

Conversations on
Reproductive and
Child Health

Maternity Matters



PART II

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MSD
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Table of Contents

INTRODUCTION **2**

PUBLISHED Q&As

Making private sector initiatives in RMNCAH sustainable **3**
– Audrey Obara, Head of Health, Swedfund

WHO’s plans for the private sector in maternal and child health **6**
– Blerta Maliqi, technical officer at the World Health Organization and team leader of the
The Network for Improving Quality of Care for Maternal, Newborn and Child Health.

From ignoring to including the private sector in RMNCAH **10**
– Emeka Okafor, pharma health systems lead at Society for Family Health Nigeria

The need for early-stage capital for RMNCAH social entrepreneurs **13**
– Annie Thériault, chief investment officer at Grand Challenges Canada

Engaging the private sector in Kenya’s RMNCAH agenda **15**
– Dr. Bashir M. Issak, head of the department of family health at Kenya’s Ministry of Health



Introduction

The health of women, children, and young people is critical to building healthy and stable societies worldwide. Yet, every day, over **800** women die from preventable causes related to pregnancy and childbirth. COVID-19 has only exacerbated the issue, putting increased strain on already weak health systems and making it hard to uphold basic services such as maternal health. A [Lancet study](#) warned of potential increases in maternal mortality as a result of decreased coverage of essential maternal and child health interventions. In the least severe scenario, reductions in coverage would result in **253,500** additional child deaths and **12,200** additional maternal deaths.

In 2015, the 17 Sustainable Development Goals for addressing global challenges were adopted. [SDG 3](#) on health and well-being is a universal call to action to reduce child and maternal mortality and ensure universal access to sexual and reproductive health care services. To realize the SDG targets by 2030, more meaningful and innovative collaboration between government and the private sector is needed.

Achieving SDG 3 will require strong public-private collaboration and engagement with the private sector, including but not limited to business and scientific expertise, innovations, and capital. This report details how the private sector can work with the public sector and play a catalytic role in improving reproductive, maternal, newborn, child, and adolescent health.

The report draws insights from extensive conversations from some of the most senior officials from a range of organizations such as the World Health Organization, the United States Agency for International Development, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, among others. The collection of these seven interviews covers a wide variety of topics related to private sector engagement as [defined](#) by the Organization for Economic Co-operation and Development.

The report is part of [Maternity Matters: Funding the Future](#), an initiative launched by Devex with support from MSD for Mothers, that explores how donor funding is leveraging private sector engagement to further RMNCAH solutions. The initiative aims to encourage RMNCAH funders to measure and share their investments and best practices for private sector engagement in standardized ways.

This effort aims to ultimately shed light on some of the successful models and best practices that donors have used to work with the private sector to support RMNCAH.

Private sector engagement

As defined by the [Organisation for Economic Co-operation and Development](#), this is an activity that aims to engage the private sector for development results, which involve the active participation of the private sector.

The definition is deliberately broad in order to capture all modalities for engaging the private sector in development cooperation, from informal collaborations to more formalized partnerships.

To read more about the definition and how [Maternity Matters: Funding the Future](#) is exploring the topic, [click here](#).

1

Q&A: Making private sector initiatives in RMNCAH sustainable



A mother holding her baby's hand. Photo by: [Aditya Romansa](#) on [Unsplash](#)

“The private sector has a lot to contribute and what it needs is responsible funding from both donors and governments to ensure that the initiatives are sustainable,” according to Audrey Obara, head of health at Swedfund, Sweden’s development finance institution.

That’s especially true, Obara said, when it comes to reproductive, maternal, newborn, child, and adolescent health. The private sector can provide services and goods while often being a source of innovative solutions.

For example, [Jacaranda Health](#), which both SwedFund and MSD for Mothers supports, opened Nairobi’s first mobile maternal health to improve access to such services. With continued support, the initiative has scaled, running two maternal health delivery centers in peri-urban areas that offer affordable patient-centered care.

But if such solutions are to be scaled up and implemented to tackle the challenges in the sector — over [800 women](#) die daily from complications due to childbirth and pregnancy — more funding behind them is needed.

Donor funding is sometimes needed to prove a certain concept or to scale up a particular idea, Obara said. “Private capital then comes in quite handy at that point [of scale] because donor funding may not be there sustainably for a very long time. It may go into other projects.”

Speaking to Devex, she explained how Swedfund works with the private sector, the lessons it's learned in doing so, and how it keeps a track of its engagement.

This conversation has been edited for length and clarity.

Why do you think it's important to partner with the private sector, particularly in the area of RMNCAH?

The private sector provides goods and services in the area of RMNCAH complementing other stakeholders and, in some cases, working alongside other stakeholders. Private sector players aim to be competitive, driving down prices and innovating in the production of goods, delivery of services, and creating better supply-chains. The effect of all these initiatives is continuous improvement in quality and reduction of prices due to efficiency and scale.

What is the best way of integrating local private sector actors into the health ecosystem and for donors to support them?

Regulators need to establish adequate rules and regulations on what private sector actors can do, which services they can provide, and the minimum quality standards they must adhere to. Once the regulatory environment is well-established, transparent, and stable, private sector actors can set up enterprises to provide goods and services that meet regulatory requirements, commit capital to establish or grow their enterprises against a stable regulatory regime and complement the health ecosystem in a responsible manner.

How does Swedfund engage with the private sector?

Swedfund invests in the private sector in developing countries, specifically to strengthen the resilience of communities and individuals and to contribute toward the sustainable development of private sector companies. We work with companies that are aligned with our mission to contribute to the reduction of poverty. We want to create decent working conditions, empower women in these economies, reduce climate impacts, and, quite importantly, we want to mobilize additional private capital because we don't see a lot of private capital in these markets. Then we want to engage with various private sector bodies, associations, and initiatives to build our knowledge and experience to then contribute to strengthening the health systems.

There is also direct and indirect engagement with the public sector through Swedfund's private sector support. For instance, with the pandemic, there is a lot of collaboration on vaccines... with the private sector supporting the public sector to distribute vaccines to reach a wider number in the community. Swedfund supports companies that produce critical goods such as medicines and consumables that are used by both public and private sector.

Are there any lessons Swedfund has learned in working with the private sector?

A key lesson is to work with strong partners while making investments in the private sector to ensure alignment in the goals that we want to achieve and the impact we want to create.

Whenever we look at any investment, we look at three cornerstones or pillars. Number one, the impact to society that this investment would generate in terms of how many patients are treated, how many jobs they create, how many skills — specialized — they're enhancing, and what they're contributing within the wider community such as taxes etc.

More reading

- ▶ [Q&A: Engaging the private sector in Kenya's RMNCAH agenda](#)
- ▶ [Swedish aid: A focus on maternal health \(Devex Pro\)](#)
- ▶ [Health innovators seek more support as maternal, newborn deaths rise](#)

Next, we look at sustainability: Do they have environmental policies? Are they following them? Are the sustainability gaps that were identified before the investment closed within agreed timelines? Are they safe in terms of the quality of services that the entity provides? Are they following all the local laws and regulations?

Then the third pillar is financial viability. Is the company able to cover its costs and operate in a financially sustainable manner and not have to shut down after a while because it's not able to cover all its operational costs.

We support our companies to improve when it comes to environmental matters, we support them to improve on social matters, we look at areas such as worker safety. We also want our companies to contribute within the societies they're in through decent jobs, paying taxes, and being responsible.

We do not only assess the financing or investment return but consider other contributions that the entities can make at the individual, community and population level. We want to improve the skills and the knowledge, especially where there are specialist skills gaps, of the employees in the companies that we invest in.

How are you tracking Swedfund's engagement with the private sector in the area of RMNCAH?

At the point of making an investment, we set qualitative and quantitative targets that we would like the company to achieve, and (define) the support required. Annually, we measure how the company is developing against these targets and if there are deviations, how we can support the company to get back on track. For some investments, we will take a board seat to support the strategic development of the company. We also use technical assistance funding to bolster certain areas of operations where we see the company could benefit from improving those areas of operation – sustainability being one of them, gender and skills being another one, climate, human rights and digitalization as well.

My reflection would be that it's important to have a baseline when you look at an investment and you commence that process. What are the targets you want to achieve? Track that as you go along, and this is across all of the three pillars. If you do not have that baseline, sometimes you will not understand where the company is falling short and then you won't be able to come up with appropriate interventions. For instance, if a company said they were going to reach this number of people and then you find they are falling short of that, when you track that it is very clear, and you can then have a discussion with the company on the interventions and support required.

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– Audrey Obara, head of health, Swedfund

2

Q&A: WHO's plans for the private sector in maternal and child health



The Somali federal Ministry of Health, supported by the World Health Organisation, UNICEF, the Global Polio Eradication Initiative, and Gavi, concluded a mass measles and polio immunization campaign last September 2020. Photo by: [Mukhtar Nuur / UN Photo / UNSOM Somalia](#)

In 2017, [810 women](#) died each day from preventable causes related to pregnancy and childbirth. And although the global number of newborn deaths have declined from [5 million in 1990 to 2.4 million in 2019](#), children still face the greatest risk of death in their first 28 days.

Local private providers have a key role to play in improving access to health care services for women and children, local private providers have a key role to play, said Blerta Maliqi, technical officer at the [World Health Organization](#) and team leader of the [The Network for Improving Quality of Care for Maternal, Newborn and Child Health](#).

“We think that engaging private providers... is an untapped resource, something we’d like to know more [about] and engage with more countries on,” she said.

“There are still a lot of questions [around] the capacity of national governments — especially in low- and middle-income countries — in terms of engaging with the private sector and finding out how to work together to maximize impact,” Maliqi said.

This is an area of work that the WHO has identified as an entry point, she explained.

Speaking to Devex, Maliqi explained where she sees the private sector tying in to efforts to improve health for women and children, how the COVID-19 pandemic has highlighted its role in health systems, and the WHO's plans to improve MNCH.

This conversation has been edited for length and clarity.

How is WHO looking at private sector capacity to maximize MNCH impact?

WHO is engaged with countries and partners to ensure that all countries are on track to achieve the Sustainable Development Goals for maternal and child health. We're looking at maximizing the capacity of health systems to deliver quality maternal and child health and, in this case, we're looking at all the health systems across all the mixed providers – public and private.

Until recently, we hadn't engaged with governments in terms of understanding how they're capitalizing or maximizing their governance to ensure the private sector is delivering and helping to assist in the delivery of SDGs.

What has the value of the private sector been during the pandemic in terms of health systems strengthening?

The last 18 months helped identify a lot of gaps in terms of capacity of health systems to immediately respond to pandemics. At the same time, it identified a lot of opportunities that had not been leveraged before the pandemic. One of the opportunities – that in many countries was almost an innovation – was engaging with private providers to deliver essential services while the health system was busy responding to COVID-19.

We've witnessed hospitals that were overloaded with COVID-19 cases in specific countries, especially during the peak of the pandemic. At times, that was associated with a disruption in essential services, including for maternal and child health. In this context, we're seeing that both users of the services and also the governments have looked at building partnerships with private providers to deliver essential care that otherwise wouldn't have been delivered, because the systems were saturated, or to deliver care around COVID-19.

Opinion: Private sector, UHC, and maternal mortality amid COVID-19

MSD for Mothers' Temitayo Erogbogbo explains why now is the time to create deeper alliances across sectors at scale or risk losing the opportunity to make real, sustainable change.

“One of the opportunities...was engaging with private providers to deliver essential services while the the health system was busy responding to COVID-19. – Blerta Maliqi, technical officer at WHO and team leader of the The Network for Improving Quality of Care for Maternal, Newborn and Child Health

What are WHO's plans for advancing its strategy on engaging the private health service delivery sector through governance in mixed health systems?

For maternal and child health, we're in the process of establishing a working group with partners and [governments of] countries who are interested in advancing the agenda of governance of the private sector in mixed health systems ... The objective is the achievement of SDG 3 on UHC and maximizing the the capacity to implement MNCH across all providers with quality.

There are a number of partners and governments interested in joining. We're in front of the situation in which there is very high interest but there's little knowledge on how to implement these types of processes so we're looking at this working group as something that will allow us to learn together, to co-develop these processes, and to advocate for effective implementation.

How do you think the "new normal" will grant WHO a different space to help bridge the MNCH gap?

Despite improvements made on MNCH throughout the [Millennium Development Goals] era, the gaps in MNCH persist which have made MNCH again one of the target areas within the health SDGs. That means that there's really a lot of work to be done.

During this period of the [COVID-19 pandemic] in WHO, in addition to looking at how we address COVID-19 among pregnant women and children, which is a silent group because it wasn't given immediate attention during the pandemic – we are focusing on strengthening essential services and care for women and children.

Among others, we have engaged with 15 LMICs across all WHO regions, and looked at both their preparedness and response plans, and the ways they ensure that mothers and children are not forgotten in this response. We're working with them to strengthen health systems so that they're able to respond to this shock, but also to future shocks in a way that will not forget mothers and children.

In this process, we've found out that there are a few action areas that can help countries to maximize the response and results. That includes the use of a routine information system to understand how the situation is changing [through] continuous monitoring of the service delivery and utilization of essential services for women and children.

The use of digital solutions, especially for providing services, but also for sharing information and communication that allows people to participate [within the health system] meaningfully at any moment, is another area of interest. Then, we're looking at new ways to provide care that haven't been fully explored, such as self-care.

As we're moving into the "new normal," WHO continues to generate evidence and knowledge and identify best practices that can help member states and implementers to strengthen the health systems, not only to build back better but to build better with quality and ensure that we're able to address the MNCH gaps created during COVID-19, [as well as those] which were there before COVID-19.

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What is your call to action around bridging the MNCH gap worldwide?

For the MNCH gap, [WHO] will continue to work to address the existing gaps around the unfinished agenda of maternal mortality that concerns many countries in the world, especially in LMICs and emergency areas.

Next, we're looking at strengthening quality and addressing morbidities and co-morbidities in those countries that are transitioning from high- and medium-mortality to lower-mortality rates. That is something that calls for health systems to [be] re-designed and for different thinking in how services are provided.

One last thing I would like to [emphasize] is that of equity that goes beyond a country...Being able to understand where we have the equity gaps and addressing those gaps, providing the governments and implementers with the tools and knowledge on how to go about it will remain very high on the agenda and most likely [be] one of the areas in which we will focus our work in the next years.

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– Blerta Maliqi, technical officer at WHO and team leader of the The Network for Improving Quality of Care for Maternal, Newborn and Child Health

3

Q&A: From ignoring to including the private sector in RMNCAH



Implemented by local technology start-up Black Swan Tech Ltd through USAID's Maternal and Child Survival Program led by Jhpiego, the WeMUNIZE program uses a combination of digital record keeping and community engagement to increase childhood immunization.

Photo by: [KC Nwakalor / USAID Digital Development / CC BY](#)

Stop ignoring the private sector, urged Emeka Okafor, pharma health systems lead at [Society for Family Health Nigeria](#) – a local non-profit organization working to provide health products, clinical services, and behavior change communications – and project manager of the [IntegratE project](#).

Most government activities and policies around reproductive, maternal, newborn, child, and adolescent health, or RMNCAH, have thus far excluded the private sector, Okafor explained, and this is hindering the ability to achieve universal health coverage.

“Until governments begin to pay more attention to the private sector’s building [of] capacities and bring in data from the private sector, it will [take] us a long time to address RMNCAH issues.”

Over [800 women die](#) each day due to complications related to pregnancy or childbirth. Nigeria is home to around [20%](#) of those deaths.

Thankfully, the conversation around private sector engagement is shifting, Okafor said, and this could yield better RMNCAH outcomes in Nigeria and beyond.

“The conversation is gradually changing because governments have seen that without carrying the private sector along there’s little mileage we can achieve in both UHC and meeting the needs of the Sustainable Development Goals.”

Sitting down with Devex, Okafor explained how to advance the conversation, what barriers need to be broken down to encourage further local private sector engagement in RMNCAH, and how to do so.

This conversation has been edited for length and clarity.

More reading

- ▶ [Scaling a lifesaving intervention: Skin-to-skin for mothers and babies](#)
- ▶ [Q&A: The value of the private sector in health system strengthening](#)
- ▶ [De-facto privatization of health in Kenya limits access, says report](#)

Given the gaps in RMNCAH service delivery and funding, what do you see as the role of local private sector actors?

The major thing is that the private sector contributes to a huge chunk of service delivery especially for RMNCAH, in and across most countries in Africa. Specifically in Nigeria, [over 60%](#) of patients access to RMNCAH care from the private sector. When you look at family planning, [over 84%](#) of clients access family planning services and commodities from the private sector, so the private sector plays a vital role in improving access to RMNCAH in Nigeria. But oftentimes it is not given pride of place. This is because the private sector is not fully integrated into the formal sector. Most government policies are public sector focused and currently private sector services data do not flow into the national data reporting system.

What can you tell us about your work with the private sector in RMNCAH?

In line with reducing maternal mortality and also the key role that family planning plays in improving maternal outcomes, SFH — with funding from the [Bill & Melinda Gates Foundation](#) and [MSD for Mothers](#) — decided to pilot the IntegratE project that tries to test a “proof of concept,” that community pharmacists and patents and proprietary medicine vendors — the category of providers that we all call drug or chemist stores — have the capacity to provide a wider spectrum of family planning and other key services than [they are] currently authorized by law to provide. And also to begin to show evidence that would make sure that these services become services that they can provide on a permanent or sustainable basis. The project is being piloted in two states, Lagos and Kaduna states. Essentially, in the process of implementation, the project also intends to strengthen the overall quality of services [provided] on a sustainable basis. [Early results](#) from the IntegratE Project show that these services are consistently being provided at acceptable levels of quality.

Until governments begin to shift that attention [roles of public health facilities] to also include the private sector, we may not be able to have that total view, especially as we move toward UHC.
— Emeka Okafor, pharma health systems lead, Society for Family Health Nigeria

Are there any actions Nigeria does take to encourage private sector engagement?

Very recently, the Federal Ministry of Health developed a strategic framework to engage of the private sector in scaling family planning services. This is one of the laudable efforts of government to ensure the involvement of the private sector, realizing that for sustainability of family planning services and commodities, the private sector needs to play a pivotal role. We would like to see this type of effort replicated not only in family planning but other RMNCAH areas.

What are some of the barriers that might prevent more local private sector actors from entering the RMNCAH space?

If you look at certain government policies – [task shifting and task sharing](#) policies, even national health acts – so many tend to be huge on the public sector. [They] tend to clearly define the roles and participation of public health facilities with little mention of private sector health facilities. Until governments begin to shift that attention to also include the private sector, we may not be able to have that total view, especially as we move toward UHC.

Specifically for RMNCAH – again because over the years the attention is focused more on the public sector – some of the areas involvement of the private sector have not been clearly defined. Most private sector practitioners don't feel carried along because they don't fully understand the role they are expected to play.

For family planning, for instance, for a very long time it has been focused mainly on the public sector. Some years ago, the [United States Agency for International Development](#) decided to work with the Society for Family Health on a component that goes to the private sector through social marketing. Commodities for family planning would be available to be sold at highly subsidized rates through the private sector, while in the public sector the same commodities would be free.

With that in mind, what would your call to action be?

The call to action is simply for governments to be deliberate about policies that will involve or engage the private sector and clearly define the role the private sector will be expected to play. They can't be doing the same thing, the same way, over and over again and expect a different result each time. We have all fully paid attention to the public sector over the years and it has yielded very little results so this is time for governments to be deliberate about policies, deliberate about their actions to make sure that the private sector is deeply involved in both the planning, project estimation, data reporting, and service delivery. That is the only way we can move the needle if we want to make any change at all.

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4

Q&A: The need for early-stage capital for RMNCAH social entrepreneurs



A mother and her child at a hospital in Accra, Ghana. Photo by: Andrea Hanks / White House

“We need to change the way we invest and we need new players at the table with new approaches to complement what’s been done in the past decade [in reproductive, maternal, newborn, child, and adolescent health],” said Annie Thériault, chief investment officer at [Grand Challenges Canada](#). The organization is an innovation funder that supports both nonprofit and for-profit organizations in developing and transitioning to scale solutions to health and development challenges in low- and middle-income countries, as well as domestically in Canada.

Last year, in a [conversation with Devex](#), Thériault — who also oversees the Every Woman Every Child Innovation [Marketplace](#) at GCC — urged more players to provide early-stage capital for social entrepreneurs specifically within maternal health. This year she said some capital is going toward social enterprises, but the maternal health space is “not seeing [the] floodgates being opened.” That, she said, needs to change.

Over [800 women](#) die a day from preventable causes related to pregnancy and childbirth. [COVID-19](#) has only exacerbated the issue, putting increased strain on already weak health systems and making it hard to uphold basic services such as maternal health and family planning.

With overseas development assistance also under threat following the economic strain imposed by the pandemic, engaging the private sector is critical to moving the needle to improve reproductive, maternal, neonatal, child, and adolescent health, or RMNCAH, Thériault said.

“Private investors through the crisis have had [a] strong performance and ... not necessarily suffered as much. That capital is potentially available to invest in new investment vehicles and new social enterprises, but there needs to be a little bit of “pixie dust,” a little bit of catalytic capital from government players to capitalize those vehicles to be launched,” she said.

Having spoken with Devex last year, Thériault explained what kinds of vehicles could be the most impactful, why it’s important to invest in early-stage social enterprises, and how the pandemic has changed the funding landscape for such entities.

This conversation has been edited for length and clarity.

Over the past year, what has changed in respect to how GCC leverages private-sector capacity for RMNCAH impact?

Since last year, our funding with [Global Affairs Canada](#) was renewed and so now we have a seven-year grant agreement with them to continue our work. With this, we’re able to include equity as one of the vehicles that we use to fund companies, whereas in the past five years that wasn’t something that was necessarily on the table. It doesn’t mean that we look to do [financial] equity for everything, it’s really a tool that we wish to use when it’s appropriate. Our capital is going to grow the organization alongside other investors when the activities we fund are growth-oriented, as opposed to often providing grants to private companies for all of their activities.

The purpose of the grants is typically for activities that are not return-driven, but at this point, we have the flexibility to also make equity investments, which was something we had done in the earlier days of GCC, but not in the last five years. We’ve always been able to do loans and will continue to also use this tool to support companies and nonprofits that can generate sufficient cash flow to cover loans. All of our financial instruments apply across all of our portfolio, not just our RMNCAH portfolio.

More reading

- ▶ [Implementing innovative solutions for maternal health at scale](#)
- ▶ [Leveraging digital solutions for quality maternal health care](#)

The other piece is, if all goes well, we should be able to launch our women, children, and adolescent health fund in the fall. This is something that’s been in the works for over two years and we’re pretty excited about it because it’s one of the few vehicles out there that has the women, child, and adolescent health mandate broadly, not just the maternal health care piece, not just the reproductive health care piece, but the whole health of the woman, the child, and the adolescent. It is a unique approach in the environment and so hopefully we’ll pull it off. The challenge with this type of vehicle is finding the early movers to join the initial launch as there are more followers in the impact investment space.

There are technologies available today that... really have the opportunity to revolutionize the quality of care in emerging markets in LMICs as well as in high-income markets.

– Annie Thériault, chief investment officer, Grand Challenges Canada

Last time we spoke you urged more players to provide early-stage capital for social entrepreneurs, specifically within maternal health. Have you seen that happen at all?

What I'm seeing is a lot of new investment firms, particularly women-led investment firms, having a strong interest in health. In a purpose-driven way, it's really improved women, child, adolescent, and maternal health.

I'm seeing a lot of new investment vehicles trying to be launched by talented teams and long fundraising cycles. [Engaging] the private sector is critical to moving the needle because when we look at official development assistance, that is not increasing and so the only way to add money for RMNCAH is by getting investment from the private sector. European countries, North American countries, every rich country out there has had to overspend to deal with COVID-19 and so ODA [official development assistance] capital is definitely at risk.

At the same time, what we're seeing is a hunger from many emerging markets in seeing new technology coming through. COVID-19 has opened their eyes — not that they weren't seeing it before — but really put it in their face, and in a very serious way. When we see vaccination rates [of those who received at least one dose] in Canada at 80%-plus and certain emerging markets, 1, 2, 3, 4, 5%, I think that has made people in emerging markets realize, "Hey, we're not at the table. Why is that happening? We should access better technologies." So, there's a demand side being created. There are enterprises that are ready to solve these problems, there's investment funds that are there when there is enough investment interest from the private sector, but that piece is not there. We're seeing a gap; we're seeing donors shying away or trying to do it their own way rather than supporting a new industry.

Going forward, what is GCC's level of private sector investment in RMNCAH likely to be?

We've always hovered in the 20-30% participation with the private sector, either investing ourselves with a private sector vehicle or grant combined with private sector investors. I don't really see that changing. For us, it's very much about staying the course. The expertise of GCC is really in the grant management space and we can work strategically for large donors or use our normal processes of sourcing against GCC. And so, we're definitely in a mode of wanting to engage with other donors that are looking to perhaps partner in some way.

Perhaps, I would say, we're going to have a strong emphasis on women-led initiatives, locally led initiatives, and really just continue to focus on the best projects and ventures that can address those priorities.

With respect to private sector engagement, what I'd like to see happen right now, not in five years, is more players like the DFIs [development finance institutions] and others come to the table and back new investment vehicles, whether it's ours or the dozens of others that I'm aware of that are all over the world, whether they are from high-income markets or low- and middle-income markets because these priorities are common — maternal and child issues.

There are technologies available today that...really have the opportunity to revolutionize the quality of care in emerging markets in LMICs as well as in high-income markets...I'd like to see money move toward those new investment vehicles, not in a self-serving way. I just strongly believe that the technologies are out there and with the right investors, with impact mandates at the table, it can really prevent those market failures that we've seen for the past decades.

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5

Q&A: Engaging the private sector in Kenya's RMNCAH agenda



A Kenyan woman and her newborn baby in a maternity ward supported by UK Aid at Lodwar hospital, Turkana, northern Kenya.
Photo by: [Russell Watkins / DFID / CC BY](#)

Kenya has yet to leverage the full potential of the private sector in the reproductive, maternal, newborn, child, and adolescent health space, said Dr. Bashir M. Issak, head of the department of family health at Kenya's Ministry of Health. Further engagement, especially following [COVID-19](#) is planned, he said.

According to [research](#), the number of maternal deaths – which stood at [800 women](#) a day in 2019 – have increased amid the pandemic.

While the specifics around the ministry of health's private sector strategy are not yet finalized, Dr. Issak believes it is key to achieving universal health coverage across the country.

Kenya's health care system is currently made up of a mix of different types of providers. Of the [more than 12,000](#) health facilities in Kenya, approximately 48% of facilities are considered public, 41% are private sector owned, 8% are run by faith-based organizations, and 3% are NGO-managed.

Issak explained that the government has created a conducive policy environment for working with the private sector and that it wants to facilitate further partnerships that align.

Speaking to Devex, Issak explained how the Kenyan government aims to further optimize its engagement with the private sector and how public-private partnerships may help in achieving RMNCAH goals.

This conversation has been edited for length and clarity.

What is your take on the current RMNCAH landscape in Kenya?

In the past decade, we have made tremendous improvements in maternal and child health. The [most recent demographic health survey](#) we have is from 2009 to 2014. We are doing the next one within this year... but as far as the difference between 2009 and 2014 are concerned, there was a tremendous improvement. Our skilled birth attendance has risen 62% to 84%. Child mortality has equally reduced both for children under the age of 5 and children under 1.

Maternal mortality has not changed much, but our focus for the last three or four years and in the future, will be reduction of neonatal death so we're investing heavily in that. But as far as newborn, maternal, and child health is concerned we have had directives where maternal health or delivery is free and child health or medical treatment for children are all free.

What are your targets for RMNCAH over the coming years?

Our target is to have [90% to 95%] skilled birth attendance. Our family planning [contraceptive prevalence] right now is at 61% and our target is 66% by 2030, but we believe we can reach it before that. Our child mortality is about 30 [deaths per 1,000 live births] now but our neonatal rate is about 21 per 1,000 live births. Our maternal mortality ratio is about 342 [per 100,000 live births], and our target is 111. We are not on track on maternal mortality, but we are [on track](#) for the rest.

What support from the global health community would help you achieve these targets?

To invest more in primary health care and community health services. To help us achieve universal health coverage [across] all the counties and all the health facilities based on the primary health care model. We are just starting; we have done a four-county pilot, which was successful and now we are rolling out in all 47 counties.

It started with insurance coverage of school-going individuals and the elderly where the government, through the National Hospital Insurance Fund, pays the premium on behalf of these vulnerable populations. We also have a free maternity program [called] [Linda Mama](#) which covers 1.2 million pregnant women annually to access free antenatal care, delivery, postnatal care, and neonatal care.

What is the private sector's role within RMNCAH in Kenya?

We have public and private but the systems, the data, the training are all standardized and therefore we expect the same or better. There are different levels of private; there's private for-profit, private for lower-income, there's private for nonprofits and NGOs, and there's private for faith-based. Generally, the standards are the same and we expect the skills and training of the people who are manning them to be the same.

Private sector engagement

As defined by the [Organisation for Economic Co-operation and Development](#), this is an activity that aims to engage the private sector for development results, which involve the active participation of the private sector.

The definition is deliberately broad in order to capture all modalities for engaging the private sector in development cooperation, from informal collaborations to more formalized partnerships.

Read more about the definition and how [Maternity Matters: Funding the Future](#) is exploring the topic.

Is there a role for the private sector to play in bridging the \$33 billion annual financing gap for RMNCAH?

There is definitely a big role and the government is trying its best, but [the number of] donor initiatives have gone down and with COVID-19, we expect a huge decline in donor funding. With COVID-19, we have tried to continue providing essential health services. We have separated COVID-19 care – which took [our] attention in the first six months of the pandemic in Kenya.

We almost lost the gains [made] in the last 10 years on essential health services but we have re-tracked and [made] strategies. COVID-19 care is now independent of essential maternal and child health care and we have strategies and guidelines on that. As far as financing is concerned and as far as filling in the gap on funding is concerned, of course, there is huge demand and requirement for the private sector to play. The government welcomes all initiatives to help.

How have you seen Kenya leverage the private sector so far and what plans do you have going forward?

Private health service providers are one layer, NGO [providers] are another layer, the faith-based [providers] are another layer. There is a lot of engagement. For the faith-based and NGO hospital facilities, the government provides commodities and health workers for free.

The Linda Mama, or the free maternity policy, is both for private, public, and faith-based [facilities]. They just take the Linda number of the client and the government reimburses that. There is the national health insurance fund, which actually works with more of the private sector than the public sector. Immunization services are happening for free, family planning commodities are provided for free, vaccines are provided for free by the private sector. They only require a service fee of a dollar or two so they're also helping the government increase the coverage of service delivery. The service fees for immunization excludes COVID-19 vaccines, which are wholly free.

When we train for any activity, we train both the private and the public sectors. COVID-19 vaccines, training, the supplies, and the reporting of the data, all are open to the private and the government. The platform is controlled by the government, but the private sector has access to upload their data and provide services. The quality control and inspections of health facilities to keep standards is the duty of government regulatory authorities. The private sector is a member of all stakeholder forums in government-led structures and consultations are done even at policy formulation level.

“We have public and private but the systems, the data, the training are all standardized and therefore we expect the same or better.”
– Dr. Bashir M. Issak, head of the department of family health at Kenya’s Ministry of Health

Opinion: Private sector, UHC, and maternal mortality amid COVID-19

MSD for Mothers’ Temitayo Erogbogbo explains why now is the time to create deeper alliances across sectors at scale or risk losing the opportunity to make real, sustainable change.



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