfpa.org/procurement-services>.
- 82 See for a 2018 factsheet on the Implant Access Program: *Implant Access Program: Expanding Family Planning Options for Women*. Available at: http://www.familyplanning2020.org/sites/default/files/Our-Work/ppfp/2018%20IAP%202%20pager_VF.pdf. On Sayana® Press, see Pfizer (May 2017) *Collaboration Helps Broaden Access to Pfizer's Contraceptive, Sayana® Press (medroxyprogesterone acetate), for Women in Some of the World's Poorest Countries*.
- 83 See Clinton Health Access Initiative (2015) *Case Study: Expanding global access to contraceptive implants*; and *Implant Access Program: Expanding Family Planning Options for Women*.
- 84 On the UNFPA Supplies Bridge Funding Mechanism, see: UNFPA (2019) *UNFPA Supplies Annual Report 2018*. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_Supplies_report_05_web.pdf.
- 85 See, for example, SHOPS Project (2016) *Strengthening Health Outcomes through the Private Sector Project: Final Report 2009–2016*. Bethesda, MD: SHOPS Project, Abt Associates Inc. Available at: https://shopsplusproject.org/sites/default/files/resources/SHOPS_Project_Final_Report.pdf.
- 86 For example, see Doctorstore in India: <http://www.doctorstore.in/>. See Braddock, M and Skibiak, J (2019) *Creating an effective & sustainable ecosystem for reproductive health supplies by 2030*.
- 87 For more discussion and examples, see: (2016) *E-Commerce and Reproductive Health Supplies: Family Planning in the Digital Age*. Washington, DC: Institute for Reproductive Health, Georgetown University for the Reproductive Health Supplies Coalition (RHSC) and the US Agency for International Development (USAID). Available at: https://www.rhsupplies.org/uploads/tx_rhscpublications/E-commerce_Case_Study_Series_2016_digital.pdf.
- 88 See SHOPS Plus website, Private Health Sector Assessments: <https://www.shopsplusproject.org/technicalarea/private-health-sector-assessments>. See also SHOPS Assessment to Action website: <https://assessment-action.net/>.
- 89 See Donor Committee for Enterprise Development (DCED) website, Market systems and the poor: <https://www.enterprise-development.org/implementing-psd/market-systems/>. See also DCED (2018) *Donor Strategies & the Private Sector: State of the Art*. Private Sector Development Synthesis Note. Available at: <https://cdn.enterprise-development.org/wp-content/uploads/StrategiesStateoftheArt.pdf>; and The Springfield Centre (2015) *The Operational Guide for the Making Markets Work for the Poor (M4P) Approach*, 2nd edition funded by SDC & DFID. Available at: <https://www.enterprise-development.org/wp-content/uploads/m4pguide2015.pdf>.
- 90 See also on the concept of Total Market Initiatives: Barnes, J, Vail, J, and Crosby, D (2012) *Total Market Initiatives for Reproductive Health*. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates.
- 91 See Dalberg Global Development Advisors and RHSC (2014) *Market Shaping for Family Planning*. Available at: https://www.rhsupplies.org/uploads/tx_rhscpublications/Market_Shaping_for_Family_Planning.pdf.
- 92 See Braddock, M and Skibiak, J (2019) *Creating an effective & sustainable ecosystem for reproductive health supplies by 2030*; also see USAID (2014) *Healthy Markets for Global Health: A Market Shaping Primer*. Available at: https://www.usaid.gov/sites/default/files/documents/1864/healthymarkets_primer_updated_2019.pdf.
- 93 See RHSC website, Coordinated Supply Planning: <https://www.rhsupplies.org/activities-resources/groups/systems-strengthening-working-group/workstreams/coordinated-supply-planning/>.
- 94 See RHSC website, Global Family Planning Visibility and Analytics Network: <https://www.rhsupplies.org/activities-resources/tools/global-fp-van/>.
- 95 See Braddock, M and Skibiak, J (2019) *Creating an effective & sustainable ecosystem for reproductive health supplies by 2030*. See in particular p. 41ff.
- 96 See Center for Global Development (2019) *Tackling the Triple Transition in Global Health Procurement: Final Report of CGD's Working Group on the Future of Global Health Procurement*. See p. 28.
- 97 See United Nations Commission on Life-Saving Commodities, Technical Reference Team on Private Sector Engagement (2014) *Private Sector Engagement. A Guidance Document for Supply Chains in the Modern Context*. Available at: https://www.villagereach.org/wp-content/uploads/2009/08/UNCOLSC-Private-Sector-Engagement-Guidance-Document_FINAL.pdf.

- 98 John Snow, Inc. (2016) *Getting Products to People: How Private Sector Solutions can Strengthen Supply Chains for Public Health*. Available at: https://publications.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=17169&lid=3.
- 99 See United Nations Commission on Life-Saving Commodities, Technical Reference Team on Private Sector Engagement (2014) *Private Sector Engagement. A Guidance Document for Supply Chains in the Modern Context*.
- 100 See also High Impact Practices in Family Planning (HIP) (2020) *Supply chain management: Investing in the supply chain is critical to achieving family planning goals*. Washington, DC: HIPs Partnership. Available at: <http://www.fphighimpactpractices.org/briefs/supply-chain-management/>.
- 101 See Hasselback, L, Dicko, M, Viadro, C et al (2017) Understanding and addressing contraceptive stockouts to increase family planning access and uptake in Senegal. *BMC Health Serv Res*; 17, 373. Available at: <https://doi.org/10.1186/s12913-017-2316-y>. See also Agrawal, P, Barton, I, Dal Bianco, R et al (2016) Moving Medicine, Moving Minds: Helping Developing Countries Overcome Barriers to Outsourcing Health Commodity Distribution to Boost Supply Chain Performance and Strengthen Health Systems. *Global Health: Science and Practice*; 4, 3, pp. 359–365 Available at: <https://www.ghspjournal.org/content/4/3/359>.
- 102 See Cavallaro, F, Duclos, D, Ndoye, T et al (2018) Lessons learned from the evaluation of the Informed Push Model in Senegal. Presentation at Reproductive Health Supplies Coalition meeting. Available at: https://www.rhsupplies.org/fileadmin/uploads/rhsc/General_Membership_Meetings/Brussels_2018/Presentations/Day_3/Parallel_Sessions/920/Lessons_learned_Informed_Push_Model_Senegal_-_Francesca_Cavallaro.pdf.
- 103 See Braddock, M and Skibiak, J (2019) *Creating an effective & sustainable ecosystem for reproductive health supplies by 2030*, footnote 114.
- 104 See GFF (2018) The Global Financing Facility, Merck for Mothers, Bill & Melinda Gates Foundation, and The UPS Foundation Launch Public-Private Partnership to Improve Supply Chains in Low- and Middle-Income Countries. Available at: <https://www.globalfinancingfacility.org/global-financing-facility-merck-mothers-bill-melinda-gates-foundation-and-ups-foundation-launch>. See also UPS Foundation (2018) *Humanitarian Relief & Resilience and Public Health Strengthening Initiatives*. Available at: https://sustainability.ups.com/media/2018_UPS_Humanitarian-Relief-Resilience.pdf.
- 105 See USAID and Palladium (2016) *Pay for Results in Development: A Primer for Practitioners*.
- 106 See High Impact Practices in Family Planning (HIPs) (2018) *Social franchising: Improving quality and expanding contraceptive choice in the private sector*. Washington, DC: USAID. Available at: <https://www.fphighimpactpractices.org/briefs/social-franchising>.
- 107 See High Impact Practices in Family Planning (HIP) (2013) *Social marketing: leveraging the private sector to improve contraceptive access, choice, and use*. Washington, DC: USAID. Available at: <http://www.fphighimpactpractices.org/briefs/social-marketing>.
- 108 See, for example, USAID (2009) *The vital role of the private sector in reproductive health*. Available at: <https://www.shopsplusproject.org/resource-center/vital-role-private-sector-reproductive-health>.
- 109 See World Bank Group (2018) *Creating Markets in Nepal – Country Private Sector Diagnostic*. Available at: https://www.ifc.org/wps/wcm/connect/cf66e8dc-f7c0-42b9-80ef-fc13920f89dd/CPSD_Nepal_Oct18_2_Web.pdf?MOD=AJPERES&CVID=msllQer.
- 110 See Carnegie Consult (2016) *Evaluation of Sida's use of guarantees for market development and poverty reduction: Evaluation report*.
- 111 See Tung, E, Bennett, S (2014) Private sector, for-profit health providers in low and middle income countries: can they reach the poor at scale?
- 112 See High Impact Practices in Family Planning (HIP) (2020) *Family planning vouchers: a tool to boost contraceptive method access and choice*. Washington, DC: HIPs partnership. Available at: <https://www.fphighimpactpractices.org/briefs/family-planning-vouchers>.
- 113 See Madhavan, S, Bishai, D, Stanton, C et al (2010) *Engaging the private sector in maternal and neonatal health in low and middle income countries*. Future Health Systems Innovations for equity. Working Paper 12. Available at: <http://www.sbccimplementationkits.org/demandrmnch/wp-content/uploads/2014/02/Engaging-the-Private-Sector-in-Maternal-and-Neonatal-Health-in-Low-and-Middle-Income-Countries.pdf>.
- 114 See Montagu, D, Goodman, C, Berman, P et al (2016) Recent trends in working with the private sector to improve basic healthcare: a review of evidence and interventions. *Health Policy and Planning*; 31, 8, pp. 1117–1132, which reviews the evidence base for the following five models of engagement with private sector providers: commodity social marketing, social franchising, contracting, accreditation, and vouchers. Available at: <https://doi.org/10.1093/heapol/czw018>. See also High Impact Practice Briefs on Social Marketing, Social Franchising, and Drug Shops and Pharmacies. Available at: https://www.fphighimpactpractices.org/briefs/?fwp_facet_brief_categories=service-delivery.
- 115 See Thurston, S, Chakraborty, NM, Hayes, B et al (2015) Establishing and Scaling-Up Clinical Social Franchise Networks: Lessons Learned From Marie Stopes International and Population Services International.
- 116 See, for example, Enabel (undated) Enabel, USAID and Uganda Government launch health systems strengthening project. Available at: <https://www.enabel.be/content/title-13>.
- 117 See World Health Organization Executive Board (2008) *Capacity building to constructively engage the private sector in providing essential health care services*. Report by the Secretariat. Available at: <http://www.hanshep.org/resources/further-reading/capacity-building-to-constructively-engage-the-private-sector-in-providing-essential-health-services>.
- 118 See Madhavan, S, Bishai, D (2010) *Private Sector Engagement in Sexual and Reproductive Health and Maternal and Neonatal Health. A Review of the Evidence*. UK: HDRC. Available at: <https://assets.publishing.service.gov.uk/media/57a08af5ed915d622c0009e9/Private-Sector-Engagement-in-SRH-MNH.pdf>. See also McPake, B, and Hanson, K (2016) Managing the public-private mix to achieve universal health coverage. *Lancet*; 388, 10044, p. 622–630. Available at: [https://doi.org/10.1016/S0140-6736\(16\)00344-5](https://doi.org/10.1016/S0140-6736(16)00344-5).

- 119 See Thomas, C, Makinen, M, Blanchet, N, and Krusell, K (eds) (2016) *Engaging the Private Sector in Primary Health Care to Achieve Universal Health Coverage: Advice from Implementers, to Implementers*. Joint Learning Network for Universal Health Coverage Primary Health Care Technical Initiative. Available at: <https://www.jointlearningnetwork.org/wp-content/uploads/2019/11/EngagingPrivateSectorFinal.pdf>.
- 120 See World Economic Forum website, Universal Health Coverage: UHC2030 Private-Sector Constituency: <https://www.weforum.org/projects/uhc2030-private-sector-constituency>.
- 121 See, for example, on the GFF Investors Group, GFF website, Investors Group: <https://www.globalfinancingfacility.org/investors-group>, or on the RHSC Executive Committee, RHSC website, The Executive Committee: <https://www.rhsupplies.org/about-us/the-executive-committee/>.
- 122 See Thurston, S, Chakraborty, NM, Hayes, B et al (2015) Establishing and Scaling-Up Clinical Social Franchise Networks: Lessons Learned From Marie Stopes International and Population Services International.
- 123 For examples of donor funding to strengthen professional associations, see Alliance for Case Studies for Global Health (2012) *Changing the Politics of Maternal and Newborn Health*. Available at: <http://www.casestudiesforglobalhealth.org/post-cfm/changing-the-politics-of-maternal-and-newborn-health/>.
- 124 See Montagu, D, and Goodman, C (2016) Prohibit, constrain, encourage, or purchase: how should we engage with the private health-care sector? *Lancet*; 388, 10044, pp. 613–621. Available at: [https://doi.org/10.1016/S0140-6736\(16\)30242-2](https://doi.org/10.1016/S0140-6736(16)30242-2).
- 125 Ibid.
- 126 For an overview, see PATH (2012) eHealth, mHealth, reproductive health. *Outlook*; 29, 1. Available at: https://path.azureedge.net/media/documents/RH_outlook_29_1.pdf; and High Impact Practices in Family Planning (HIPs) (2017) *Digital health: strengthening family planning systems*. Washington, DC: USAID. Available at: <https://www.fphighimpactpractices.org/briefs/digital-health-systems/>.
- 127 See, for example, on the Adolescents360 program supported by Vodafone Foundation in Tanzania: FP2020 website, Vodafone Foundation: <http://www.familyplanning2020.org/vodafone-foundation>.
- 128 See Center for Health Market Innovations website, United Nations Foundation (mHealth Alliance): <https://healthmarketinnovations.org/funder/united-nations-foundation-mhealth-alliance>. See further Gagnaire, K (2015) Goodbye from Mama. Available at: <https://unfoundation.org/blog/post/goodbye-from-mama/>.
- 129 See Harford, T (2017) Money via mobile: The M-Pesa revolution. BBC World Service. Available at: <https://www.bbc.com/news/business-38667475>; and Vodafone website, M-Pesa: <https://www.vodafone.com/what-we-do/services/m-pesa>.
- 130 See examples in Innovation Working Group for EWEC Task Force on Sustainable Business Models (undated) *Fostering Healthy Businesses: Delivering Innovations in Maternal and Child Health*. See also, for example, on the Ignite project funded by the Dutch Ministry of Foreign Affairs, PSI website, Ignite: <https://www.psi.org/special-project/ignite/>.
- 131 See, for example, MCSP (2017) *Implementing the Mobile Alliance for Maternal Action Approach. Lessons from Country Programs: Bangladesh, South Africa, India and Nigeria*. Available at: <https://www.mcsprogram.org/resource/mobile-alliance-maternal-action-mama-lessons-learned-brief/>.
- 132 See, for example, on training for private sector practitioners supported by USAID in Egypt: The Evidence Project (2018) *Family Planning/ Reproductive Health Training Curriculums for Private Sector Physicians, Pharmacists, Nurses, and Peer Educators in Egypt*. Available at: <http://evidenceproject.popcouncil.org/resource/fp-rh-training-curriculum-egypt/>.
- 133 See World Bank (2011) *Healthy Partnerships: How governments can engage the private sector to improve health in Africa*; and Peters, DH, Mirchandani, GG, Hansen, PM (2004) Strategies for engaging the private sector in sexual and reproductive health: how effective are they? *Health Policy and Planning*; 19, suppl 1, pp. i5–i21. Available at: <https://doi.org/10.1093/heapol/czh041>.
- 134 See Private Sector Partnerships-One (2009) *The Vital Role of the Private Sector in Reproductive Health*. Available at: https://www.shopsplusproject.org/sites/default/files/resources/5260_file_The_Vital_Role_Policy_Brief.pdf. See also Universal Access Project, United Nations Foundation, The Evidence Project et al (2017) *Private Sector Action for Women's Health and Empowerment: How Businesses Can Invest in Women and Realize Returns*.
- 135 See, for example, on work by Unilever: Center for Global Development Public Event: The Private Sector and Gender Equality: Beyond Traditional Corporate Social Responsibility: <https://www.cgdev.org/event/private-sector-and-gender-equality-beyond-traditional-corporate-social-responsibility>. See also Unilever website, Sustainable Living: <https://www.unilever.com/sustainable-living/>.
- 136 See, for example, Gopalan, M (2019) There are 3 barriers blocking good menstrual hygiene for all women. Here's how we overcome them. Available at: <https://www.weforum.org/agenda/2019/11/menstruation-in-different-cultures-period-taboo/>.
- 137 See BSR HERproject website, HERhealth: <https://herproject.org/programs/herhealth>.
- 138 See Universal Access Project, United Nations Foundation, The Evidence Project et al (2017) *Private Sector Action for Women's Health and Empowerment: How Businesses Can Invest in Women and Realize Returns*.
- 139 Ibid.
- 140 See Devex and MSD for Mothers (2019) *Partner for progress: Advancing private sector approaches to achieve the SDGs*, p. 14f. Available at: <https://pages.devex.com/partner-for-progress.html#NULL>.
- 141 See SHOPS Plus website, Sources of Family Planning Materials: <https://www.shopsplusproject.org/sources-family-planning-materials>.
- 142 See for a discussion of these and other points related to obstacles for donors: DCED (2017) *How donors can make the transition to strategic private sector engagement: Programming innovations and organisational change*. DCED Briefing Note. Available at: https://www.enterprise-development.org/wp-content/uploads/DCED_Making_the_Transition_to_Strategic_Private_Sector_Engagement.pdf.
- 143 For an overview of donor policies and strategies see DCED website, Private sector engagement: <https://www.enterprise-development.org/implementing-psd/private-sector-engagement/>; see also, for example, USAID (undated) *Private-sector engagement policy*. Available at: https://www.usaid.gov/sites/default/files/documents/1865/usaid_psepolicy_final.pdf.

web: www.countdown2030europe.org
twitter: [@C2030Europe](https://twitter.com/C2030Europe)
email: countdown2030europe@ippfen.org

