

**Rational Pharmaceutical Management Plus  
Meeting of the Consultative Group on Engaging the Private Sector for  
Child Health and Malaria, April 1-2, 2004: Trip Report**

---

Maria Miralles

February 11, 2005

---

Rational Pharmaceutical Management Plus  
Center for Pharmaceutical Management  
Management Sciences for Health  
4301 N. Fairfax Drive, Suite 400  
Arlington, VA 22203  
Phone: 703-524-6575  
Fax: 703-524-7898  
E-mail: [rpplus@msh.org](mailto:rpplus@msh.org)

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of cooperative agreement number HRN-A-00-00-00016-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

## **About RPM Plus**

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

This document does not necessarily represent the views or opinions of USAID. It may be reproduced if credit is given to RPM Plus.

## **Recommended Citation**

Miralles, Maria. 2004. *Meeting of the Consultative Group on Engaging the Private Sector for Child Health and Malaria, April 1-2, 2004*. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

## **Key Words**

Child survival, malaria, private sector.

# Contents

Acronyms .....	v
Background .....	1
Purpose of Trip .....	1
Scope of Work .....	1
Activities .....	2
Collaborators and Partners .....	4
Next Steps .....	5
Immediate Follow-up Activities .....	5
Recommendations .....	5
Important Upcoming Activities or Benchmarks in Program .....	5
Annex 1 .....	6
Annex 2 .....	8



## Acronyms

AED	Academy for Educational Development
BASICS	Basic Support for Institutionalizing Child Survival
CIDA	Canadian International Development Agency
DFID	UK Department for International Development
EU	European Union
GFATM	Global Fund to Fight AIDS, TB and Malaria
GSK	GlaxoSmithKline
HCP	“Health Communication Partnership”
JHUCCP	Johns Hopkins University Center for Communications Programs
JICA	Japan International Cooperation Agency
LSHTM	London School of Hygiene and Tropical Medicine
MDG	Millennium Development Goals
MSF	Doctors without Borders (Médecins Sans Frontières)
PATH	Program for Appropriate Technology in Health
PRSP	Poverty Reduction Strategy Proposal
PSI	Public Services International
SARA	Support for Analysis and Research in Africa
SAVE	Save the Children
SEAM	Strategies to Enhance Access to Medicines
SIDA	Swedish International Development Cooperation Agency
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development
WB	World Bank
WHO	World Health Organization



## **Background**

As a partner of the Child Survival Partnership, RPM Plus, through support of the SO3 Child Survival portfolio, has continued to grow in support of exploring and promoting proven private sector interventions in support of child survival. RPM Plus' contributions have included participation in technical and advocacy meetings to develop and implement activities to further this agenda.

### **Purpose of Trip**

Maria Miralles traveled to the London School of Tropical Hygiene and Health to attend a meeting of the Consultative Group on Engaging the Private Sector for Child Health and Malaria (see letter of invitation in Annex 1). The meeting took place April 1 and 2, 2004. The purpose of the meeting was to participate in drafting an agenda for an international conference to be held later in the year to raise the awareness of donors, Ministries of Health, NGOs and key private sector entities of the value of collaboration to fight basic child health and malaria health problems.

### **Scope of Work**

Maria Miralles participated in the meeting to:

- Define the objectives and agenda for an upcoming conference/forum on Engaging the Private Sector for Child Health and Malaria.
- Identify opportunities for RPM Plus to contribute to the organization of the upcoming conference
- Determine how RPM Plus, SEAM and other relevant entities may contribute to the content of the conference.

## Activities

The following is a summary of decisions made as a result of discussions at the meeting:

1. What will be the breadth/focus of the conference?
  - Set the stage broadly, in terms of the need to mobilize the private sector to reach MDGs, care seeking patterns, equity
  - Bring lessons from as many technical areas as possible
  - Focus on aspects that are currently the least addressed
  - Include both formal and informal providers
  - Narrow the focus on child health and malaria for recommendations and the way forward, in order to get sufficient depth

2. What will be the main audience for the conference?

Participants should be a blend of strong technical people (researchers and program implementers) and well-selected decision makers. We should strike a balance between presenting technical evidence and providing information for policy makers.

- Approximately 75 people, half of whom should be local
  - Multilaterals (UNFPA, UNICEF HQ and Regional, WHO HQ & Regional, World Bank)
  - Bilateral donors (JICA, DFID, SIDA, CIDA, EU, USAID, GSK)
  - CAs (MSH, AED, Malaria Cons., BASICS, HCP, PATH, PSI, SARA, LSHTM (2), V. Marsh)
  - 10 countries with best practices (three to five people per country, including public / private, e.g. MOH person, Private sector association rep., commodities person, Ministry of Finance, Medical council)
  - Pharmaceutical groups (Novartis)
  - Foundations (GFATM, Gates, Rockefeller, Wellcome)
  - NGO reps (CORE, MSF, SAVE?)
  - Researchers
  - Media representatives
  - Some parliamentarians
- Suggested countries to involve: (include some \* where the World Bank is working on Poverty Reduction Strategy Plans (PRSP) for Millennium Development Goals (MDGs))

- Cambodia	- Uganda
- India	- Ethiopia* (little private sector)
- Bangladesh	- Madagascar*
- Vietnam	- Ghana*
- China	- Guinea
- Philippines	

- |                           |                |
|---------------------------|----------------|
| - Tanzania                | - Malawi       |
| - Rwanda*                 | - Mali*        |
| - Nigeria                 | - South Africa |
| - Kenya                   | - Benin        |
| - Central America (DFID?) |                |

3. What will be the outcomes of the conference?

*a. Technical objective*

- A common language and vision of the way forward involving multilaterals, donors, NGOs, government decision makers, private sector actors
- Clarification of roles of government and private sector providers (operational framework in light of common vision).
- Guidance to all partners on strategies and investments, based on current evidence on interventions and costing data
- Initiation of plans for joint support for selected countries

*b. Advocacy objective*

- Creation of confidence among donors and decision makers on the way forward
- Preparing the way for advocacy with the highest level of policy makers, based on agreements reached at the conference
- Joint statement with 4-5 key messages. This should include rationale for working with private sector providers to reach MDGs, lessons to date, investment guidance
- Support for programming e.g. for country assessments / strategy development/ interventions and research
- Identification of promising areas for partnership

4. How the Forum will fit in with other efforts?

It was emphasized that the Forum should be seen as the first event of a process of mobilizing support and stimulating action at country levels.

A high-level advocacy meeting might follow, using the recommendations of the Forum. Such an event would target Ministers of Planning, Finance, Health, etc. to sensitize them on the need to include the private sector / private providers in order to reach MDGs.

The May, 2004 meeting (organized by RPM and BASICS) to review experiences to date, lessons, and recommendations on working with drug sellers for Malaria will provide information that will be presented in the wider Forum.

The forum should discuss how support for private sector partnerships fits with other development efforts such as Health Sector Reform and PRSPs.

The draft agenda that resulted from the discussions is presented in Annex 2.

## **Collaborators and Partners**

Steering meeting members who participated in the meeting included:

Dr. Jacques Baudouy, World Bank  
Dr. Dennis Carroll, USAID  
George Greer, BASICS II  
Youssif Tawfik, HCP/JHUCCP  
Dr. Venkatraman Chandra-Mouli, WHO  
Dr. Suzanne Prysor-Jones, AED  
Dr. Maria Miralles, MSH/RPM Plus  
Dr. Sylvia Meek, Malaria Consortium

## Next Steps

### Immediate Follow-up Activities

In preparation for the Forum, the following activities were identified as necessary next steps:

- One-pager to be drawn up as basis for subsequent discussions with partners, presenters, participants, etc. (title, date (Feb. 2005), objectives etc)
- Prepare draft agenda for feedback from interested parties
- Call for volunteers/country champions to scan each country in order to identify specific people to invite
- Develop a position paper: Framework for working with the private sector with roles and responsibilities of public and private sectors (cf. Framework for ITNs), and tools to monitor activities
- Send invitations in September 2004.
- Cost out the meeting and identify revenue sources
- Organize working groups to develop key presentations
- Jessica Sabiiti to investigate suitable blocks of time for forum to be held in Feb 2005
- Malaria Consortium to approach potential venue in Uganda to identify costing etc.
- USAID to approach Rockefeller and Gates
- Jacques Baudouy (WB) will contact his team and the countries (to select participants), once these are decided

RPM agreed to the following:

- Continue work on a critical review of interventions in child survival that involve the private sector, with a particular focus on interventions involving pharmaceutical management. This review will be shared with partners for comment.
- Work with SEAM to develop a review paper on how health franchises have improved access and use of medicines.

### Recommendations

No recommendations are made at this time to the RPM Plus SO3 work plan.

### Important Upcoming Activities or Benchmarks in Program

RPM Plus will participate in the meeting of the Consultative Group for Malaria and the Private Sector, to take place May 26-28, 2004 in Accra, Ghana to further the cause of the Uganda meeting.

## Annex 1.

### Letter of Invitation



1<sup>st</sup> March, 2004

#### Invitation to participate on a Steering Committee for a Forum on Engaging the Private Sector for Improved Community Health

There has been a growing recognition that private providers—and the private sector more broadly—constitute a huge resource for improving community health outcomes. In Africa it has been estimated that nearly 80% of treatments for uncomplicated illness, such as fever, are provided via the private sector. However, these services are frequently unregulated and too often involve inappropriate or substandard care. The potential of the private sector for providing quality services is great, though it largely remains untapped. In recent years there has been a growing body of experience that documents not only the important role of the private provider in community health but also strategies and approaches that have been employed in a wide range of settings to improve the quality of these services. It is with an eye on learning from these experiences that a number of partners are planning on convening a Forum, to be held probably in Africa in 2004, to review the different approaches and strategies that have been used to engage the private sector in improving community health. Specific objectives of the Forum would be to:

1. Discuss experiences and results to date from interventions to involve the private sector in various health initiatives (child health, malaria, T.B., family planning, etc.);
2. Identify promising approaches and useful tools;
3. Identify gaps in knowledge that currently hinder progress;
4. Determine the way forward at international, regional, and country levels.

Several background papers / reviews / presentations are currently being developed by a number of agencies, and we hope that these will be ready for presentation at the Forum in the second trimester of 2004.

On behalf of the co-sponsors, including the World Health Organization, the World Bank, and U.S Agency for International Development, we would like to invite you to be a member of a Steering Committee to guide the organization of the Forum and are inquiring as to your availability to convene in London for a 3-day meeting to:

- a. Discuss the objectives of the Forum;
- b. Review preparatory technical work being done;

- c. Develop a preliminary agenda and participants list;
- d. Determine the site and date of the Forum;
- e. Give guidance on organizational and budgetary aspects of the Forum.

The Steering Committee meeting is proposed for April 1-2, 2004, in the London School of Hygiene and Tropical Medicine, 49 Bedford Square, room G2. Kindly indicate your willingness to be a part of the Forum Steering Committee and your availability for the preliminary meeting in April. To minimize mailbox messages, please reply to: Suzanne Prysor-Jones at [sprysor@aed.org](mailto:sprysor@aed.org)

We expect that those of you working with international agencies will be able to organize and cover your own travel and accommodation costs. Assistance will be given by the SARA Project at the Academy for Educational Development (AED) where this is not possible. Please let us know if this is the case.

Many thanks for your interest and support in this important activity

Sincerely,

Dr. Hans Troedsson  
Director  
Department of Child and Adolescent Health and Development  
Family and Community Health Cluster  
World Health Organization

Dr. Jacques Baudouy  
Director  
Health, Nutrition and Population  
Human Development Network  
The World Bank

Dennis Carroll  
Senior Advisor for Infectious Diseases  
Office of Health, Infectious Diseases and Nutrition  
Bureau for Global Health  
U.S. Agency for International Development

## Annex 2.

### Draft Agenda Forum on Engaging the Private Sector in Child Health and Malaria Control

February, 2005

#### Day 0

All day work on presentations  
Setting up of country posters, tables etc [Marketplace]  
Formal opening in evening

#### Day 1

*(Chairperson Francis Omaswa)*

- |               |   |
|---------------|---|
| 09.00 – 09.15 | Opening / welcome   |
| 09.15 – 09.45 | Overview: MDGs, limitations of public = need to engage private<br><i>(World Bank)</i>   |
| 09.45 – 10.45 | Current role of private sector<br><br>Care seeking behavior, range of providers, & what motivates use<br><i>(Developing country presenter: AED/MC/LSHTM to develop presentation)</i><br><br>Equity and economics<br><i>(Presenter David Gwatkin or Oscar Picazo; Eve for input)</i> |
| 10.45 – 11.15 | Tea / coffee  |
| 11.15 – 11.45 | Current policy environment & how it influences services<br><i>(Private sector presenter?? [Silent / negative / facilitating policies])</i>  |
| 11.45 – 12.15 | Engaging private sector: overview of approaches, issues, and lessons<br><i>(Y Tawfik to organize/present)</i>   |
| 12.15 – 12.45 | Working with informal drug-sellers and traditional healers<br><i>(G Greer to organize; presenter??)</i>   |
| 12.45 – 14.15 | Lunch   |
| 14.15 – 14.45 | Approaches to working with formal private providers<br><i>(Presenter??; training, negotiation, work of private associations, accreditation etc)</i>   |

14.45 – 15.15	Working with formal providers: contracting <i>(World Bank; 11 case study review [consult also Anne Mills])</i>
15.15 – 15.45	Tea / coffee
15.45 – 16.15	Working with formal providers: franchising <i>(MSH/RPM Plus to organize/present)</i>
16.15 – 16.45	Creating demand – social and commercial marketing <i>(PSI/Netmark??)</i>
16.45 – 17.30	Panel discussion <i>(2 public and 2 private)</i>
17.30	Wrap-up: list 10 key issues for reflection <i>(Chandra to brief Chair for wrap-up??)</i>
Day 2 <i>(Chairperson Dr. Rao?)</i>	
08.45 – 09.00	Review of day one: rationale and approaches to working with the private sector <i>(Product 1; Chairperson reading)</i>
09.00 – 09.30	Implications for public / private sector for country-level action <i>(R Brugha; policy, public/private capacity, standardization/regulation/quality, partnership models, improving access to drugs, commodities &amp; services, coverage/equity, consumer demand)</i>
09.30 – 10.00	Uganda strategy development process <i>(J Sabiti [situation analysis, working with stakeholders, demonstrations &amp; mainstreaming for scaling up])</i>
10.30 – 11.00	Tea / coffee
11.00 – 11.30	Country strategy development for TB <i>(Presenter WHO??; Chandra to identify)</i>
11.30 – 11.45	Introduction to group work <i>(Group work on implications for action / implications for research; set of questions developed)</i>
11.45 – 13.00	Group work

Six groups working on:

Policy  
(Country presentation??)

Public/private capacity  
(Country presentation??)

Standardization/regulation/quality of drugs and commodities  
(Country presentation??)

Standardization/regulation/quality of services  
(Country presentation??)

Access/coverage/equity [drugs, commodities & services]  
(Country presentation??)

Consumer demand  
(Country presentation??)

13.00 – 14.30

Lunch

14.30 – 17.00

Group work continued

Day 3: The way forward for mainstreaming public / private partnering

08.30 – 10.00

Presentation of group work

10.00 – 11.00

Discussion

11.00 – 11.30

Tea / coffee

11.30 – 11.45

Introduction to country group work  
(Suggest short menu of key themes for countries to work on e.g.,  
introducing ACT & antibiotics through the private sector,  
others??)

11.45 – 13.00

Start group work

13.00 – 14.30

Lunch

14.30 – 15.30

More group work

15.30 – 16.15

Tea / coffee and viewing country priority actions

*(Six actions per country)*

16.15 – 16.45	Implications for action & for research (framework)
16.45 – 17.30	Panel on mainstreaming at country & global level
17.30	Wrap up