Engaging the Private Sector to Support Immunization

Day 1 – Overview of the private sector and immunization

October 2020
Engaging the Private Sector to Support Immunization

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Interpretation

1. At the bottom of the screen, select the “Interpretation” function.

2. English, French, Portuguese, and Russian options will appear.

3. Select your preferred language.
Please change your display name

Name, Country

“Leah List, US”

Computer:

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Interpretation for this workshop: SPEAKUS

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Please follow the link here:  [https://speakus.club/new/conf.html?id=sco796928](https://speakus.club/new/conf.html?id=sco796928)

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Elizabeth Ohadi  
Leah Ewald  
Leah List
COVID-19 health procedures

- You do not have any COVID-19 symptoms today, including an elevated temperature (100.6 Fahrenheit/38.1 Celsius or more).
- You will wash your hands for at least 20 seconds or use alcohol-based hand sanitizer upon entering the venue and frequently during the day.
- You will adhere to safe distancing precautions. For example, you won’t move chairs or sit less than 6 feet apart, you will avoid physical contact (e.g. shaking hands) with colleagues or other participants.
- You will wear a face mask during the workshop.
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- If a resident of your home or you test positive for the infection anytime during the next 14 days, you will immediately notify the LNCT Network Coordinators at info@lnct.global.
LNCT meetings are intended to be a safe space for participants to share their experiences, challenges and best practices. Please help us make this meeting space the most welcoming possible by:

- Recognizing this is a confidential space
- Sharing your experiences
- Appreciating when questions are asked
- Limiting time spent on tasks unrelated to the workshop
- Honoring time limits
- Being Respectful
Country Introductions
Congo

Dr. Alexis MOUROU MOYOKA
Director, EPI

Dr. Paul OYERE MOKE
Director General of the population, MoH

Mr. Hilaire MAVOUNGOU
Budget advisor, MoF

Mr. Emeriand Dieu Merci KIBANGOU
Director of Studies and planning, MoH
Côte d'Ivoire

Dr. Fanta DOSSO
Vaccination focal point

Dr. Jean-Marc Bertrand KORANDJI
Health economist

Dr. Diabiga Octave COULIBALY
M&E specialist, MoH
Georgia

Ekaterine Adamia
Director, Head of Health Care Policy Unit, MoH

Beka Jakeli
Head of Financial-budgetary Unit, MoH

Vladimer Getia
Head of Health Program Unit, NCDC

Irine Javakhadze
Chief Specialist, State and Consolidated Budget Formulation Division MoH/MoF

Gia Kobalia
Head of Financial Unit, NCDC
Kenya

Christopher Malala
Senior Accountant, MoH

Lucy Mecca
Deputy EPI Manager, National Vaccines and Immunization Program

Collins Tabu
Head, National Vaccines and Immunization Program

Moleen Cheptoo
Senior Finance Officer, MoH
São Tomé and Príncipe

Leonel Carvalho
General Secretary
CCM

Ednilza Solange Barros
EPI coordinator

Feliciiana Sousa Pontes
Director of Health Care

Carlos Alberto Costa
Department Chief, MoF

Jorge Cravid
Director, Administrative and Financial Department

Neurice Ramos
Director, National Medicines Fund

Vladimir Costa e Sousa
EPI logistics
Sudan

Abdalla Hassan  
Deputy National EPI Manager

Asrar Fadulelsied  
PMU Deputy Manager

Hagira Ali Gapralla Hamid  
Head of Supplementary Immunization Activities Unit

Khalid Mahjoob  
Head of Routine Immunization Unit
Overview of the Private Sector
Welcome and Overview of the Private Sector

Engaging the Private Sector to Support Immunization
October 2020

Grace Chee
LNCT Coordinator Team (Results for Development)

Grace Chee, Senior Program Director

Elizabeth Ohadi, Senior Program Officer

Leah Ewald, Program Officer

Christina Shaw, Senior Program Associate

Leah List, Program Associate
Day 1 Agenda

<table>
<thead>
<tr>
<th>No.</th>
<th>Length</th>
<th>Session Title</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30 mins</td>
<td>Welcome &amp; Introduction</td>
<td>Leah List &amp; Grace Chee</td>
</tr>
<tr>
<td>2</td>
<td>30 mins</td>
<td>Overview of Private Sector</td>
<td>Grace Chee</td>
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<tr>
<td>3</td>
<td>10 mins</td>
<td>Break</td>
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<tr>
<td>4</td>
<td>45 mins</td>
<td>Private Sector Assessment</td>
<td>Catherine Clarence &amp; Tess Shiras</td>
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<tr>
<td>5</td>
<td>40 mins</td>
<td>Country Group Work</td>
<td>Country Facilitators</td>
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<tr>
<td>6</td>
<td>10 mins</td>
<td>Break</td>
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<tr>
<td>7</td>
<td>10 mins</td>
<td>Workshop Reflections</td>
<td>Country Teams</td>
</tr>
<tr>
<td>8</td>
<td>5 mins</td>
<td>Closing</td>
<td>Grace Chee</td>
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</table>
What You Hope to Learn

I hope to learn from the experience of countries that transitioned, specifically the challenges they faced in resource mobilization.

I hope to learn more about how best to engage private sector in Immunization program.

My expectations for the workshop... to mobilize resources from the private sector.

My hopes... to be able to set up a system of private health structures for immunization to reduce drop-outs and increase coverage by reaching populations more than 10 km from the public health center.

I hope that from this Workshop I can draw on the experience of other countries that already have this practice.
Workshop Objectives

- Define the private sector and how they can support immunization programming
- Discuss common challenges and understand the risks associated with engaging the private sector
- Discuss best practices for engaging the private sector
- Understand how to make good use of private sector expertise
- Discuss practical ways to start engaging the private sector
# Overview of Workshop Agenda

<table>
<thead>
<tr>
<th>Day</th>
<th>Overview of the Private Sector and Immunization</th>
<th>Social Mobilization and Service Delivery from the Private Sector</th>
<th>Innovative solutions and other support from the private sector</th>
<th>Exchange of Country Plans and Reflections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Overview of private sector</td>
<td>Social mobilization to generate demand</td>
<td>Innovative solutions from the private sector</td>
<td>Peer exchange of country group work</td>
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<tr>
<td>Day 2</td>
<td>Conducting a private sector assessment</td>
<td>Provision of services</td>
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<td>Day 3</td>
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<td>Day 4</td>
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Workshop Resource Page

- Workshop materials can be found at [https://lnct.global/resources/lnct-workshop-resources-engaging-the-private-sector-to-support-immunization](https://lnct.global/resources/lnct-workshop-resources-engaging-the-private-sector-to-support-immunization)
  - Agenda
  - Country posters
  - Participants, facilitators, panelists
- Presentations will be made available each evening for the next day
- You must be logged in to your LNCT account to access these materials
  - If you do not have a LNCT account, you can create one by going to [https://lnct.global/get-involved/](https://lnct.global/get-involved/)
  - If you have issues accessing your account, please email Christina Shaw at cshaw@r4d.org
Session Objectives

▪ Define the range of private sector actors
▪ Consider the ways that private sector actors can support immunization
▪ Understand potential advantages for the private sector
▪ Consider the regulatory and policy context
Wide Range of Private Sector Actors

- NGOs/CSOs – international humanitarian groups, women’s groups
- FBOs – religious-based providers, religious-based community groups, churches, mosques, temples
- Professional associations
- Providers – individuals, maternity homes, hospitals
- Health insurers
- Other commercial companies – mobile service providers, pharmaceutical and consumer goods distributors, technology providers, large employers
## Potential Inputs from Private Sector

<table>
<thead>
<tr>
<th>Immunization Function</th>
<th>Potential Input</th>
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<tbody>
<tr>
<td>Leadership and governance</td>
<td>• Management expertise</td>
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<tr>
<td>Health workforce</td>
<td>• Training for HWs</td>
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<tr>
<td>Finance</td>
<td>• Advocacy for financing&lt;br&gt;• Commercial sector financing&lt;br&gt;• Financing through health insurance</td>
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<tr>
<td>Medical products</td>
<td>• Vaccines&lt;br&gt;• Logistics&lt;br&gt;• Cold chain</td>
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<tr>
<td>Service delivery</td>
<td>• Service provision</td>
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<tr>
<td>Information</td>
<td>• Data from providers&lt;br&gt;• Information systems technology</td>
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<tr>
<td>Community</td>
<td>• Demand generation&lt;br&gt;• Feedback and accountability</td>
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## Potential Advantages in the Private Sector

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<tr>
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<td>• Management expertise</td>
<td>• Focus on efficiency</td>
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<tr>
<td>Health workforce</td>
<td>• Training for HWs</td>
<td>• Access to private providers</td>
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<tr>
<td>Finance</td>
<td>• Advocacy for financing</td>
<td>• Public advocacy more effective</td>
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<td></td>
<td>• Commercial sector financing</td>
<td>• More resources</td>
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<td></td>
<td>• Health insurance</td>
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<td>Medical products</td>
<td>• Vaccines</td>
<td>• Efficient logistics management</td>
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<td>• Logistics</td>
<td>• Technical expertise</td>
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<td>• Cold chain</td>
<td>• Efficiency from shared resources</td>
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<td>Service delivery</td>
<td>• Service provision</td>
<td>• Proximity and access to target population</td>
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<td>• Patient preference</td>
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<tr>
<td>Information</td>
<td>• Data from providers</td>
<td>• Ease of use</td>
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<td></td>
<td>• Information systems technology</td>
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<td>• Demand generation</td>
<td>• Personal trust</td>
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| Community | • Demand generation  
• Feedback and accountability |  |
## Private Sector as Providers and in Other Roles

<table>
<thead>
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<th>Providers</th>
<th>Other Roles</th>
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<tbody>
<tr>
<td><strong>Not for profit</strong></td>
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<tr>
<td>• FBOs</td>
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<td>• NGOs</td>
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<td>• Professional associations</td>
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<td><strong>For profit</strong></td>
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<tr>
<td>• Individual clinicians</td>
<td>• Health insurers</td>
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<tr>
<td>• Hospitals, clinics</td>
<td>• Mobile service providers</td>
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<tr>
<td>• Pharmacies</td>
<td>• Pharma distributors</td>
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<td></td>
<td>• Consumer goods distributors</td>
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<td>• Technology providers</td>
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<td>• Large employers</td>
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Policy and Other Context Considerations (Providers)

- Who specifically licenses private health facilities?
- Who supervises the quality of services?
- What is the role of professional associations?
- How are private providers organized? Are there provider networks?
- Is there cross-referral between public and private providers?
- Where are private providers located? Who uses them?
- What is the history of MOH collaboration with private providers? Can the MOH contract private providers?
- Can the MOH provide vaccines? Refrigerators?
- What are mechanisms to hold providers accountable?
Learnings from Experience with Provider Networks

Create an enabling environment for engagement between the public and private sectors:

- Develop a capacity building and system strengthening agenda for public-private sector engagement
- Engage in strategic communication with private providers
- Build and support health market facilitation processes

Conduct deliberative processes to enable better leveraging of private sector providers:

- Define what kinds of support the private sector can provide to fill gaps in public sector delivery
- Position, develop, and leverage provider aggregators to support easier public-private engagement
- Reform public financial management practices with consideration of the realities of working with private sector providers
- Expand public oversight to better integrate FP/RH private providers into routine systems

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<td>Service contracts with Council &amp; Regional Health Mgmt Teams</td>
<td>Maternal Health PPP with the Kampala Capital City Authority</td>
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<td>PPP to franchise/run public sector PHC facilities in states</td>
<td>Accrediting private providers to work with the public sector</td>
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Policy and Other Context Considerations (Other)

- Do NGOs/CSOs operate freely?
- Do NGOs/CSOs contribute to government planning processes? At what levels?
- What are regulations on pharmaceutical distribution?
- Does government policy generally support public-private partnership?
- What are relevant procurement regulations? Does the MOH have experience contracting commercial entities?
Key Takeaways

- There is a wide range of private sector actors, capable of a variety of roles
- Private sector actors may have advantages that can help improve immunization services
- Even where private sector is already involved, there may be ways to strengthen engagement
- It is important to start with the gaps/challenges, and define how to the private sector can fill those gaps
- Existing policies and structures need to be considered in assessing the feasibility of new partnership roles
Questions?
10 MINUTE BREAK
Private Sector Assessment for Immunization
Conducting a Private Health Sector Assessment for Immunization

Catherine Clarence, Child Health Advisor
Tess Shiras, Research Specialist
SHOPS Plus, Abt Associates

LNCT Workshop
October 27, 2020
SHOPS Plus

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID’s flagship initiative in private sector health. The project seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes. SHOPS Plus supports the achievement of US government health priorities and improves the equity and quality of the total health system.
Overview

• What is a private health sector assessment (PSA)?
• SHOPS Plus experience with PSA
• The PSA approach
• Case study review: How is the private sector involved in immunization?
• Q&A and questions for discussion
What is a private health sector assessment?

• PSAs provide a new body of knowledge on the size, scope, and activities of the private health sector
  – Private health sector can include for-profit and not-for-profit actors
• They offer recommendations on needed policy reforms and highlight areas for improved coordination and partnership between public and private sectors
• Ultimately, a PSA answers the question: “How can the private health sector contribute to improved health status?”
PSA Objectives

• Better understand the size and scope of the private health sector

• Inform the development of a donor-funded private sector program

• Identify and mobilize untapped private sector resources

• Foster dialogue between government and non-state actors on how to maximize the private sector’s role to address health priorities
SHOPS Plus’s experience with PSAs

- SHOPS Plus and its predecessor projects have conducted 33 assessments since 2009
- SHOPS Plus standardized its PSA approach in an online tool: **Assessment to Action**

[www.assessment-action.net](http://www.assessment-action.net)
The PSA Approach
The PSA approach has several interrelated elements

- Policy environment
- Health financing opportunities and constraints
- Supply and demand of health products and services
And five phases

Plan: Identify your objectives

Learn: Conduct research

Analyze: Interpret your findings

Share: Validate and prioritize results

Act: Translate recommendations to action
Phase 1: Plan

- The planning phase is often the first opportunity to engage private stakeholders and build relationships
- In this phase, you develop a scope for the PSA
  - What do you hope to learn and what are your end goals?
- Identify and engage stakeholders
  - Typical stakeholders: NGOs, private practitioners, professional associations, donors, government agencies
  - In addition to providing information, stakeholders can validate findings and help prioritize recommendations
Phase 2: Learn – Desk Review

• Scan the literature and conduct secondary analysis

• Common information sources include:
  – Business environment data
  – Population and health data
  – Health expenditures
  – National health plans and policies

• See Assessment-Action.net for links to common resources
Phase 2: Learn – Key Informant Interviews

About Assessment to Action

Overview

Assessment to Action is a guide to conducting private health sector assessments. By providing key data on the size, scope, and contributions to health, these assessments help stakeholders make informed decisions, and design programs that will maximize private sector contributions.

The Assessment to Action guide has four objectives:
Phase 2: Learn – illustrative fieldwork questions

The fieldwork component of a PSA on immunization could help you understand:

- Is the government supportive of private sector provision of immunization? Are private providers included in government training on immunization?
- Are there barriers to private sector expansion in immunization? What are they?
- Does the government provide vaccines to private providers? If so, are private providers permitted to charge service fees?
- Are private sector immunization initiatives sustainable? Could sustainability be strengthened through partnership with the public sector?
- Who are the private actors supporting immunization including demand creation, supply chain, monitoring, and service delivery? What are strategies to broaden engagement with these types of private sector actors?
- Is there a coordinated immunization supply chain for the public and private sectors?
- Where are there gaps in vaccine coverage or uptake?
Phase 3: Analyze

• This phase includes analyzing and interpreting data from the “learn” phase to draft a report and inform key policy recommendations

• It is important to triangulate multiple data sources to ensure findings are valid

• When developing recommendations, balance opportunities for increased private sector engagement with the realities of the social, political, and financial context
Phase 4: Share

- This step involves validating the report among local stakeholders, including those who participated in fieldwork.

- Sharing the PSA before it is finalized is critical to prioritize and generate buy-in to recommendations.
  
  - *Best practice:* Hold an in-country consultation to elicit feedback and develop consensus.

- Once the report is final, the PSA should be widely disseminated.
Phase 5: Act

- The purpose of this phase is to translate recommendations into practice
  - Encourage private actors to follow-through on plans discussed at the in-country validation meeting
  - Set regular check-ins to enhance public-private communication
  - Develop public-private partnerships

- In this phase, a best practice to ensure accountability is to develop an action plan to determine **who** will do **what** by **when**, with **what resources**
Phase 5: Act – illustrative action items to facilitate public private partnership

1. Identify other ongoing initiatives with the private sector in other health areas or ministries
   - Reach out to relevant public sector contacts to learn about their experiences

2. Determine a public sector champion to nurture and encourage this initiative

3. Contact key stakeholders that can help shape the PPP concept, develop the business case, and provide informal TA

4. Convene a meeting to initiate public-private dialogue—include a wide variety of private health providers, NGOs, and key public sector representatives
Case studies: Private sector involvement in immunization
Literature review on the private sector’s role in immunization service provision

• Relatively few studies have researched this, mostly in Asian countries (Making PSAs even more important!)

• Private NGOs play a larger role than for-profit providers or corporate actors

• Private providers primarily increase access to traditional EPI vaccines, particularly in hard-to-reach areas (e.g., urban slums, rural), through government contracting mechanisms

• Private vaccine consumers may prefer the private sector due to accessibility or higher perceived quality

• Additional research is needed on quality of private sector immunization delivery
Indonesia – Improving public and private sector coordination in immunization service delivery

• Private sector plays a large role in immunizations, but there was no coordinated immunization supply chain

• The private sector imported vaccines, some of which were counterfeit

• The Indonesian Pediatric Society (IPS) led a cross-sectoral effort to improve coordination
  – Advocacy training to ensure accountability of coordination across sectors, districts, and health system levels
  – Development and implementation of electronic immunization reporting and quality assurance system
  – Coordinated messaging across public and private immunization providers
Nigeria: Implementing a PPP to enhance private sector immunization services

- The MOH signed an MOU with private health facilities to provide free immunization services
  - Conducted situation analysis
  - Sensitized stakeholders across sectors, including media
  - Jointly developed an MOU
  - Formed a core group to oversee implementation
- Private providers trained by government
- Media utilized to generate demand
Nigeria: Lessons learned

- A jointly agreed MOU is central to success
- Public and private providers have differences in work ethic and mindset; understanding these differences is essential
- Generating evidence through a pilot can accelerate additional action & replication
- With appropriate strategies and funding, a PPP can create better health and service delivery for Nigerian citizens
WHO recommendations on engaging the private sector in national immunization programs

1. Conduct an assessment of the current role of NGO providers in immunization service delivery
2. Determine the optimal model of public-private engagement and optimization of service delivery
3. Facilitate dialogue and establish collaborative activities, agreements, and contracts
4. Ensure data management and reporting
5. Provide adequate training and capacity building
6. Facilitate accountability and performance oversight
Q&A
Questions for discussion

1. What do you know about the private sector’s involvement in immunization?

2. Where are there gaps in knowledge?

3. Could the private sector play a larger role in immunization demand creation, supply chain, or service delivery? How so?

4. Could immunization health priorities be advanced through enhanced collaboration and communication between public and private sectors?
Catherine Clarence and Tess Shiras
Catherine_Clarence@abtassoc.com
Tess_Shiras@abtassoc.com
DAY 1 COUNTRY GROUP WORK
Brainstorming Private Sector Actors and Roles

- Think about the various immunization functions, and identify 4-6 current challenges, and the inputs needed to address those challenges.
- Consider the private sector organizations in your country. Identify potential private sector organizations and the ways they could potentially contribute to addressing your noted challenges.
- You may identify more than one organization per challenge. You may also leave some immunization functions blank if there are no high priority challenges.

<table>
<thead>
<tr>
<th>Immunization Function</th>
<th>Current Challenge/ Potential Input</th>
<th>Potential Private Actors and Role</th>
<th>Are these actors currently engaged in immunization or other health activities? If so, what activities, with whom?</th>
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<tbody>
<tr>
<td>Leadership and governance</td>
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Challenges may be COVID-related
Participant Reflections on Day 1

- As you considered new private sector actors that could support immunization, are there some actors that might be more difficult to engage? What are potential obstacles?
## Country Team Facilitators

<table>
<thead>
<tr>
<th>Country</th>
<th>Facilitators</th>
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<td>Edouard Ndinga (WHO)</td>
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<td>Sudan</td>
<td>Hanan Elhag Abdo Mukhtar (WHO)</td>
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<td>Helen Saxenian (LNCT)</td>
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Workshop Reflections & Closing
Participant Reflections on Day 1

- As you considered new private sector actors that could support immunization, are there some actors that might be more difficult to engage? What are potential obstacles?

Congo

Cote d’Ivoire
Help us improve LNCT activities!

Before you go, please fill out a short feedback survey! We will use this to improve future LNCT activities. The link is in the chat.