LNCT
Learning Network for
Countries in Transition

Effective Engagement of the Private Sector

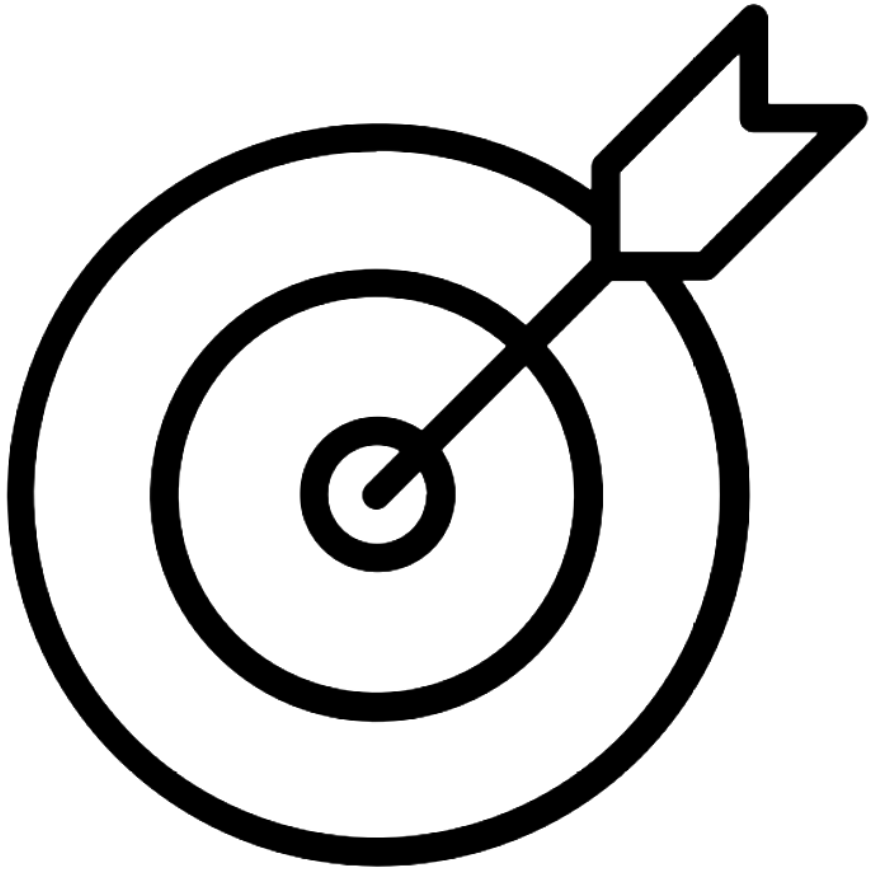
For universal immunization coverage

Tangerang, Indonesia
July 5, 2019

Miloud Kaddar

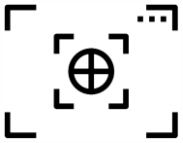
Session Objectives

- Understand the variety of private sector actors
- Present models for engaging their support for immunization
- Benefits and challenges of engaging the private sector
- Identify how LNCT can provide support to countries on private sector engagement



objective by Fauzan Adiima from the Noun Project

Session Agenda



- Introduction and framing

- Private sector panel featuring Indonesian organizations

- Question and answer

- Small group discussions

"Focus" by Petai Jantrapoon, "Panel" by Gira Park, "Question" by Aneeque Ahmed, "Discussion Group" by Johanna from the Noun Project

Engaging with the Private Sector for Immunization: Setting the Stage

- Who are the actors?
- What functions are fulfilled by the private sector?
- How does the private sector contribute to immunization coverage?
- What models of partnership exist between the public and private sectors?

Who are the actors?

For-profit

- **Service providers ranging from solo clinics to hospitals**
- Vaccine producers
- Vaccine importers
- Vaccine distributors (wholesalers, Pharmacists)
- Health Insurers
- Vaccine marketing
- Vaccine-related equipment producers
- Cold chain equipment distribution and maintenance

Non-for-profit

- Faith-based organizations
- Community-based organizations
- Civil society organizations
- Charity organizations
- Foundations

What functions are fulfilled by the private sector?

Functions	Public Sector	Private Sector	
		Non-for-profit	For-profit
Immunization service provision			
Surveillance			
Data reporting and monitoring			
Advocacy and social mobilization			
Training and applied research			
Financing			
Policy and decision-making			
Manufacturing immunization-related products			
Importing, storing, distributing immunization-related products			
Cold chain maintenance			

Models of Private Sector Engagement and Partnerships

- Depend on
  - Legal, economic, social and institutional factors
  - Whether private health sector is significant and active
  - Immunization coverage and financing by public sector
  - Supply and demand dynamics
  - Immunization policies and programs

- **Spectrum of options**

For-profit sector is dominant (Georgia, Lebanon)	⟷	For-profit sector is not allowed to provide immunization (Libya, Iraq)
Non-for-profit sector is dominant (Afghanistan)	⟷	Non-for-profit sector does not exist (Tunisia, Algeria)

Scope and Magnitude of Private Sector Financing and Provision in Benin, Malawi, and Georgia (June 2019)

Ann Levin et al.

Methods

- Three study objectives
  - Estimate the % of vaccinations taking place through the private sector
  - Estimate private expenditures for vaccination
  - Determine whether the MoHs are supporting vaccination services provided through the private sector.

- Study methods:
  - In each country, a stratified random sample of 50 private sector providers was surveyed using a pre-tested, standardized questionnaire

3 Countries: 3 Different Models

- In **Malawi**, some 44% of private facilities, *predominantly faith-based organizations*, provided vaccination and administered an estimated 27% of total vaccinations

- In **Benin**, 18% of private facilities provided vaccinations, accounting for 7% of total EPI program vaccinations

- In **Georgia**, all facilities were privately-managed and *100%* of private vaccinations were conducted at these facilities

- **In all three countries**,
  - The MOHs supplied vaccines and other support to all types of private facilities.
  - The governments' ability to *regulate* is critical and remains a challenge

Effective Engagement with the Private Sector to Increase Immunization Coverage and Reduce Disparities in the MENA Region

UNICEF MENARO Study

Most MENA countries (14 out of 16) private sector vaccination (exceptions are Iraq and Libya)

Urban Vaccination

Algeria, Djibouti, Iran, Qatar, Syria

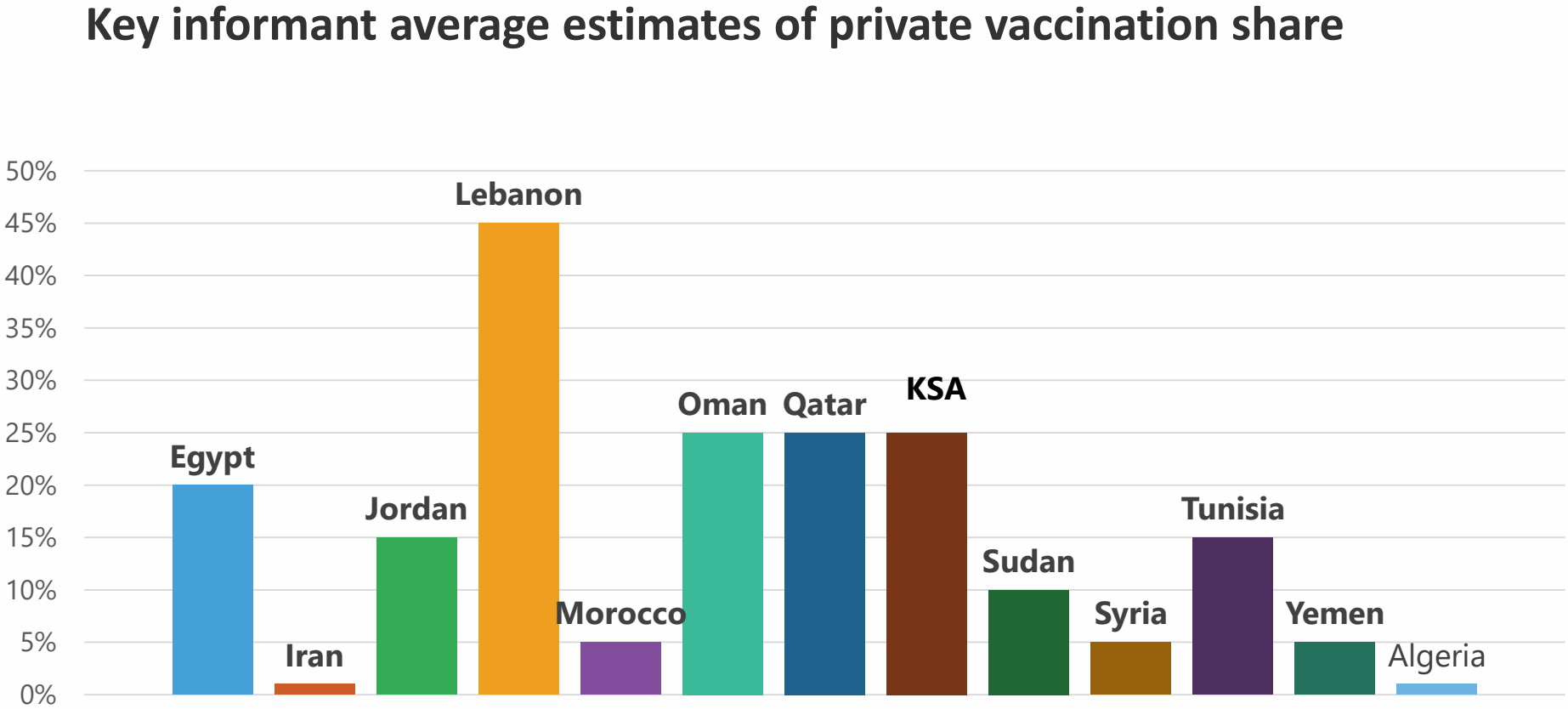
Urban and Rural Vaccination

Egypt, Jordan, Lebanon, Morocco, Oman, KSA, Sudan, Tunisia

Rural Vaccination

Yemen

Key informant average estimates of private vaccination share



Target populations vary from country to country

Children and Pregnant Women only

Algeria, Iran, Syria, Yemen

Children, Pregnant Women, Refugees

Djibouti, Jordan, Lebanon, Sudan

Children, Pregnant Women, Adults, Travelers/Pilgrims

Egypt, Morocco, Oman, Qatar, KSA, Tunisia

Government relations with private sector

Government provision of vaccines to private providers	
No private providers in immunization	Iraq, Libya
Government provides vaccines to NGOs only	Jordan*, Palestine
Government provides vaccines to all providers	Djibouti, Lebanon, Oman, Saudi Arabia, Sudan, Yemen
Pilot provision to private providers	Tunisia
No provision of vaccines to private providers	Algeria, Egypt, Morocco, Syria

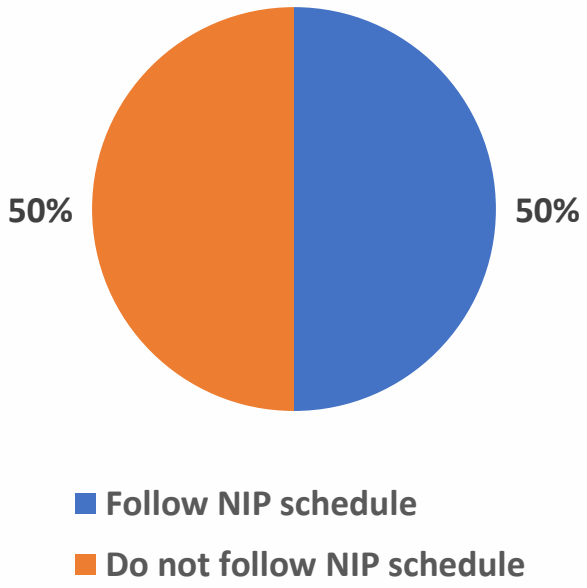
*Jordan also provides a few of the less expensive vaccines (such as OPV) to a few for profit providers

Vaccines that private sector is permitted to provide

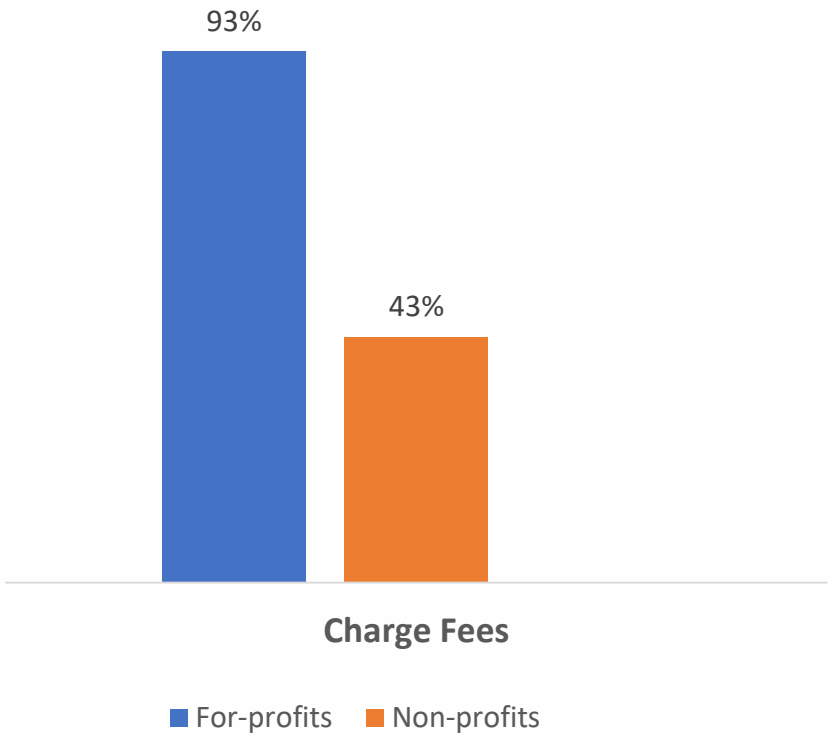
Vaccines that private sector is permitted to provide:	
No private providers in immunization	Iraq, Libya
NIP vaccines only	Algeria, Oman, Sudan, Yemen
NIP and non-NIP vaccines	Djibouti, Egypt, Jordan, Lebanon, Morocco, Palestine, Saudi Arabia, Syria, Tunisia

Other characteristics of private providers

Private providers implement NIP schedule



Private providers charge fees for vaccination



Key Takeaways

1. First, ignoring the private sector is not an option. In almost all countries private sector is a key player in the health sector, including in immunization as shown in recent studies.

2. Not-for-profit providers are extending reach to most vulnerable and improving coverage in many countries particularly for refugees and internally displaced persons. There may be places where NGOs are present and government cannot go.

3. For-profit providers and hospitals can potentially also reach poorer groups if public sector provides financing (or vaccines, at the very least). Private clinics can potentially relieve some of the burden on crowded public clinics.

Key Takeaways

5. To improve coverage and equity, governments could either contract with private providers, particularly NGOs, to reach underserved groups, or provide free vaccines for such purposes with clear contractual arrangements.

6. To improve service quality, the government could require private providers to use recommended vaccines, standard immunization cards, appropriate cold chain and report on immunization doses provided, AEFI and VPDs.

7. Private health sector as a *whole* should be involved in immunization not only as service providers but also as

   - ✓ champion of vaccinations,
   - ✓ conducting resource and social mobilization for immunizations,
   - ✓ integrating immunization services,
   - ✓ advocating for budget increase and effective promotion and implementation of universal immunization coverage.

Thank you to Ann Levin and Helen Saxenian.

Moderated Panel

The Role of Indonesia Pediatric Society (IDAI) in supporting for National Immunization Program

Soedjatmiko

Indonesia Pediatric Society (IDAI)

- 4188 member for 22M under fives
- distributed in Provinces and districts hos
- Mostly
  - Morning – afternoon : gov. hospitals/programs → National Imm. Program
  - Afternoon : private hospitals / clinics → NIP + Additional Immunization

- **Reporting of Immunization Coverage in <u>private services</u> ? → on line application** ?

Immunization Task Force of IPS / IDAI

- 10 pediatrician, experts in :
  - tropical diseases,
  - immunology
  - respiratology
  - gastroenterology
  - perinatology
  - neurology
  - epidemiology
  - social / community pediatric

Objectives

- For public : education and advocation
- For pediatrician : scientific in vaccines immunization, trainings
- For government : support NIP, scientific, advocation, AEFI, member of ITAGI

For Public / Community (for high and medium SES)

- Education : the benefits of :
  - routine and additional immunization
  - introducing new programs : MR, PCV, JE
  - outbreak response imm. : diphteria
- Advocation :
  - vaccine hesitancy in social media & community
  - AEFI
- Media / forum :
  - TV, radio, magazine, news paper
  - Whatsapp groups, Instagram, tweeter
  - **website : idai.or.id**
  - Public seminars

For Pediatrician (+ GP + widwive)

- Scientific seminars / symposiums
- **2 days Vaccinology training**
  - VPD
  - Immunology
  - Schedule
  - Cold chain, Procedures
  - AEFI
  - Vaccine hesitancy
- in 14 years: 29 x training (since 2005)
  - 1 years 2 -3 times : around 60 pediatrician /1x
  - 14 years = around 1800 (0,56 %) from 3200 pediatrician
  - **Budgeting problems**

For Medical / midwive / nurse students

- formal / intra – curriculum :
  - lectures and practicum
- Informal / extra – curriculum
  - seminars / symposium
- just in some centres,

For Government / Ministry of health

- Support for NIP
  - Scentific and epidemiology reasons
  - Public education :
    - Routine : benefit of immunization
    - Outbreak respons : diphteria
    - Introducing new NIP : MR, PCV, JE
  - Public advocation : vaccine hesitancy
  - AEFI
  - Special advocation to religious boards / NGO / press

Challenges

- vaccine hesitancy
- Porcine contain vaccine
- reporting system of private service → pediatrician champion for immunization (supported by AAP)
- training for all pediatrician

Question and Answer