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A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health

# ENGAGING THE PRIVATE SECTOR FOR QUALITY MATERNAL AND NEWBORN HEALTH SERVICES

LESSONS FROM NIGERIA  
18 November 2021



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# NIGERIA:

## Lessons from engaging the private sector in delivering quality maternal and newborn health services

### Part 1

#### Overview of WHO's strategy on engaging the private health service delivery

Ms Anna Coccozza, Technical Officer, UHC and Health Systems Law, System's Governance and Policy Unit, WHO Geneva

#### Lessons from engaging the private sector in delivering quality maternal and newborn health services in Nigeria

Dr Binyerem Ukaire, Director/Head of Nutrition Division, Federal Ministry of Health, Nigeria

### Part 2

#### Questions and Answers

Dr Ukaire (Federal Ministry of Health Nigeria), Dr Ojo (WHO Nigeria) and Ms Coccozza (WHO Geneva)

Facilitated by Dr Blerta Maliqi (WHO Geneva)



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# Part 1: Overview of WHO's strategy on engaging the private health service delivery

Ms Anna Coccozza  
Technical Officer, UHC and Health Systems Law,  
System's Governance and Policy Unit, WHO Geneva



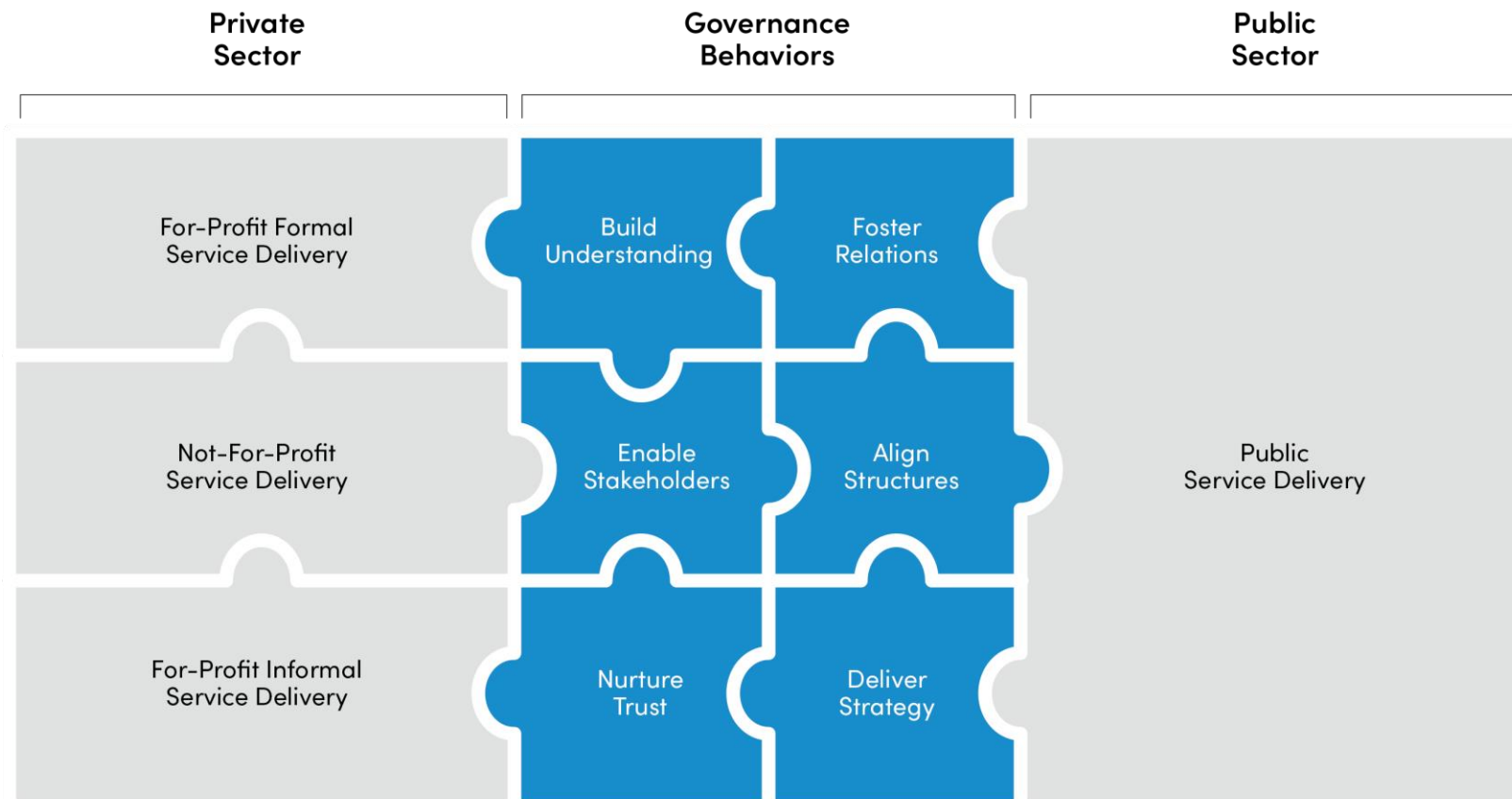
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# WHO'S TECHNICAL SUPPORT TO COUNTRIES IN ENGAGING WITH THE PRIVATE SECTOR IN HEALTH TO ACHIEVE UHC



# STRATEGY REPORT | *Engaging the private health service delivery sector through governance in mixed health systems*



Given the heterogeneity of the private sector, different behaviors would be prioritized for different groups

Countries would focus on developing different behaviors relative to the maturity of their health systems and the role of the private sector. Failures and setbacks are to be expected in the process.\*

Work on private sector governance should also strengthen governance in the public sector.\*\*



\* none of the behaviors act in isolation and no hierarchy exists between the behaviors

\*\* All stakeholders in the system - not just the government - need to drive the system

 = Universal Health Coverage



# Countries face many challenges...

Struggle to engage their private sector in a way which supports **equitable** delivery.

Have **weak governance** and unregulated private sector.

Face **opportunistic behaviours** and adverse practices.



# The Country Connector

Country, regional and Global actors together to help country governments improve their capacities to work with the private sector in health

Respond to  
countries'  
needs and  
demands



Support the  
efforts of  
multiple health  
actors



Stronger global  
coordination  
and  
accountability



**Improved  
delivery for  
better health  
outcomes**



# OUTCOMES



## Shared understanding

of technical support to countries on effective governance of the entire health system with broadly recognized principles on engaging the private sector in health.



## Improved coordination

of programmes and activities directed towards health systems strengthening through engagement of the private sector.



## Increased awareness

on the need to effectively integrate the private sector in health systems.



## Standing annual forum

to review and share experience and catalyse actions on engagement of the private sector for UHC progress and bottlenecks.





# AUDIENCE



The **primary audience** is  
at the **country level**

*Member States Governments,  
Private Sector Actors.*



The **secondary audience**  
is at the **global level**

*Funding Agencies, Multi-lateral Agencies,  
Implementing Agencies, Civil Society  
Agencies, Consumer Representatives.*



# ACTIVITIES



## **A tool repository**

**Tools & guidance produced by WHO and partners on private sector engagement**



## **Clearing house of information**

**Real time news of how countries are engaging with the private sector**



## **Support Desk**

**A portal for countries to come and ask questions on how to engage with the private sector**



## **OpenWHO training**

**A 2 hours course to equip learners with basic knowledge on PSE in the context of COVID19**



## **Working groups**

**Convening all relevant stakeholders to discuss specific topic on the engagement with the private sector**



## **Research**

**In-depth briefs on urgent issues countries are facing in engaging with the private sector**



**All the activities of the Connector will be housed in a dedicated website**



# Connector website



## Get answers

Choose thematic areas

TOPIC COVID-19 REGULATIONS MALARIA LEADERSHIP AND GOVERNANCE

Category Sort by Newest

Search for specific keywords SEARCH CLEAR

COVID-19 answer 1  
industry's standard  
dummy text ever

COVID-19 LEADERSHIP AND GOVERNANCE

Joe Smith - 5 Jan 2021

Ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation Ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis

#vaccines

Learn more

GUIDELINES

COVID-19 answer 1  
industry's standard

COVID-19

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GUIDELINES

REGULATIONS answer 1  
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REGULATIONS

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PAPER

REGULATIONS answer 2  
industry's standard

REGULATIONS MALARIA

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PAPER

MALARIA answer 1  
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EVIDENCE

MALARIA answer 2  
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MALARIA

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Learn more

EVIDENCE

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Searching helpdesk answers on the future website

The website is  
already online:  
[www.ccpsh.com](http://www.ccpsh.com)







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# LESSONS

## from engaging the private sector in delivering quality maternal and newborn health services in Nigeria

Dr Binyerem Ukaire, Director/Head of Nutrition  
Division, Federal Ministry of Health, Nigeria



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# Exploring mechanisms for engaging the private sector in delivering maternal and newborn health services with quality

## Experience in Nigeria

- ☐ Process for developing the PSE situation analysis and policy dialogue
- ☐ Findings from the situation analysis
- ☐ Recommendations (from the policy dialogue)
- ☐ Reflections:
  - ☐ What the process and recommendations mean for private sector in Nigeria
  - ☐ What the process and recommendations mean for public sector in Nigeria
- ☐ Next steps



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# PROCESS

## for developing the PSE Situational Analysis and policy dialogue



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Outcome	Enhance private sector engagement (PSE) to deliver quality of care (QoC) for maternal and newborn health (MNH)	
	<i>Country level</i>	<i>Global level</i>
Output	Nigeria, Ghana, Bangladesh*: <ul style="list-style-type: none"> <li>Recommendations for enhanced PSE to deliver quality MNH services</li> <li>Country reports</li> <li>Case study documentation</li> </ul> <i>* In process, supported by USAID/Mamoni project</i>	<ol style="list-style-type: none"> <li>Knowledge synthesis on the private sector's role to deliver QoC MNH</li> <li>Guidance and tools to support PSE policy dialogue at the country level</li> </ol>
Guiding values	<ul style="list-style-type: none"> <li>MoH leadership and ownership</li> <li>Stakeholder engagement</li> <li>Collaboration across similar PSE efforts</li> </ul>	<ul style="list-style-type: none"> <li>Build on existing knowledge and resources</li> <li>Horizon scanning and adaptation to new approaches and knowledge</li> <li>Responsive to country context and priorities</li> </ul>
Process	<ul style="list-style-type: none"> <li>Stakeholder engagement (national TWG)</li> <li>Situation analysis</li> <li>Policy dialogue</li> <li>Articulation of recommendations and policy options</li> </ul>	<ol style="list-style-type: none"> <li>Knowledge generation and documentation               <ul style="list-style-type: none"> <li>Systematic review protocol and papers: Respectful care, MNCH morbidity and mortality</li> <li>Scoping review protocol and paper: MNCH (in process)</li> <li>Policy and implementation review</li> </ul> </li> <li>Country implementation processes               <ul style="list-style-type: none"> <li>Research protocol</li> <li>Interview guide and tools</li> <li>Guide for policy dialogue</li> </ul> </li> </ol>
WHO's role	<ul style="list-style-type: none"> <li>Mobilization of MoH and partners</li> <li>Facilitation of TWG</li> <li>Situation analysis</li> <li>Facilitation of multi-stakeholder dialogue</li> </ul>	Development of logical framework: <ol style="list-style-type: none"> <li>Guided development of tools, review and analysis</li> <li>Technical guidance to country implementation: technical induction of country teams, analysis, report writing</li> </ol>
AWG's role	Overall guidance to project development. Review of findings and recommendations for improvement.	

# PROCESS

for developing the PSE situational analysis and policy dialogue

*Nigeria Project Timeline: December '19 to July '21*

Establishment of the **TWG under MoH leadership** and agreement on scope of work

Development of the **research protocol** and ethical review request

**Situation analysis** Desk review of existing analysis and reports => Key informant interviews => following the study protocol => Development of draft situation analysis and synthesis of initial findings to base the recommendations => Discussion with TWG/MoH and preparation of policy dialogue

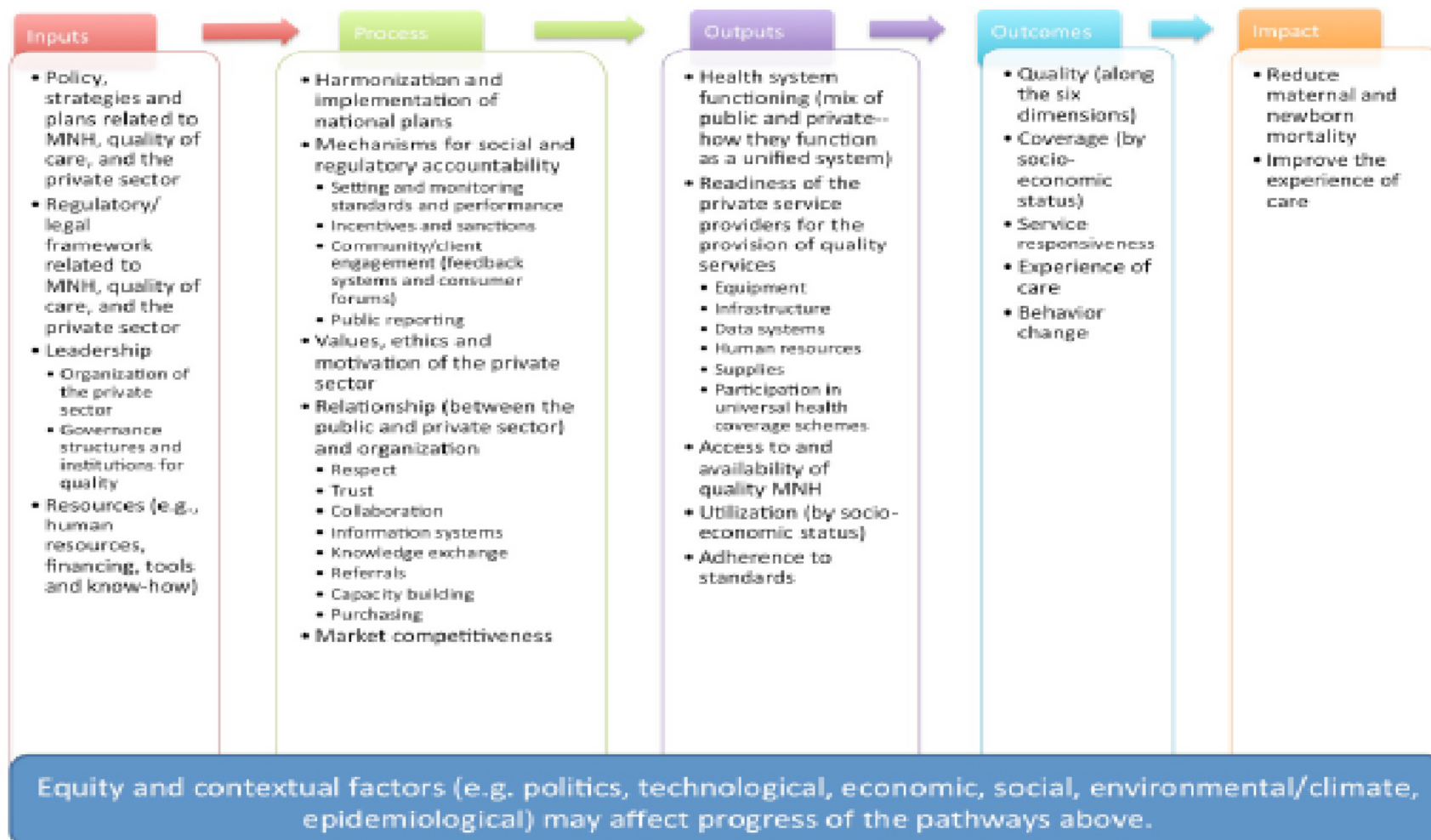
**Multi-stakeholder policy dialogue workshop:** Validation of situation analysis, discussion and prioritization of key challenges => Articulation of recommendations and actions

**Documentation:** Report dissemination; Case study for peer review publication

# PROCESS

for developing the PSE situational analysis and policy dialogue

## *The Logic Framework*



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Nigeria ▼

From 2020-2021, the Federal Ministry of Health and WHO Nigeria conducted a situational analysis to explore mechanisms for private health sector engagement to improve maternal and newborn outcomes in Nigeria. In June 2021, participants at a multi-stakeholder workshop in Abuja validated the situational analysis and developed recommendations for the Federal Ministry of Health to take forward.

Research protocol







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# FINDINGS

## from the Situational analysis



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# FINDINGS

## From the Situational Analysis

### *Overview of private sector role, size and available Inputs*

#### Overview of Private Sector in Nigeria:

- PS delivers about 60% of healthcare services in Nigeria
- Faith based organizations e.g CHAN, play a vital role in delivery of health services to underserved populations
- PS are highly patronized because of easy access, low waiting time, respect by providers

#### Inputs:

- **Health Policies:** Several policies exist which support PSE but not properly implemented
  - Poor dissemination of updated policies, guidelines and standards to PS
- **Regulation:** PS is highly fragmented and poorly regulated
  - Lack to financial and human resources to properly monitor and supervise PS facilities
  - Few private facilities have patient satisfaction & complaints reporting systems
- **Stewardship and Governance:** Limited capacity of Government to effectively engage PS to deliver quality services
- **Engagement:** PS not fully engaged in the development of Health policies & strategies



# FINDINGS

## From the Situational Analysis

### *Current MNH service delivery outputs, outcomes and impact*

#### Accountability:

- Private sector don't see the need in sharing their data with Government because of lack of support and incentives
- The private health sector is reluctant to report data because of how the Ministry will use this information (e.g: taxation)
- Confusion across numerous regulatory structures and

#### Quality of Services:

- PS are perceived to be generally good but quality differ between Urban and rural areas
- PS are highly patronized because of easy access, low waiting time, respect by providers

#### Communication:

- Good rapport exist between PS providers and patient, sometimes follow-up is carried out to patients

#### Market conditions:

- **Health Insurance:** Very poor coverage < 5%, mainly in formal sector.
- **Capitation:** Fees too low to incentivize PS to deliver quality services
- **Delays:** in Insurance reimbursements to PS
- **Human Resources:** High attrition rate & poor remuneration



# FINDINGS

## From the Situational Analysis

*"We have been collaborating with the NHIS for several years now, but we usually experience challenges dealing with them especially in terms of the delays with their reimbursements and also the fees they pay for capitation which is quite low and it is not profitable to us"*

**- Hospital Manager - Private sector**

*"It is very hard to access credit facilities to upgrade our business in this country due to the difficult requirements and conditions placed by the various financing institutions, which are unrealistic for most small scale businesses, even the loan interest rate set by the commercial banks are too high with very short period to pay back"*

**- Hospital Admin - Private sector**

*"Key Policies & Strategies which support Private Sector Engagement have been developed by FMOH and Partners, but they have not adequately implemented over the years"*

**Private Association - Chairman**

# FINDINGS

## From the Situational Analysis

### *Initial recommendations from Situational analysis*

1. Private sector (for-profit and not-for-profit) should be **adequately involved** in the development of National health policies and implementation strategies
2. FMOH should **regularly engage with private sector associations** to understand their challenges
3. The latest **healthcare quality standards and guidelines should be disseminated** to all PS to ensure compliance
4. **Adequate financial incentives (Capitation)** should be provided to private healthcare providers to deliver quality services
5. Data tools (HMIS registers, Tally sheets,) should be provided to PS providers
6. **Provide adequate financial and human resources** should be provided to health regulators to effectively monitor PS
7. Expand access to low interest loans and other financial products with less stringent requirements to PS
8. Establish mechanism for public-private dialogue







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# RECOMMENDATIONS

## from the multi-stakeholder policy dialogue (MSD)



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# RECOMMENDATIONS

## Objectives of the MSD:

1. To review and assess mechanisms for engaging the PS in delivering MNCH services with quality
2. To propose models for effective engagement of PS with public sector for implementing MNCH services in Nigeria;

## Key Recommendations from MSD in Nigeria

- Strengthen Government capacity to regulate / oversight PS
- Conduct capacity building for PSE
- Alignment of structures
- Provide adequate of health insurance tariffs (Capitation) for the private sector
- Stakeholder engagement
- Disseminate Health policies, strategies and plans to PS providers
- Adequately engage PS in health policy development
- Provide data collection tools (HMIS registers, Tally sheets ) to PS



Thematic area 1: Policy/Administration		
Key challenges	Solutions	Recommendations
Private Sector <b>not fully engaged</b> in the Development of Health policies & strategies	There should be more PS representatives in National TWG of RMNCAEH+N	<ul style="list-style-type: none"> <li>Involve Private sector/stakeholders as members of the coordinating platforms/TWG of RMNCAEH+N</li> <li>A representative within the private sector should be readily available to liaise with the Government during policy planning and development (Immediate)</li> </ul>
Well articulated health policies which support PSE exist but <b>not properly implemented</b>	Government should ensure full implementation of existing policies that support PSE	<ul style="list-style-type: none"> <li>Enabling laws should be put in place to sanction non-implementation of health policies &amp; strategies (Medium)</li> <li>30% of every allocation for policy administration should be channelled towards the implementation of this policy.</li> </ul>

Thematic area 2: Regulation		
Key challenges	Solutions	Recommendations
Regulatory mechanisms (though available) are not being enforced or well-implemented, due to poor funding and shortage human resource to effectively monitor Private sector.	Adequate financial and human resources should be provided for effective health regulation	<ul style="list-style-type: none"> <li>● Advocate for the enactment and strengthening of regulatory laws to support regulatory agencies fulfill their mandate.</li> <li>● Health regulators should actively involve private sector associations members in monitoring and supervision of their members</li> <li>● Regulatory bodies to provide capacity building to private providers.</li> <li>● Engaging with the private associations on peer to peer regulation.</li> </ul>
Lack of digital / electronic systems to support health regulation in Nigeria	Deploy digital innovations to support regulatory functions and oversight of PS	<ul style="list-style-type: none"> <li>● Provide ICT infrastructures for Health regulators at National and sub-national level to effectively track and monitor PS</li> <li>● Conduct capacity building exercise for health regulators on use of digital technologies to support health regulation exercise</li> </ul>

Thematic area 3: Service Delivery		
Key challenges	Solutions	Recommendations
High overhead cost of delivering quality services by private sector provider	Incentives (Financial and Non-financial ) should be provided to Private sector providers to enable them deliver quality services	<ul style="list-style-type: none"> <li>Government should provide financial support to Private healthcare providers (Loans, guarantees) to enable them scale-up their private practice and deliver quality services</li> <li>The capitation fees paid by NHIS to private providers should be increased to incentivise them to deliver quality healthcare services</li> <li>Tax waivers should be provided to Private health Sector providers (Medium)</li> <li>Medical equipments should be provided to PS at subsidized rate</li> </ul>
Limited skilled human resources (quantity & quality) in the private sector.	There should be capacity building and deployment of skilled medical specialist from Public to the private sector to strengthen their capacity	The MOH should provided technical assistance to PS by deploying skilled government paid healthcare specialist ( secondment) to private facilities, to improve capacity of human resources (Medium)





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## REFLECTIONS

- What does it mean for private sector in Nigeria?
- What does it mean for public sector in Nigeria?



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# REFLECTIONS

## For private sector in Nigeria

### *What does it mean?*

1. Engagement of the private sector is very critical towards achieving UHC goals in Nigeria
2. Creating enabling environment for private sector to thrive and deliver quality MNH is a Win-Win for Government and private stakeholders
3. Private sector should be engaged as a critical players in health policy formulations and implementation
4. Private healthcare associations should be adequately engaged for health regulation
5. PS requires the right incentives (financial and non-financial) to deliver quality MNH services



# REFLECTIONS

## For public sector in Nigeria

### *What does it mean?*

1. Government needs to provide the necessary stewardship for PS to thrive
2. A proper Public - private dialogue platform needs to be established to support PSE
3. Strengthening of technical capacity of MoH staff crucial to effectively engage PS
4. Government Leadership and ownership of MoH for the PSE process and its outcomes is crucial
5. Need for independent technical facilitator to broker information for PSE
6. The engagement requires time and face to face interaction to allow for building trust and communication between parties
7. Regular monitoring and evaluation required to gauge progress of PSE



# REFLECTIONS

## What we learned

### *Process and tools to support country implementation*

- In-person Technical Working Group meetings (e.g., Nigeria) led to smoother implementation than 1-on-1 meetings required by COVID restrictions
- Need a government champion
- There is need to strengthen capacity of both Govt and PS to implement policies on PSE
- Organizations or broker to provide technical guidance on QoC for MNH service delivery is paramount
- Need for incentives and financial support to PS (improved capitation fees, low interest loans/waivers etc.) to improve quality of care.
- Inadequate regulatory structures for PS except in states, only few has structures, e.g.
  - Lagos (HEFAMAA Health facility monitoring and accreditation agency)
  - and Kano (Kano State Health Regulatory Agency)
- Benefits to countries going through the process together (sharing, lessons)
- Priorities changed during pandemic





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## Part 2: QUESTIONS & ANSWERS



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# Questions & Answers

## PANEL:

Dr Binyerem Ukaire (Federal Ministry of Health Nigeria)

Dr Olumuyiwa Ojo (WHO Nigeria)

Ms Anna Cocozza (WHO Geneva)

Facilitated by Dr Blerta Maliqi (WHO Geneva)

**Please type your questions in the CHATBOX**



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# STAY ENGAGED

- Check out the Private sector engagement for quality of care series: [bit.ly/PrivateSectorseries](https://bit.ly/PrivateSectorseries)
- For more information and project updates, visit this page: [https://www.qualityofcarenetwork.org/private-sector/engaging-private-sector-quality-care-maternal-newborn-and-child-health#country\\_learnings](https://www.qualityofcarenetwork.org/private-sector/engaging-private-sector-quality-care-maternal-newborn-and-child-health#country_learnings)
- See WHO PSC Connector website: [www.ccpsh.com](http://www.ccpsh.com)
- Join the Community of Practice: [bit.ly/JoinCoP](https://bit.ly/JoinCoP)
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