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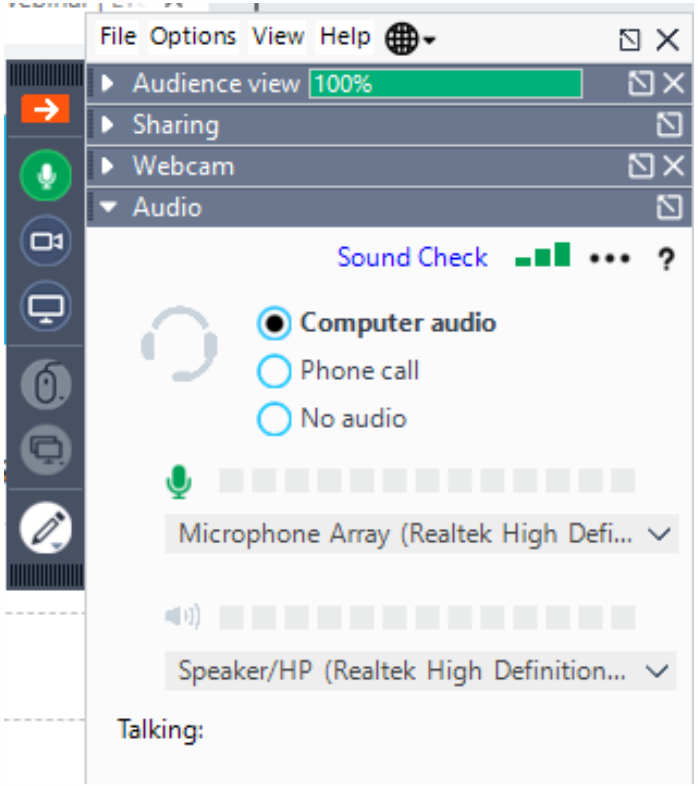


LNCT
Learning Network for
Countries in Transition

Strengthening Public-Private Engagement for Immunization Delivery

November 26, 2019

Agenda

- Webinar housekeeping
- Welcome and introductions
- Framing and Key observations from MENA and Abt studies around different ways private entities are engaged (Ann Levin)
- Malawi case study (Dr. Temwa Mzengeza)
- Georgia case study (Ekaterine Adamia)
- Moderated Q&A

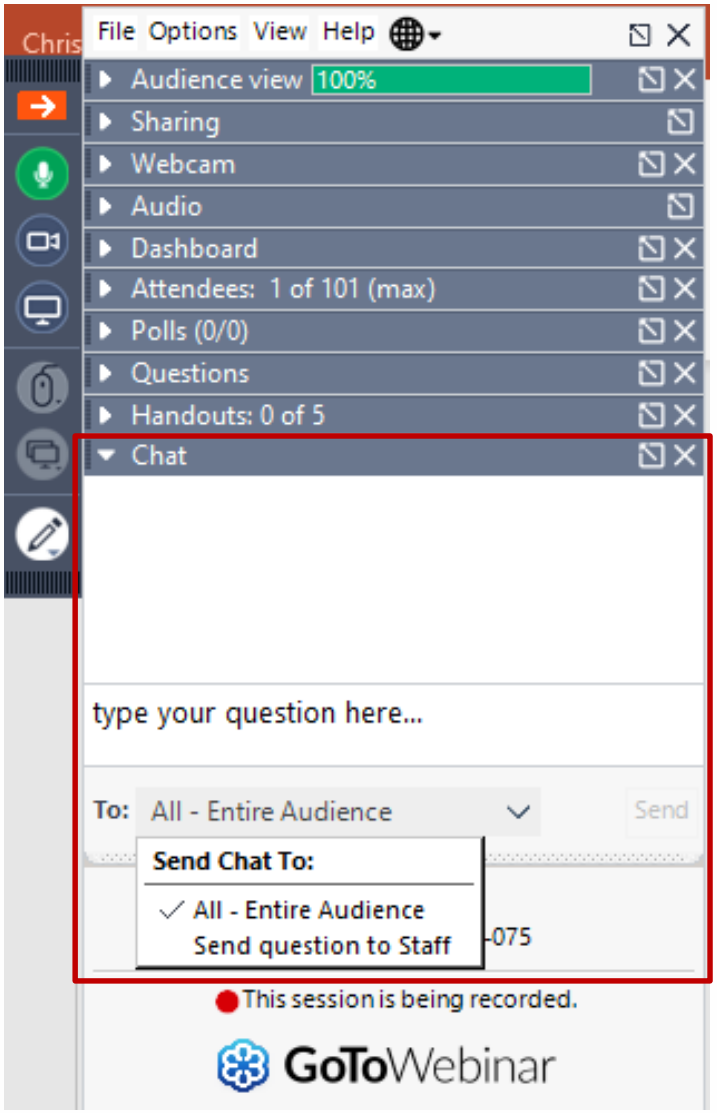
Q&A and Chat Tips

Questions

- We will be having a discussion with our panelists during this webinar.
- Please feel free to submit questions as they arise via the “Questions” panel on your screen.

Chat

- You may use the “Chat” panel to:
  - Connect with other attendees
  - Communicate with the host about any technology issues you may be experiencing
  - Please do NOT type your questions into the “Chat” panel as the host may miss your question.



Framing and Key Observations from MENA

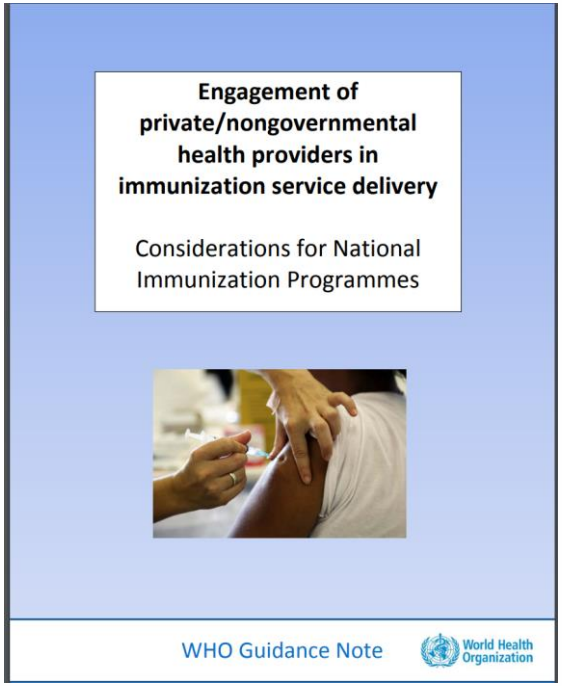
Definition of Private Entities

- Comprises private for-profit providers and nonprofit providers
  - For-profit providers:
    - Commercial providers with primary goal of generating a return on investment (World Bank Private Health Policy Toolkit for Africa 2013)
  - Non-profit providers
    - Providers that rely on donations, grants, and some client payments for goods and services

WHO Guidance Note: Engagement of private providers in immunization service delivery. Considerations for National Immunization Programs

Considerations in developing framework for public private engagement:

1. Contribution to vaccination service delivery and coverage
2. Immunization practices, service quality, missed opportunities, and procurement
3. Vaccination schedule
4. Equity in services
5. Collaborative dialogue and formal agreements
6. Advocacy
7. Program monitoring, coverage reporting and disease and adverse event surveillance
8. Private providers' role in policy and decision-making



Private Sector Engagement in Immunization in the MENA Region – **UNICEF** for every child

Observations from Two Studies

- Landscape of Private Sector Immunization in MENA Countries
  - Literature Review
  - Online survey
  - Case studies in Jordan, Sudan and Tunisia
- Three Country Study in Benin, Malawi and Georgia
  - Conducted surveys of 50 private sector providers facilities and 10 public facilities

Main Findings from MENA Landscaping

- Most MENA countries (14 out of 16) have private sector vaccination (exceptions are Iraq and Libya where private sector not permitted to provide immunization)

Urban Vaccination

Djibouti, Iran, Qatar, Syria

Urban and Rural Vaccination

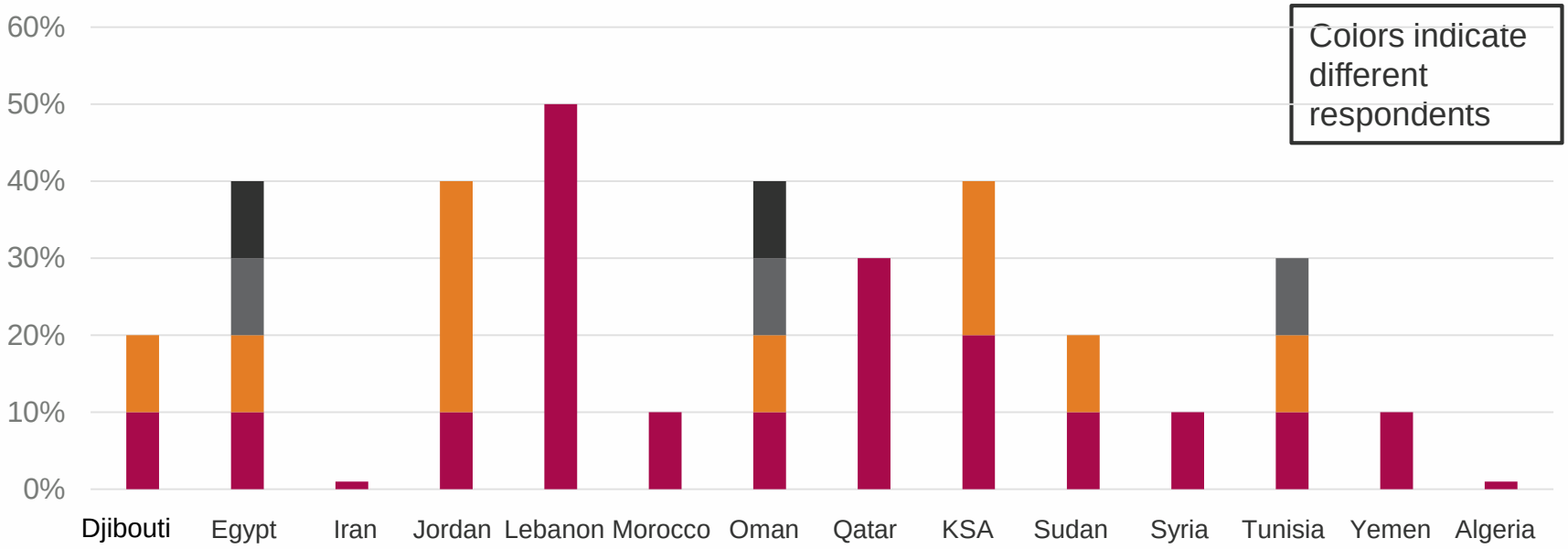
Egypt, Jordan, Lebanon, Morocco, Oman, KSA, Sudan, Tunisia

Rural Vaccination

Yemen

Main Findings

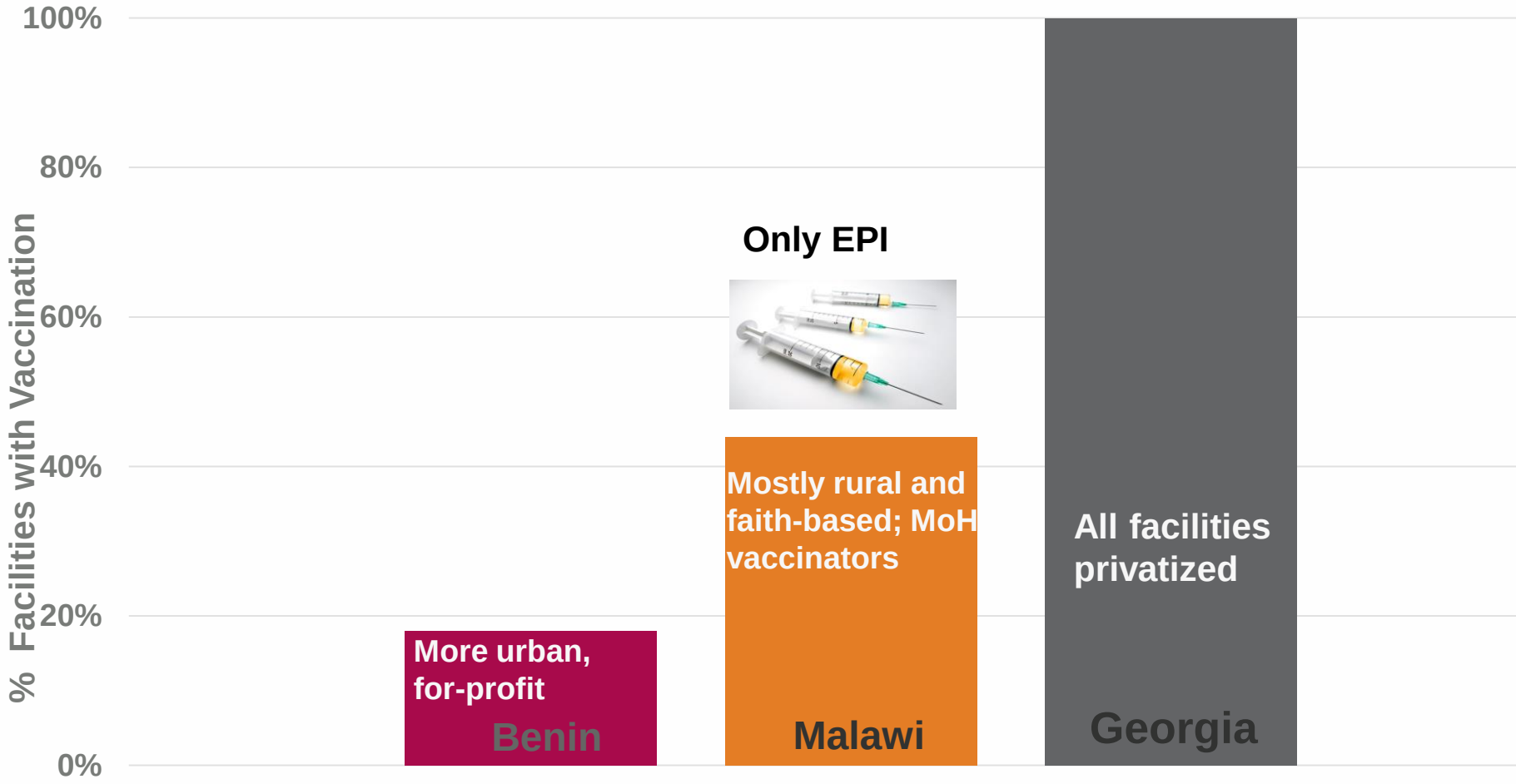
- Target populations vary from country to country



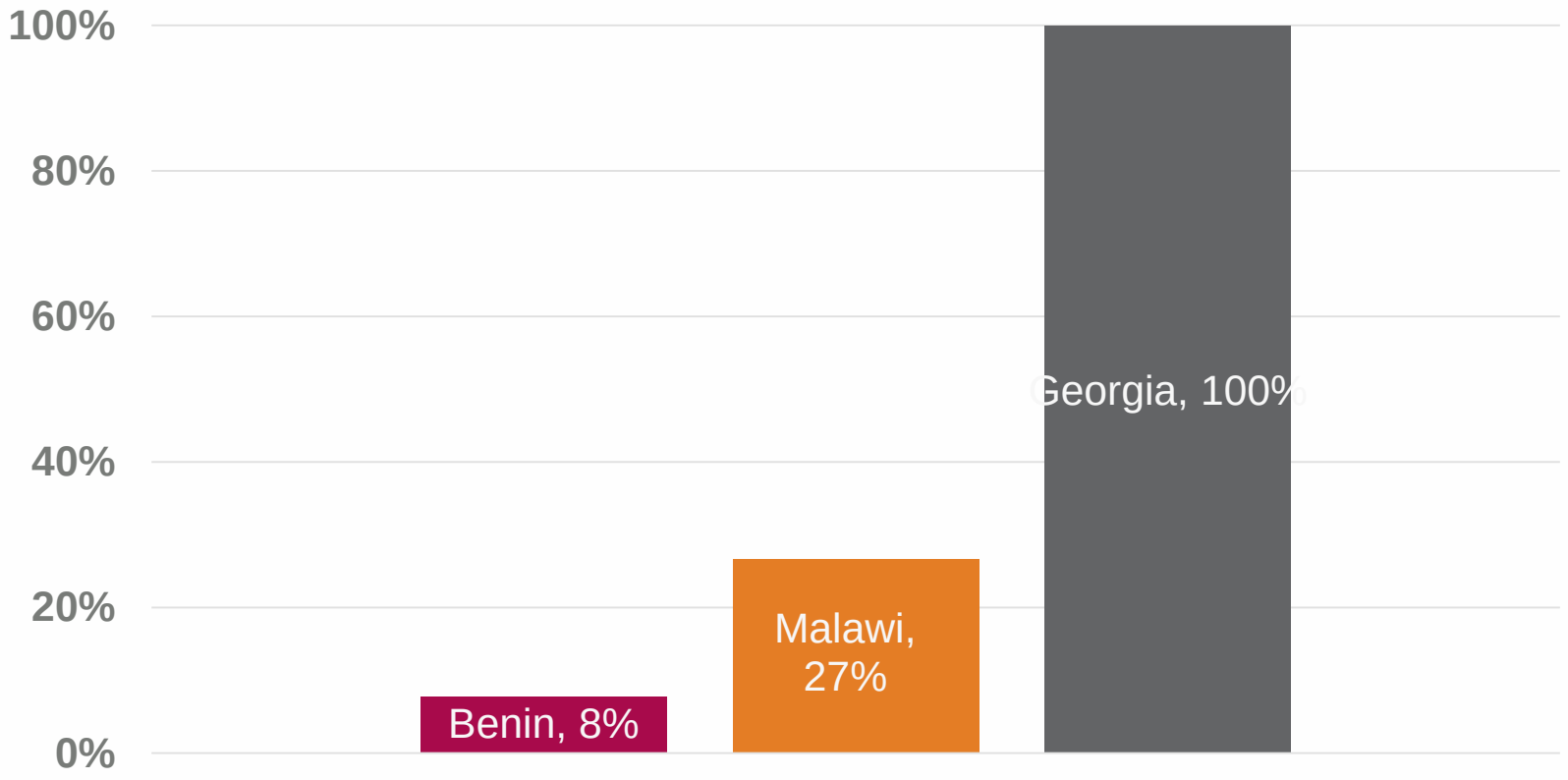
Source: online survey

Three Country Study in Benin, Malawi, and Georgia

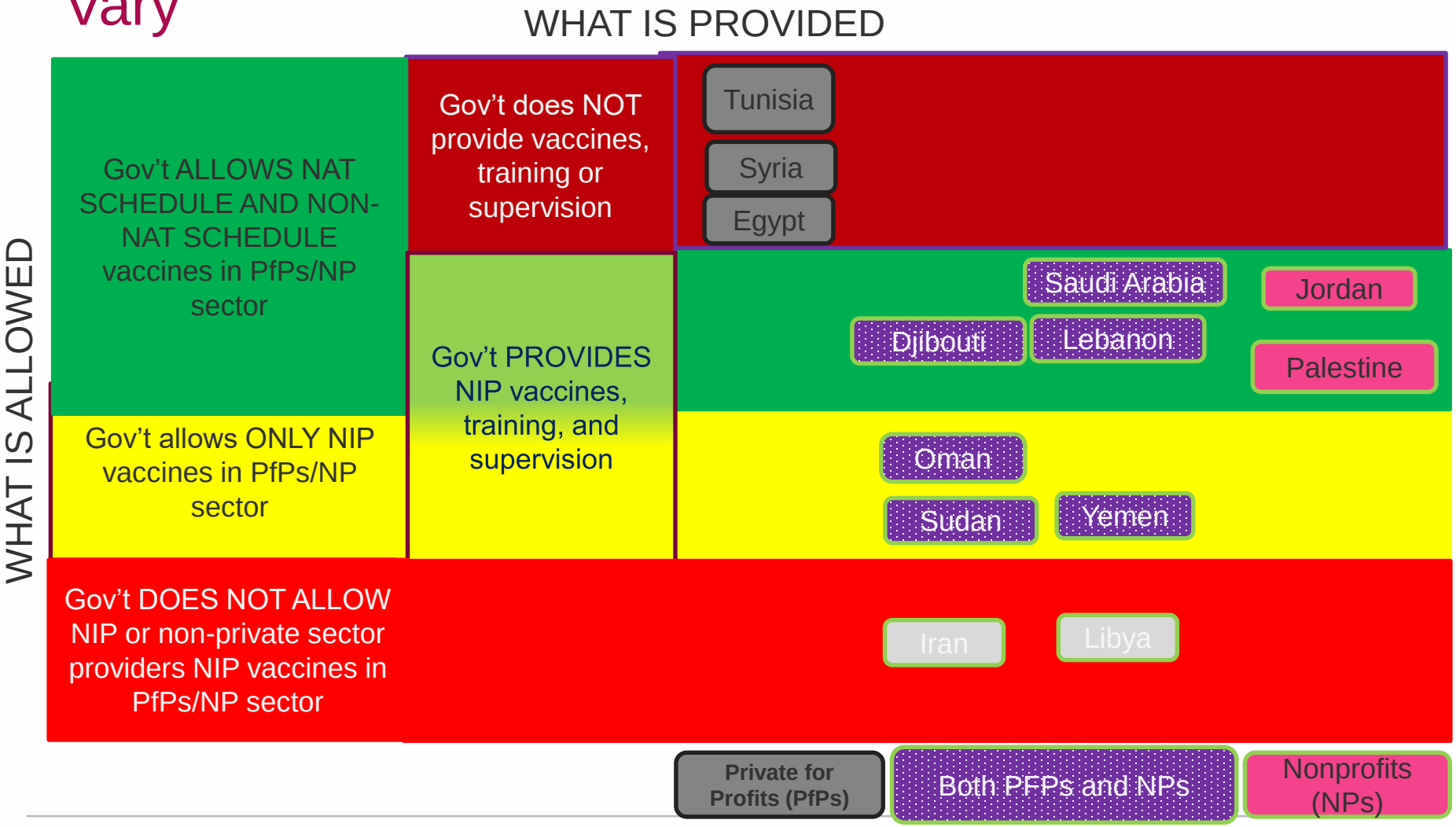
Characteristics of Private Vaccination by Country



% of Vaccinations provided through private sector



Gov’t Relations with For-Profits and Nonprofits Vary



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Key takeaways

- Contributions of private sector are increasing and play a significant role in some countries
- Many models and schemes are tested and implemented
- Supervision and Monitoring of Private providers – sometimes insufficient, particularly for private for-profit providers
  - Concerns about service quality –cold chain maintenance, lack of adherence to vaccination schedules
  - Some charging for Vaccination Services
- Need to engage more closely with the private sector in regulating, coordinating, planning and monitoring immunization activities to reduce inequities and increase overall coverage of immunization services
- Governments may benefit from carrying out a landscape analysis where role of private sector in immunization is not well understood.
- Based on findings, governments can try to shape engagement so that private sector contributes positively to overall NIP goals

Acknowledgements

- UNICEF MENARO
- Bill & Melinda Gates Foundation
- Country National Immunization Programs

Malawi Case Study on Role of Private Sector Providers in Immunization

Private Sector Vaccination Study Objectives

- Estimate proportion of immunization services provided through private sector
- Estimate proportion of immunization expenditures spent on private sector
- Determine whether private sector and Ministries of Health are interacting to improve immunization program effectiveness and efficiency

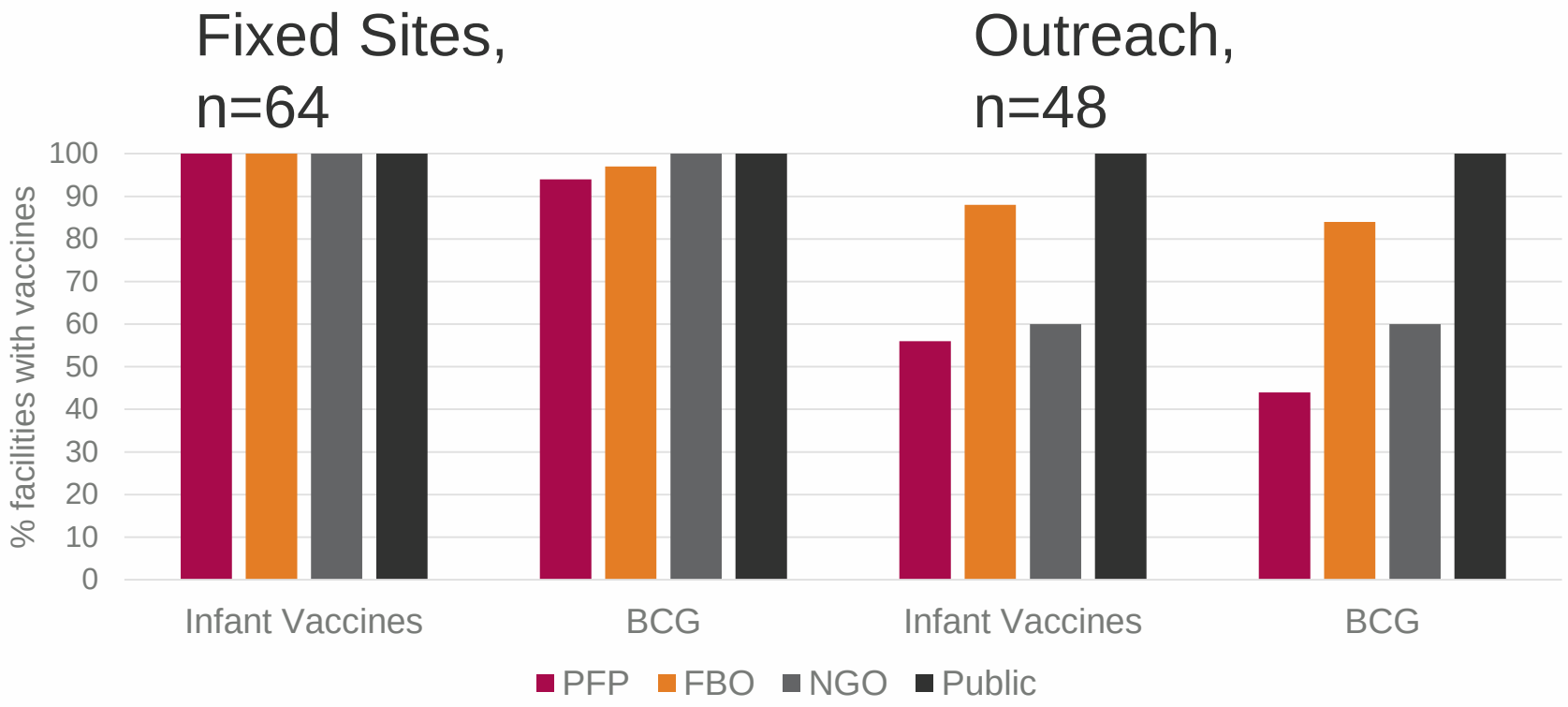
Malawi Background Setting/Model for Vaccination Services

- All Public Hospitals, Health Centers & Christian Health Association of Malawi (CHAM) facilities provide Vaccination
- District Health Officers (DHOs), together with the EPI coordinators, decide which private facilities can provide vaccination
- Govt. vaccinators administer vaccinations in private facilities

Health Facilities in Malawi with Vaccination, 2013-14 Service Provision Assessment

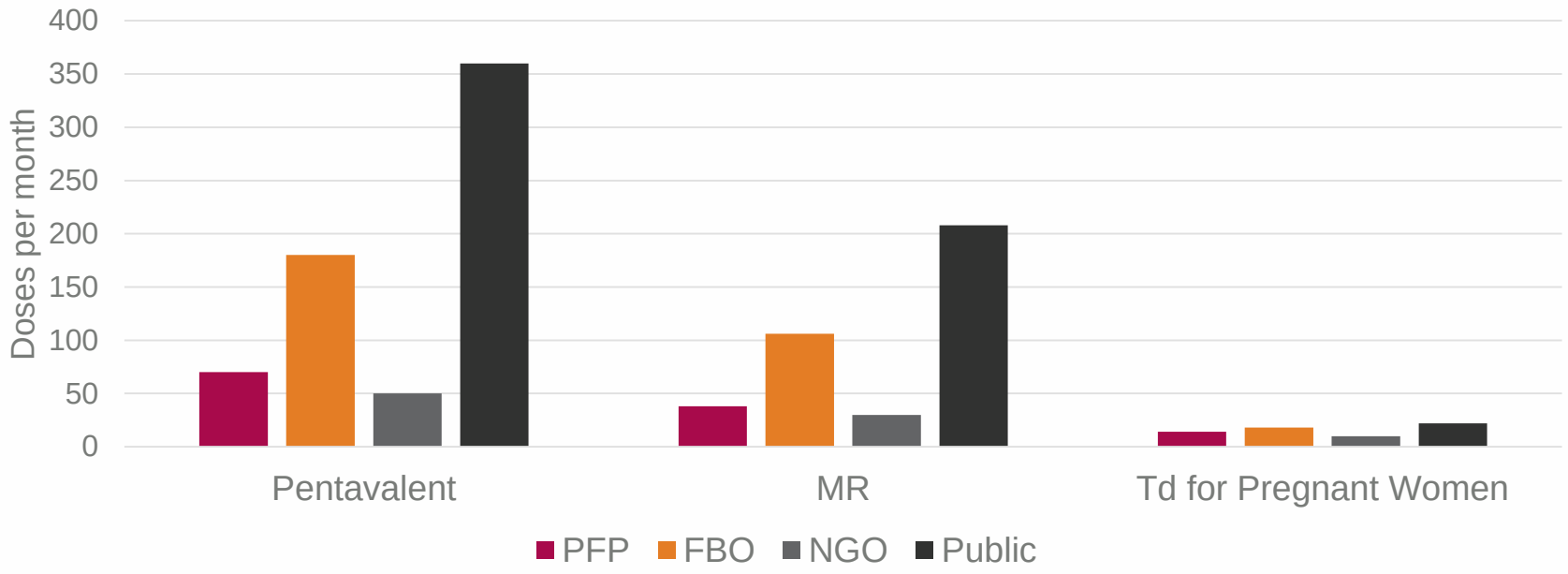
Type of Structure	Number	Percent Facilities with Vaccination
Government	472	95%
FBO	163	94%
Private	214	17%
NGO	58	31%
Company	69	46%

Vaccines Administered for Infants by Facility Type



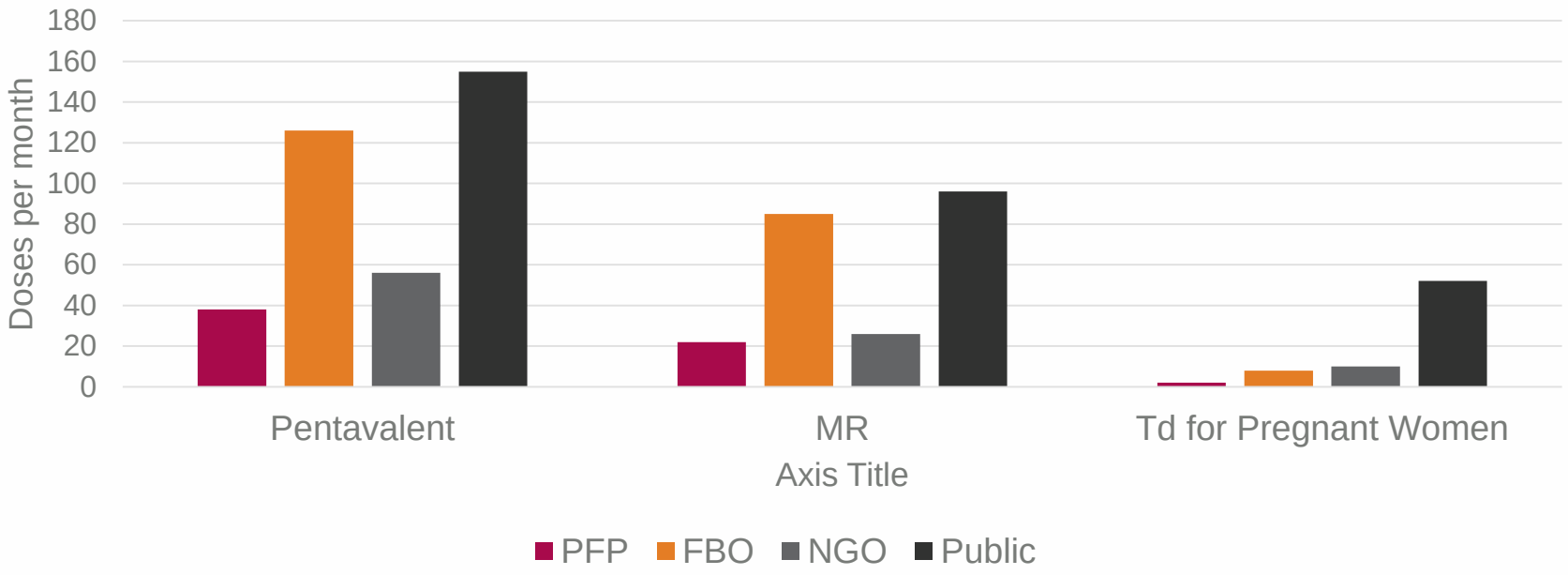
Private providers are administering all infant vaccines other than BCG at fixed sites; fewer providers offer infant vaccines at outreach sites.

Monthly Mean Vaccination Service Volume by Facility Type at Fixed Sites (n=64)



The number of private vaccination services were highest in FBOs, after private for-profit, and NGOs.

Monthly Mean Vaccination Service Volume by Facility Type through Outreach



Similarly, FBOs administered more vaccinations than NGOs and for-profits through outreach.

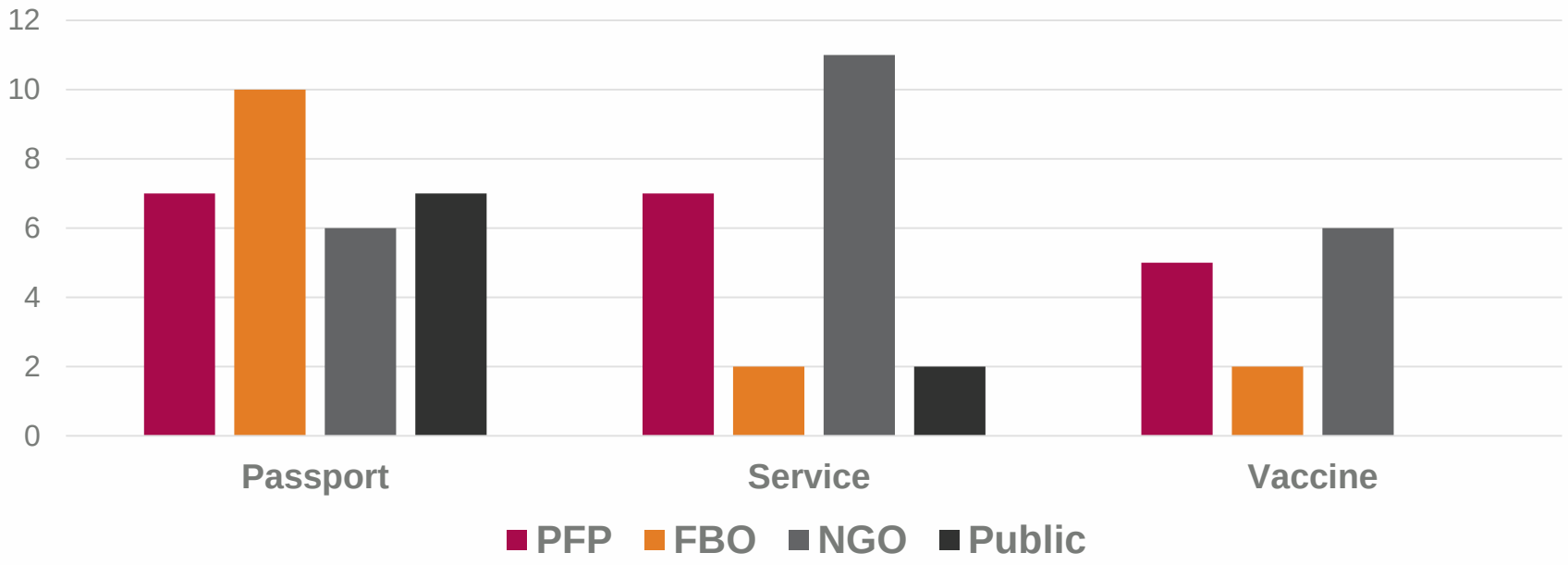
Coordination between MoH and Private Sector :

- MoH gives vaccines and injection supplies to all private health facilities
- MoH gives cold chain equipment to many private facilities ranging from 88% of faith based organizations, 56% of for-profits and 40% of NGOs
- MOH pays for cold chain running costs in majority of private facilities, ranging 75% in FBOs, 69% in for-profits, and 25% in NGOs

Measures of Service Quality (%)

	PFP (16)	FBO (32)	NGO (5)	Public (11)
Cold Chain				
Store Vaccines	100	97	80	100
Thermometer	50	56	50	64
Fridge tag	88	97	75	100
Most recent MoH supervision				
Monthly	25	31	40	9
Quarterly	69	44	20	73
Every 6 months	0	13	0	9
Yearly	0	6	40	9
Training last 2 yrs				
New Vaccines	94	94	100	100
Service Del	50	56	60	36

% Clients paying for Vaccination



Share of Vaccinations that are Private

	For-Profit (000s)	FBO (000s)	NGO	Total Private (000s)	Est. Target Pop Vaccinees	% Private Share
BCG	4	98	9	104	572,260	18%
Pentavalent	26	455	44	491	557,140	30%
OPV	28	537	50	577	550880	26%
PCV13	25	414	41	448	550880	28%
Rotavirus	15	279	27	301	532,100	29%
Measles Rubella	12	210	21	227	507060	25%
Tetanus Diphtheria	9	49	6	60	379,620	1%
Total	119 (1%)	2,044 (25%)	45 (1%)	2,208 (27%)	NA	NA

Shares of Vaccination Expenditures

	Private (000s)	FBOs (000s)	NGO (000s)	Public (000s)	Total (000s)	
					Amount	%
Health Passport	61	2,604	23	9,107	11,795 ($16)	13%
Service	1,467	36,758	314	28,514	67,053 ($92)	74%
Vaccine	3,110	7,914	354	-	11,378 ($16)	13%
Total	4,638 ($6)	47,275 ($65)	691 ($1)	37,621 ($52)	90,226 ($124)	100%
Total Health Exp (THE)	NA	NA	NA	NA	$707,400*	NA
% Private Immunization Spending to THE	NA	NA	NA	NA	0.02%	NA

Conclusions

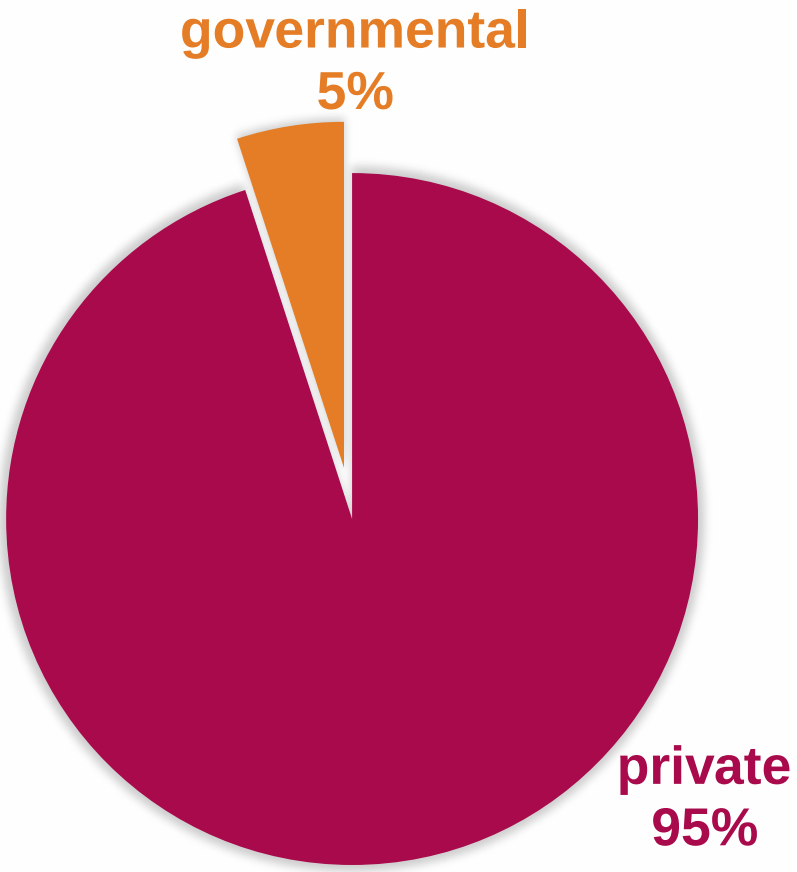
- Private sector facilities provide all EPI vaccines at fixed sites
  - Fewer for-profit and NGO facilities provide vaccines through outreach
  - Lower service volume at private facilities
- 27% of total vaccinations take place in private sector
- Share of total expenditures that are private is relatively small
- Government is providing support & Supervision to private sector facilities
  - Mainly monthly & quarterly, and in rare cases annually
- Some client dissatisfaction with longer waiting times to get vaccination services and lack of explanations and clarifications.
- Charging of fees is taking place in a few facilities
  - Clients report higher fees than official ones

THANK YOU!!!

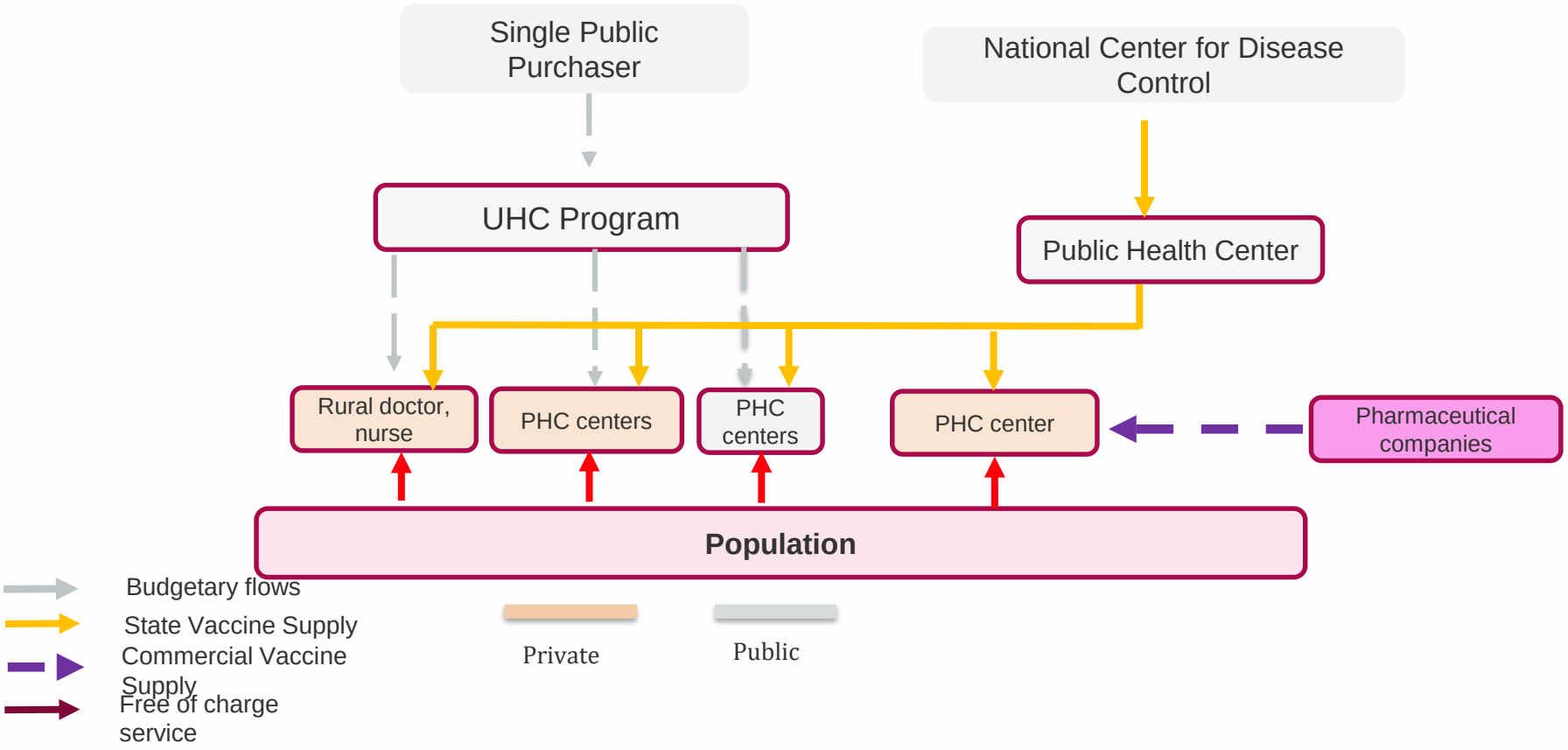
Immunization services in highly privatized environment

Overview

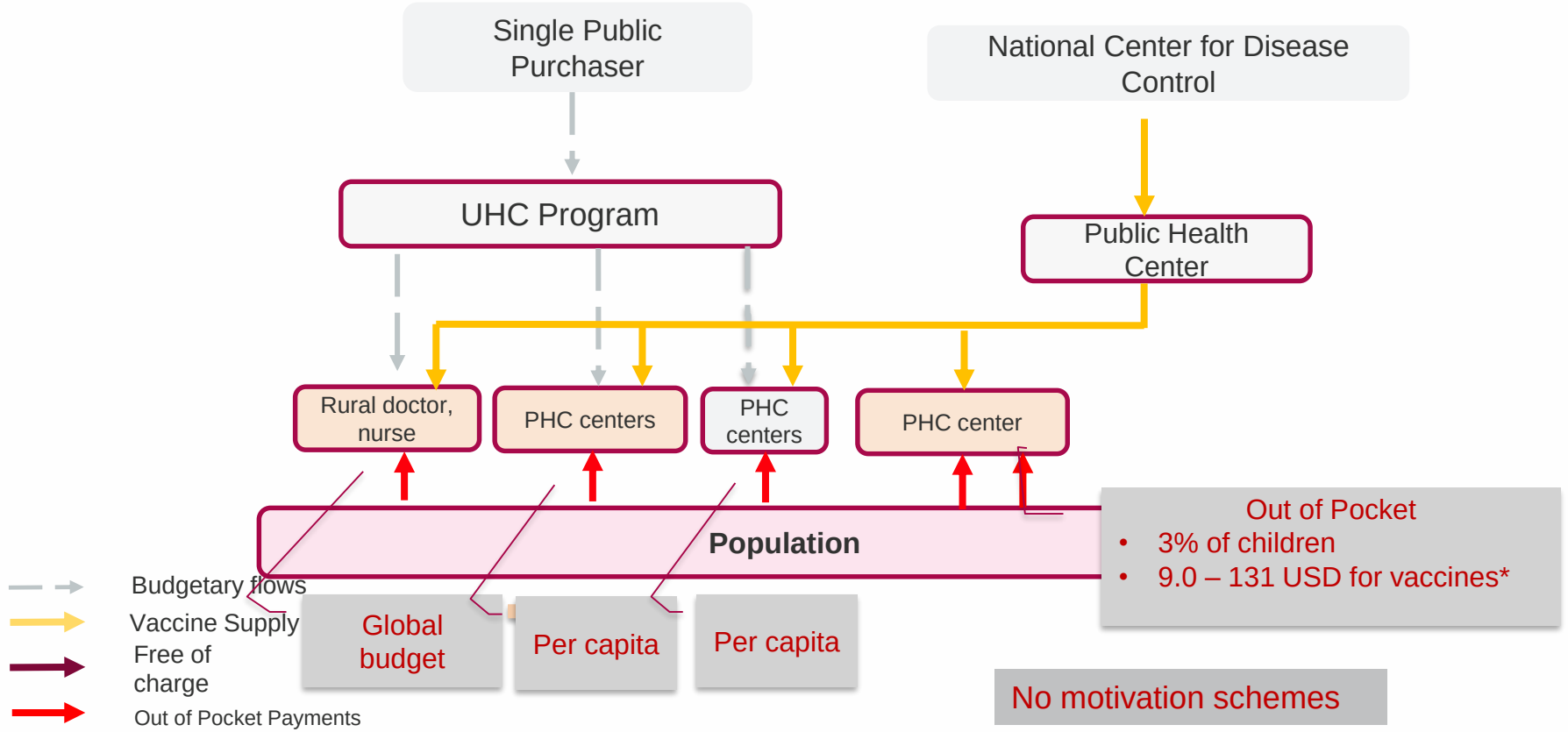
- Prehistory:
- Several waves of reforms since 1990s
- Radical privatization – from 2007
- Full privatization of PHC - by 2011
- Administration of the state funded program by private insurance companies
- Reversion to centralized administration - 2013



Immunization Service Providers & Vaccine Supply



Financing of Immunization service



* Levin, Ann and Rukhadze, Natia 2018. *Role of Private Sector Providers in Georgia's National Immunization Program.*

Immunization Surveillance under the State Program

- Regional and municipal public health centers are responsible for surveillance of the following functions:
- Immunization logistics and cold chain operation
  - Private providers are responsible for procurement and maintenance of cold chain equipment
- Immunization electronic module functioning (since 2018)
  - All immunization public / private and commercial service providers are obliged to report through the electronic module to the National CDC
- Immunization provision
- Reporting and forecasting processes

Rules are the same for all providers

- Immunization program is approved by the Governmental Decree
- The Decree regulates
  - ✓ Rules for service provision
  - ✓ Rules for reporting
  - ✓ Monitoring, control & revision mechanisms
  - ✓ Penalties etc.

The Government regulation for quality control

- Market regulated principles – many regulations were abolished
- No accreditation system in place (work is underway)
- Start of Primary Health Care service provision requires only medical personnel certification
- Start of immunization service requires meeting of the state requirements on storing of vaccines
- Clinics providing services under the state programs must preserve conditions approved by government decree

Control of provided services under the State Programs

- The Regulatory Agency under the MoH responsible for
  - Quality check of services by control and revision
    - Every five years - checking of correspondence between reported case and documents
    - Investigation of a case including patient complaints
  - In case of discrepancy the Regulatory Agency is incurring a penalty
  - In case of professional misconduct – from written notice to temporary or permanent revocation of a certificate
- The Public purchaser performs financial verification of the state funded services (comparison of the claims with actual services provided) (randomly)

Summary

- Immunization service provision is integrated into the UHC and provided free of charge to all children population
- Private for-profit medical providers predominate and currently face light regulation
- State regulations are similar for public, private and commercial immunization services providers including reporting, vaccine storage, and service provision
- Immunization is the only field where appraisal of the clinical practice is undertaken on a regular basis and supervision of the service is done
- There are no financial incentive mechanisms introduced in the system to motivate private providers to improve performance

Moderated Q&A

THANK YOU!!!