



# Private providers engagement with immunization programmes

## Introduction, issues, and definitions

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April 2017 SAGE Meeting

# Why this session?

- Healthcare systems in countries involve different combinations of public and private funding and delivery models.
- The role of the private sector (contribution to coverage, service quality, disease and adverse events following immunization (AEFI) surveillance), and its engagement with national immunization programmes varies within and between countries and remains poorly understood.
- The challenge of national vaccination programmes (NIPs) is to achieve the goal of high vaccination coverage and reduce equity gaps, often in resource-constrained settings.

# Why this session?

- Successful implementation and reaching the goals of the GVAP and necessary improvements in vaccine coverage rates at all levels require the optimization of the interaction between public and private (for-profit and not-for-profit) healthcare sectors.
- The Global Vaccine Action Plan (GVAP) goals may only be attainable through shared responsibility and partnerships of the various groups involved in providing healthcare.

# Why this session?

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In April 2016, SAGE stressed that implementation of immunizations in the context of health system strengthening and Universal Health Coverage requires integration between various healthcare sectors.

# Private sector: definition

*Comprising all health care providers who exist outside of the public sector, whether their aim is for philanthropic or commercial purposes*

- Can be an individual or an institution.

Encompasses full-time or part-time private practitioners (physicians, nurses, pharmacists, etc...), for profit and not for profit, primary care organizations and hospitals, civil society organizations (CSOs), non-governmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), and private companies that provide medical services for their employees and their families.

# Public and private interconnectedness

- Need to differentiate provision and financing of health services outside of the public sector
  - A system can be funded by the public sector through a national healthcare system, but care provided by the private sector.
  - There are systems funded by private insurance, but with care provided by public providers.
  - A system can exist that is dependent on a mixed-scheme of public and private funding and public and private providers as typically seen in most LMICs.
- Healthcare workers can work full-time in the private sector or a combination of public and private sector.
- Private providers may also provide services in school and occupational health settings.

# Private sector engagement (PSE)

Defined as the deliberate, systematic collaboration of the government and the private sector to move national health priorities forward, beyond individual interventions and programs.

- The process of PSE has been described for vaccine supply chains, and engagement guidance documents specific to that process have been developed.
  - but guidance on other aspects of PSE with immunization service delivery has not been developed.

# Health and immunization services: different models of contribution of public and private sectors

- Private sector health services exist in all countries to some extent, and government engagement with the private sector is underway in all countries, to variable degrees.
- A variety of models are used to deliver immunization services between public and private providers.
- In the majority of LMICs, publicly funded immunization services are provided by public providers but in many countries private providers also contribute to the delivery of these services.
  - In some countries, FBO-managed or NGO-managed hospitals are integrated and nearly indistinguishable from the public sector.



# Health and immunization services: different models of contribution of public and private sectors

- Many high-income countries rely on private providers as their primary means for immunization delivery with established health insurance schemes.
- Increasingly, LMIC countries are also using the private sector to deliver core health care services funded by Universal Health Coverage programs.
- The private sector is sometimes perceived as serving the wealthy, but this is not strictly true. Private sector providers, including for-profit and FBOs and NGOs, often provide services to poor and rural underserved populations.

# Purpose and expected output

- Building on a systematic review of evidence and a detailed look into country examples:
  - Present SAGE with considerations related to the engagement of private providers with immunization services and the implementation of NIPs: contributions, risks, challenge, roadblocks and opportunities.
  - Identify drivers of effective engagement of the private providers with the National Immunization Programme.

# Purpose and expected output

- Present SAGE with draft guidance to support optimization of engagement with private providers
  - to improve coverage and quality of NIP vaccine delivery and reduce equity gaps
- Request SAGE's input on next steps at the international level and how to facilitate collaboration between the private and the public sector to support the goals of the GVAP