



The Journey Guide for Effective Public-Private Engagement in Health

March 2021

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Abbreviations

AHI	ACCESS Health International
CHMT	County Health Management Team
IHA	Insight Health Advisors
LMIC	low- and middle-income countries
MEL	monitoring, evaluation, and learning
MfM	Merck for Mothers/MSD for Mothers
MHS	mixed health systems
PHC	primary health care
PPD	public-private dialogue
PPE	public-private engagement
SMHS	Strengthening Mixed Health Systems project
SDG	Sustainable Development Goals
R4D	Results for Development
UHC	universal health coverage

Introduction

Background

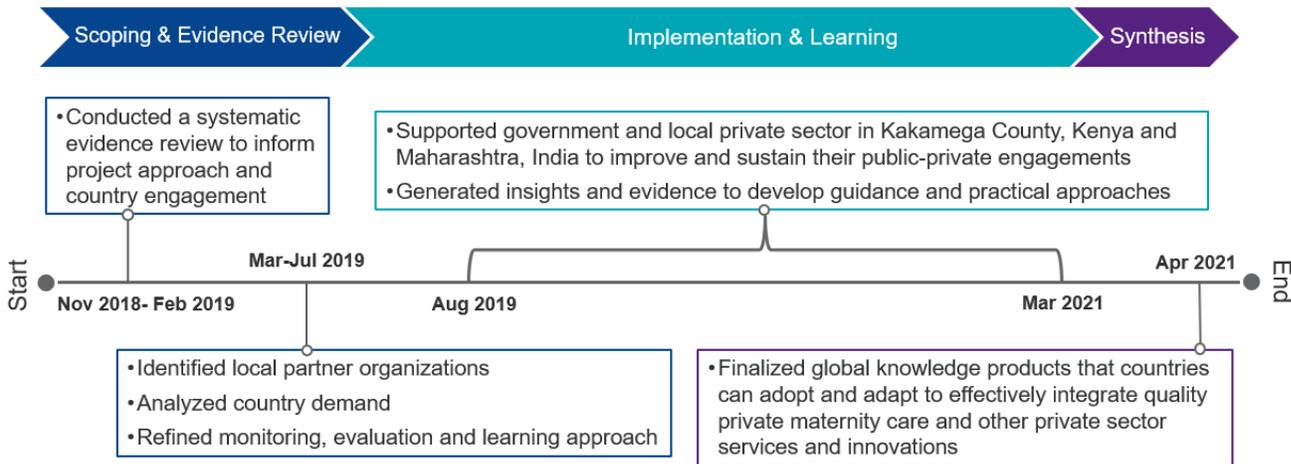
Many countries recognize their limitations in achieving the Sustainable Development Goals (SDGs) and universal health coverage (UHC) through public provision of health services alone — and wish to better engage the private sector to do so. However, country governments often lack information about local private providers and solutions in their countries, do not have a defined stewardship role, and/or are not supported by the appropriate institutional systems and processes to engage private providers in a mixed (public-private) health system (MHS).¹ Similarly, the local private sector in many countries wants to engage with the public sector, but they need government direction on how to engage and how to identify strategic opportunities.

In low and middle-income countries around the world, an estimated 40% of women seek maternal and reproductive health care from the private health sector.² This makes cooperation between the sectors vital to improving maternal health and ultimately achieving the SDG targets to lower maternal mortality.

About the SMHS Project

The Strengthening Mixed Health Systems (SMHS) project, led by Results for Development (R4D) and funded by Merck for Mothers, was designed to demonstrate and document practical and actionable processes for integrating quality private maternity care into government-stewarded health systems (Figure 1). R4D partnered with [Insight Health Advisors](#) (IHA) in Kenya and [ACCESS Health International](#) (AHI) in India to support project implementation.

Figure 1. The SMHS project timeline



¹ Defined as “a system with goods and services provide by the public and private sector, and health consumers requesting these services from both sectors.”

World Health Organization. 2019. The private sector and universal health coverage. <https://www.who.int/bulletin/volumes/97/6/18-225540/en/> (29 April 2021, date last accessed).

² Campbell OM, Benova L, MacLeod D et al. 2016. Family planning, antenatal and delivery care: cross-sectional survey evidence on levels of coverage and inequalities by public and private sector in 57 low- and middle-income countries. *Tropical Medicine and International Health*. Apr;21(4):486-503.

This Journey Guide and the accompanying Public-Private Engagement Ecosystem Brief and Learning Report compile and share back approaches, learnings, and insights from the SMHS project work.

About the Journey Guide

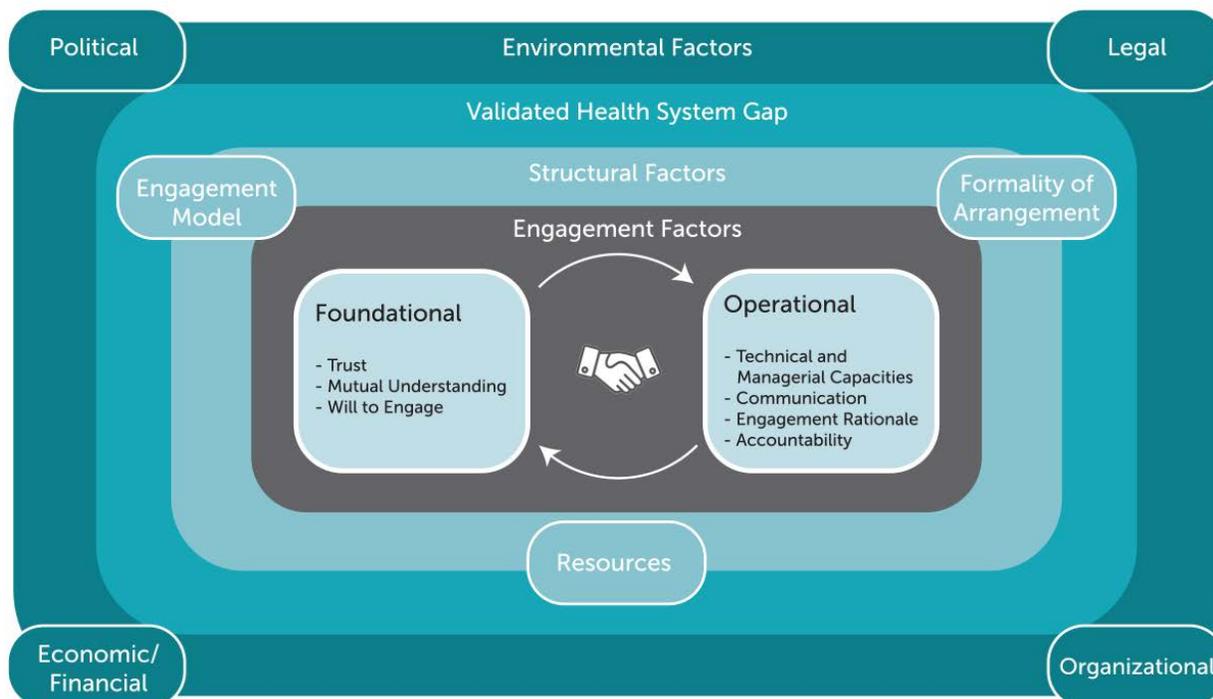
Over the past two decades, public-private engagement or PPE³ has gained acceptance as an important element in achieving UHC and population health outcomes. Where there is less clarity and agreement is around *how* to achieve effective PPE and leverage it to strengthen health systems.

To bridge this gap, the **Journey Guide for Effective Public-Private Engagement in Health** gathers implementation insights from the SMHS project that can support health system actors on their journey to achieve effective PPE in health.

Public-private engagement is defined as “the deliberate, systematic collaboration of the government and the private health sector according to national health priorities, beyond individual interventions and programs.”

Recognizing that PPEs exist as part of a complex network of helping or hindering factors and multiple health system actors operating at various points in an engagement cycle, the SMHS project first developed the PPE Ecosystem Framework (**Figure 2**) to take a holistic, system-focused view of PPE and better describe the factors and interactions in this complex ecosystem. This framework is described in detail in the Public-Private Engagement Ecosystem Brief and will be referenced throughout this guide.

Figure 2. *The Public-Private Engagement Ecosystem: Factors for effective engagement*



³ Defined as “the deliberate, systematic collaboration of the government and the private health sector according to national health priorities, beyond individual interventions and programmes.”

International Finance Corporation. 2011. Healthy Partnerships: How Governments Can Engage the Private Sector to Improve Health in Africa. *World Bank*. <https://openknowledge.worldbank.org/handle/10986/2304>

Taking into consideration the PPE Ecosystem factors along with the resources in this guide can help stakeholders make progress towards their PPE goals. Illustrative examples of these goals include:

- Understanding a health system gap and considering ways a PPE could help address it
- Engaging the other sector on a new PPE or improving an existing PPE or PPE forum
- Integrating a PPE in the broader health system
- Assessing the performance of a PPE
- Learning more about design and implementation of PPEs

The Journey Guide includes two sections:

1. The Public-Private Engagement Facilitation Approach

Section 1 of the guide describes the SMHS project’s process facilitation approach, and underlying principles and vision, to support better engagement between public and private health sector actors. It also describes the specific adaptation of the approach for sub-national PPEs in Kenya and India (described in detail in **Appendices 1 and 2**) as well as the tools that were developed to support implementation.

2. The Public-Private Engagement Resource Compendium.

Section 2 of the guide gathers new SMHS-developed PPE tools along with existing publicly available tools and resources on PPE, including tools for facilitating or brokering a PPE. The Compendium also maps each tool to the PPE Ecosystem (described in detail in the PPE Ecosystem Brief).

The Journey Guide concludes with several key tips and takeaways drawn from lessons learned from the implementation of the SMHS project.

Who is the Journey Guide for?

The Journey Guide is primarily intended for public and private sector actors and trusted brokers (neutral third-party organizations or other local actors who often serve as facilitators between the public and private sector actors) interested or involved in an engagement (**Figure 3**). The guide can also be used by funders, donors, and others working in the space of MHS and PPE. The information and resources in this guide are meant to be used and shared widely, for example, in workshops with the public and private sectors, PPE forums, or design conversations with funders.

Figure 3. Examples of intended users by stakeholder type

 Public Sector	 Local Private Sector	 Trusted Brokers	 Funders/Donors/Partners
National and subnational government actors interested or engaged in a PPE: <ul style="list-style-type: none"> • Office of the Prime Minister/Parliament • Ministry of Health and other relevant ministries/government departments • National/social health insurance agency • Sub-national (county/district) health management teams 	Local/regional not for-profit and for-profit actors interested or engaged in a PPE: <ul style="list-style-type: none"> • Private provider/health industry/professional associations/federations • Private sector engagement forums • National/regional private health sector federations • NGOs • Faith-based and civil society organizations 	Neutral third-party organizations or other local actors who facilitate a PPE: <ul style="list-style-type: none"> • Academic and research institutions • Regional bodies • Health development implementing agencies • NGOs and civil society organizations 	Stakeholders wanting to invest in supporting a PPE: <ul style="list-style-type: none"> • Foundations • Bi- and multi-lateral organizations
PRIMARY USERS			SECONDARY USERS

1. The Public-Private Engagement Facilitation Approach

Overview

This section outlines the SMHS-developed PPE Facilitation Approach and refers to application and adaptation to two public-private engagements (PPEs) in Kenya and India between 2019 and 2021.

First, the document describes the principles and vision that shaped the design of the process facilitation approach. Next, it describes the approach itself and spotlights tools developed and used to support its implementation that can be used and adapted for other countries and contexts. Appendices 1 and 2 detail application and adaptation of this approach in Kenya and India.

Process facilitation. Defined by R4D as the process of bringing stakeholders together to facilitate a conversation to collectively define the issue at hand, brainstorm evidence-based policy design solutions, and draw up a roadmap for their implementation with measurable benchmarks and objectives.

Acting as a trusted broker, the project team worked side-by-side with public and private sector actors to co-create ways to improve and sustain PPE. The approach ensures the process for systems change is country-led and demand-driven, aiming to strengthen the mixed health system to achieve improved health outcomes and UHC.

A Principled Approach

Two key principles guide this approach - that:

1. Mixed health systems (MHS) and PPEs **should be fit-for purpose and responsive** to a set of shared, validated country population health needs, demands, and challenges as expressed by the health system actors; and
2. The whole **PPE Ecosystem⁴ (Figure 2) - environmental, structural, and engagement factors should be considered** in PPE design and implementation.

⁴ The **PPE Ecosystem** brief provides a detailed overview of this framework and shares definitions of each of the factors and their contributions to, or potential challenges for, PPEs.

Being faithful to the first principle noted above, the SMHS project team engaged with, and implemented the project in collaboration with and through, local organizations, forming two country facilitation teams. The SMHS project identified like-minded local organizations in each country (Kenya and India) who could take on the role of a **trusted broker**⁵ providing continuous coaching and mentorship throughout the process and who could be thought partners on the program design and learning. R4D partnered with Insight Health Advisors (IHA) in Kenya and ACCESS Health International (AHI) in India. These organizations have ensured that process facilitation approaches are properly tailored to each context and that the evidence used to help inform decision-making processes builds on recent activity and avoids duplication of previous efforts.

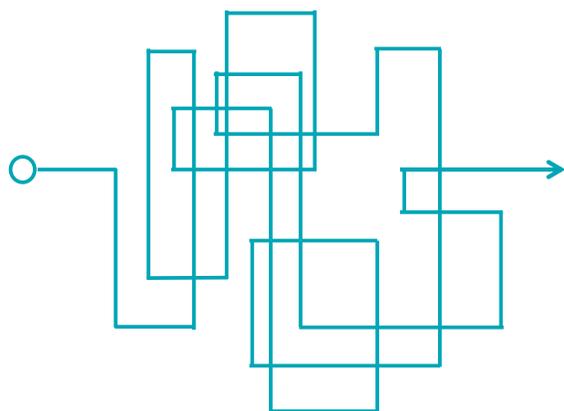
Trusted Brokers

A “trusted broker” (or neutral facilitator) conducts process facilitation and helps partners move through the system strengthening process. In the SMHS project context, the trusted broker is an individual or organization that helps a set of actors advance towards their goals providing a neutral voice. The trusted broker consults and understands the actors’ demands, fairly represents the priorities of all actors involved, supports the group to come to consensus and work through difficult conversations, identifies and brokers use of evidence, data and other resources and opportunities to inform decision-making, and sets up processes for continued engagement past the involvement of the trusted broker.

***TIP:** Facilitation by local experts who bring local credibility and contextual familiarity is key to ensuring successful mobilization, engagement, and motivation amongst PPE actors.*

Building on these principles, the approach recognizes that MHS evolution and strengthening is a complex and challenging process, and countries’ journeys on this path may go in many directions, even backwards at times (**Figure 4**).

Figure 4. A complex system strengthening process



Complex country health system strengthening journey

Rather than try to conceptualize the entire journey, the SMHS project **designed an approach that would allow public and private sector actors the flexibility to understand where they find themselves in the journey and help them identify potential pathways that smooth out that journey at any given point in time**; an approach that can be repeated whenever a new system or engagement challenge arises.

Each step in the process aims to **build trust between actors** and create an environment for open and honest engagement, then **uses that trust to work together on assessing challenges and designing solutions** to address those system and engagement challenges, and then

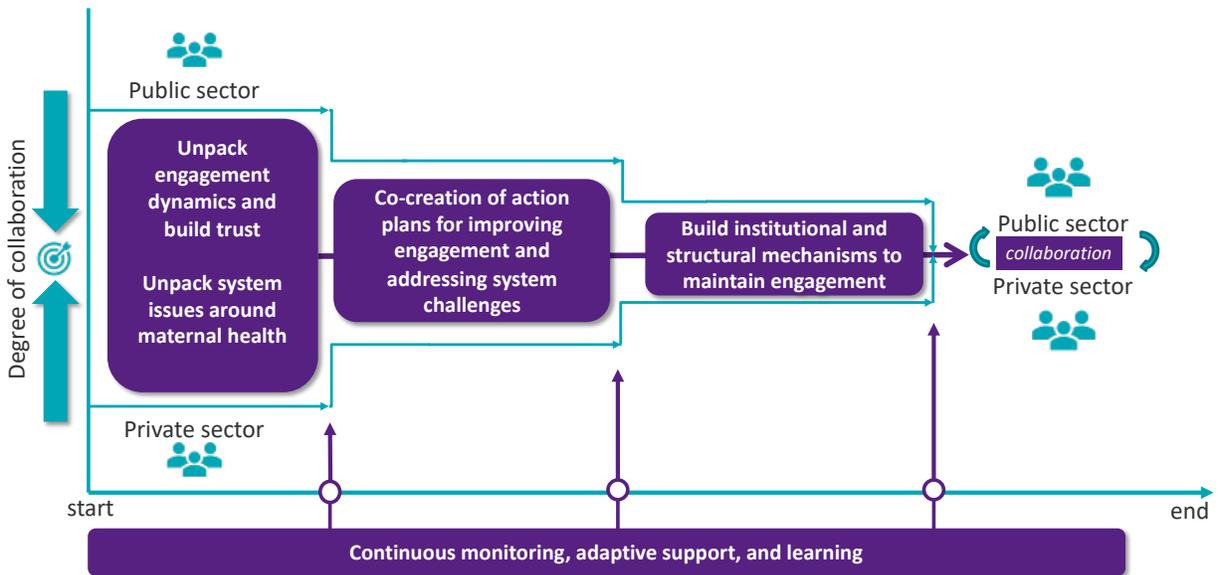
solidifies and sustains that trust through continuous learning, joint implementation, and adaptation based on what’s working and not working.

As part of this approach, a trusted broker can facilitate these actions to help actors identify, analyze, and solve problems on their own through collaboration and the use of contextualized evidence.

⁵ World Health Organization. Forthcoming. Public-Private Dialogue: A Practical Guide for developing countries.

- **Scoping.** It is important to devote time and effort to PPE scoping, incorporating deliberate system actor demand analysis. During the scoping phase the trusted broker consults with public and private sector actors to understand their needs and their willingness to take part in this type of facilitation approach, at the same time beginning to build an initial level of trust that will be necessary for further engagement. Moreover, scoping is done in preparation for, and provides the basis for, the subsequent landscaping and desk research needed and part of the first phase of the facilitation approach.

Figure 5. PPE Facilitation approach to strengthen MHS



PPE facilitation in Kakamega, Kenya

IHA and R4D:

- Facilitated meetings with each sector to explore the challenges sector actors were experiencing with engaging the opposite sector and the MNCH system challenges
- Brought together public and private sector actors for a two-day co-creation workshop to validate challenges, identify root causes, and co-design actions to address those challenges
- Continuously supported engagement actors to implement action plans, including a pivot towards COVID-19 priorities
- Provided continuous monitoring, evaluation, and learning culminating in a final workshop to discuss achievements, lessons learned, and plans for next steps

Figure 5 above describes a series of phases and actions for strengthening mixed health systems. These are not prescriptive steps. Rather, **they are phases and actions that practitioners and trusted brokers can leverage, shape, and refine to fit each country’s individual context, needs, and resources.** Appendices 1 and 2 provide examples of how the approach was applied in Kenya and India. The approach includes the following phases:

- **Unpacking engagement dynamics and health system challenges while building trust.** Explore public and private sector actors’ perceptions about PPE and health system challenges through a combination of desk research and stakeholder interviews and/or focus group discussions with each sector separately. These initial discussions will provide the foundation for engagement. Trusted brokers should synthesize the information shared and share back with the two sectors to discuss.

• **Co-creating.** In the next phase of the approach, the trusted broker can support a co-creation process amongst public and private actors to analyze and validate challenges and co-create action plans based on locally relevant solutions, either through the translation of existing evidence or through the design of new approaches that actors agree on.

- **Building or strengthening institutional mechanisms and providing on-going facilitation.** The trusted broker can then work with the engagement actors to support either the creation or strengthening of structural mechanisms to sustain the operational aspects of the engagement. It is important that the trusted broker work with the actors to unpack and understand specific engagement and environmental challenges and barriers that may impact the PPE’s effectiveness and work towards implementing solutions to overcome these barriers.
- **Continuous monitoring and learning function.** Finally, use adaptive management and continuous learning throughout the journey to ensure implementation is responding to contextual changes and emerging information on what is working or what is not.

***TIP:** The phases and actions outlined are proposed as the minimum support for PPE actors. The sequence of these phases and actions need to be tailored to each PPE context to ensure fit for purpose, feasibility, and sustainability of outcomes.*

To support this approach the SMHS project developed the following tools:

1. The first of these tools is the **Rapid Health Systems Integration Assessment Tool** that helps the user ask important questions related to PPE Ecosystem environmental factors (political, legal, economic, and organizational factors). The tool helps system actors consider and determine the potential influence of environmental factors on their PPE.

Rapid Health System Integration Assessment Tool sample questions:

Political:

- What is the position and role of PPEs under country health policies?
- How, if at all, do political campaigns/manifestos promote PPEs?

Legal:

- How will the design or operation of the current PPE interact with any existing legal or regulatory directive pertaining to the private sector?
- What regulatory lessons from any prior or ongoing PPEs may be relevant?

Economic/Financial

- How does/could the health financing system facilitate engagement or integration of the PPE?
- What purchasing arrangements exist for purchasing from the private sector?

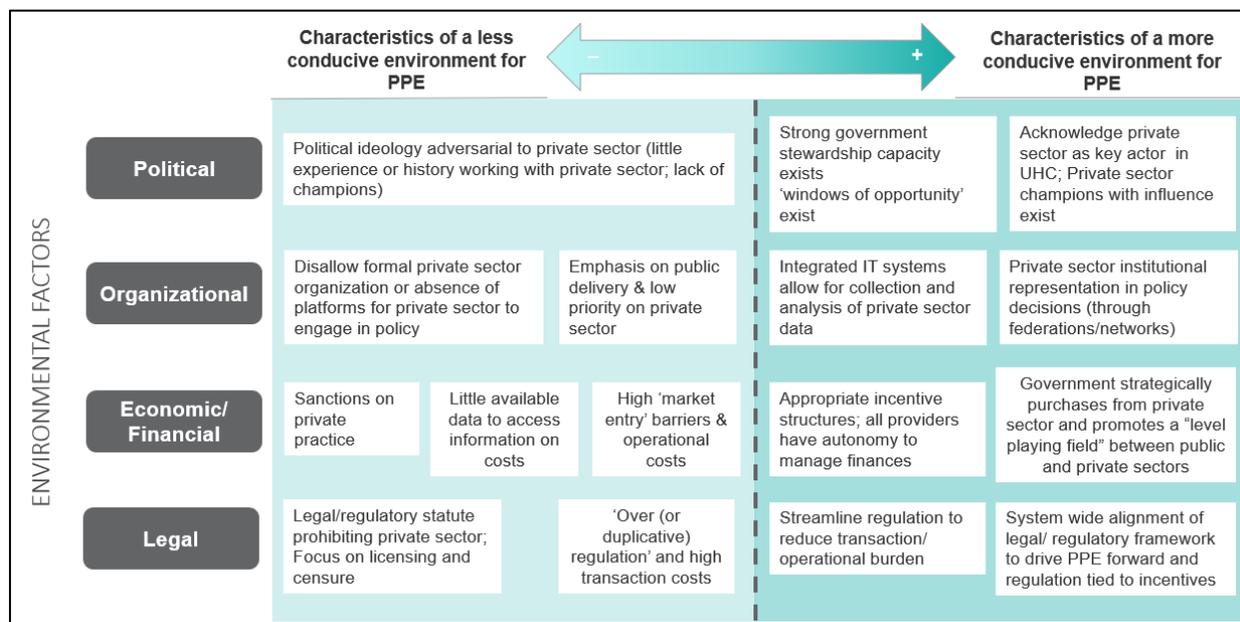
Organizational:

- Does existing public sector setup and capacity lend itself to implementation of PPE?
- What is the degree of fragmentation within the private sector?

Outputs from this tool are key inputs into informing strategic and operational design and implementation of PPE efforts as well as in determining the feasibility of PPE integration and sustainability in the health system.

In addition to the assessment tool, the project developed the **Environmental Factors Spectrum** to help stakeholders reflect where along a spectrum from more conducive or less conducive for enabling PPE they find their environmental context, as shown in **Figure 6**.

Figure 6. Environmental Factors Spectrum



- The second tool developed for this work is the **Engagement Factors Self-Assessment Tool**. This tool can be used to assess strengths and weaknesses related to the capacities, relationships, and interactions between public and private sector actors entering or implementing a PPE. It asks actors to rate their level of agreement with a variety of statements related to the different engagement factors outlined in the PPE Ecosystem using the standard Likert scale of strongly disagree to strongly agree in a five-step incremental pattern. By looking across responses to the questionnaire and comparing public and private sector responses, areas of strength and areas for potential improvement can be identified and discussed.

Sample Likert scale statements:

Will to engage:
Collaborating or working with the opposite sector will enable me to be more effective in my role.

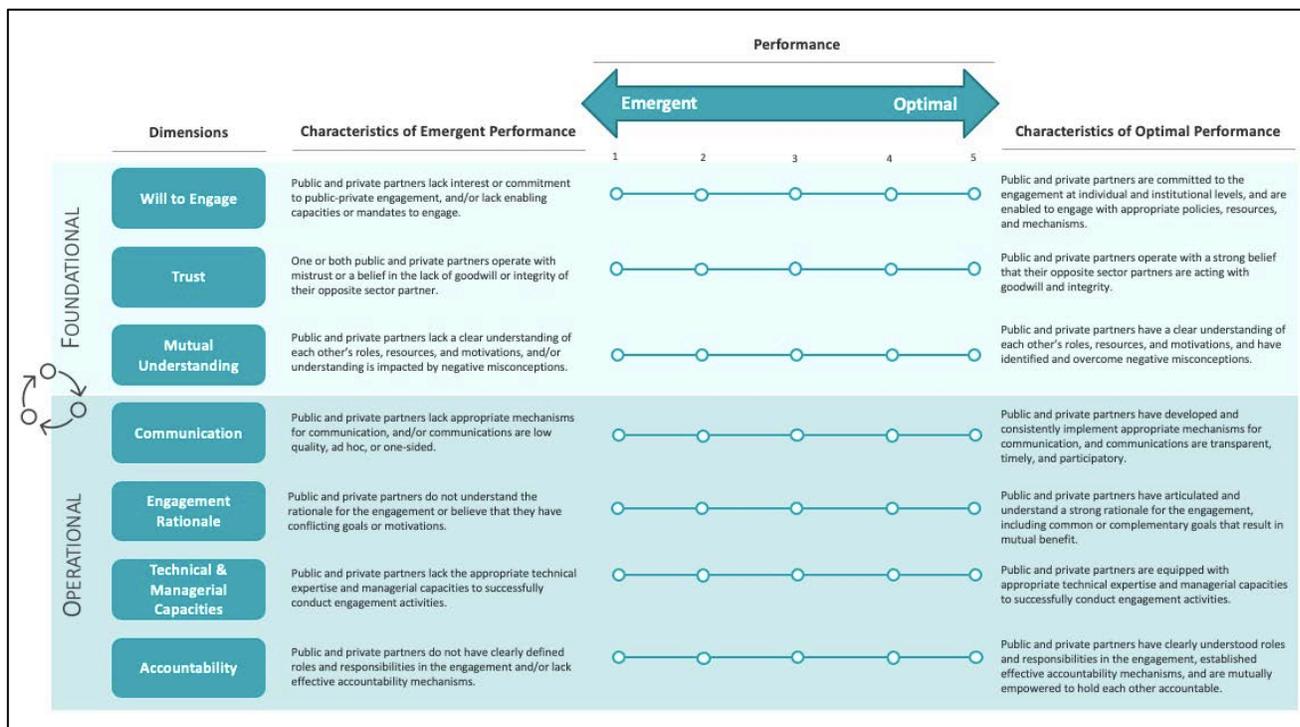
Engagement rationale:
In this public-private engagement, the partners have (A) the same goals for our engagement, (B) different goals that are complementary, or (C) different goals that are not complementary.

Trust:
If my institution needed support (e.g., equipment, human resources, training, consultation, etc.), the other engagement partners would be willing to provide that support.

Accountability:
The mechanism we have in place to ensure that all partners fulfill their roles and responsibilities is effective.

In addition to the questionnaire, the project developed an **Engagement Factors Progression Model**, as seen in **Figure 7**. The model recognizes there is no perfect blueprint for engagement factor progression but suggests a spectrum from emergent to optimal. It also reflects the dynamism and interrelationships amongst engagement factors. This includes the close interrelationship between the foundational and operational dimensions, including feedback loops. Within a given PPE, performance across the Engagement Factors can vary, and can improve or even move backwards over time as changes occur across interrelated factors.

Figure 7. Engagement Factors Progression Model

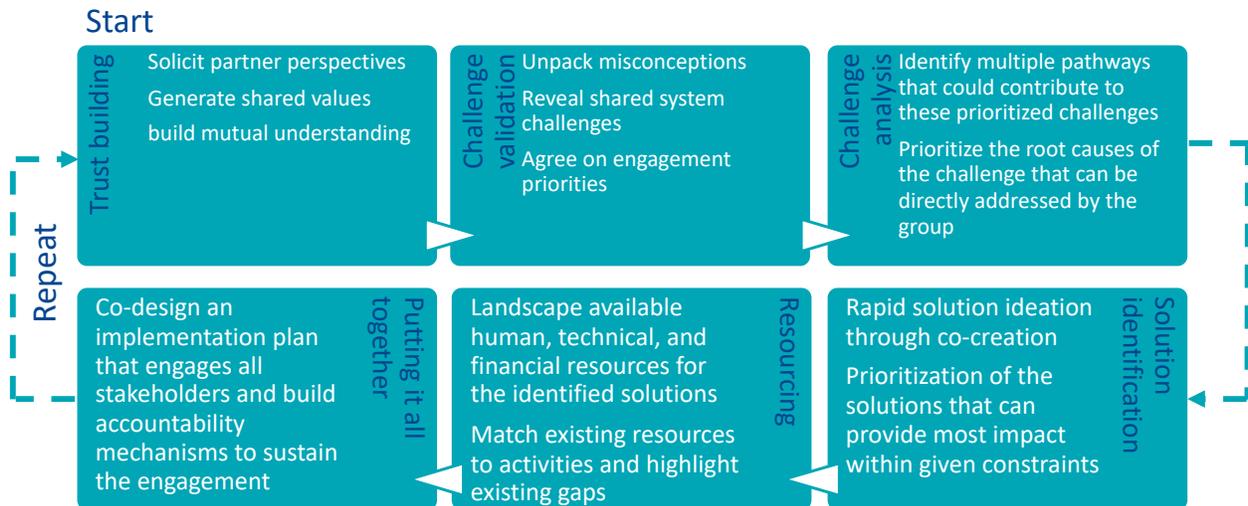


- Finally, the third tool that the SMHS project leveraged to support PPE is the [PPE Co-creation Workshop Toolkit](#), which follows the process of *co-creation*, the second phase in the PPE facilitation approach to strengthening mixed health systems. The toolkit includes three main components: a [Facilitator's Guide](#), an [Agenda Guide](#), and [Sample Workshop Slides](#) from a co-creation workshop in Kenya. This toolkit is meant to be a practical resource that can be used by any set of stakeholders working together on identifying and addressing mixed health system issues in their own contexts. It can be used by a trusted broker to assist public and private sector actors to work together, or it can be used directly by the sector actors themselves.

Co-creation allows for the building of trust between actors and creation of an environment for open and honest engagement, then uses that trust to work together on assessing challenges and designing solutions to address those system and engagement challenges. This process is outlined in **Figure 8**. R4D has been designing co-creation processes like this one for several years and builds on work from many different fields including human-centered design, problem driven iterative adaption⁶, and trust building. Local partners, IHA and AHI were essential in tailoring this process to fit the purpose and context of the work in each country.

⁶ Center for International Development/Harvard University. 2018. PDIAtoolkit. Available at: <https://bsc.cid.harvard.edu/PDIAtoolkit>.

Figure 8. Co-creation process overview



Conclusion

This section provides an overview of the PPE Facilitation Approach designed by the SMHS project. Appendices 1 and 2 describe its adaptation and implementation in Kenya and India between October 2019 - April 2021. The approach evolved over the life of the project and remained flexible and responsive to system changes and shocks – including COVID-19 as well as changes in health system leadership and other exogenous factors. The Learning Report outlines the results of this work and what the SMHS project has learned about applying this approach in these two settings. This is one of several approaches that can be taken to strengthen PPE and mixed health systems. The PPE Resource Compendium (described in Section 2) consolidates this with other existing guidance produced to date on PPE.

2. The Public-Private Engagement Resource Compendium

Overview

While there is significant practical guidance on how to achieve effective PPEs and what the processes are to do so, the vast amount of information is not easily accessible, and has not been systematically categorized and organized.

To that end, Section 2 of the Journey Guide, the PPE Resource Compendium, collates helpful tools and resources for effective PPE, including the tools presented in Section 1 of the guide. To better understand the tools and how they might be used, these tools were also mapped against the PPE Ecosystem (**Figure 2**) developed as part of the SMHS project.

What is the Compendium?

The tools and resources described in this document (hereafter referred to as “the Compendium”) are a resource for PPE actors working towards achieving effective mixed health systems (MHS).

The Compendium:

- gathers new SMHS-developed project tools along with publicly available existing tools and resources on effective PPE;
- gathers specific tools and resources for those facilitating or acting as a trusted broker of a PPE;
- describes and categorizes each tool or resource and;
- maps each tool to the PPE Ecosystem factors.

How was the Compendium developed?

To understand the landscape of PPE guidance for health, the SMHS project searched the grey literature, produced mostly by development organizations and implementing and research partners to answer several questions, including:

- What guidance exists for PPE in health, and does it reflect all the PPE Ecosystem’s factors — environmental, structural and engagement (foundational and operational)?
- Who are existing resources meant for?
- What roles are suggested for actors other than government and private providers?

In addition to open Google searches, the SMHS project conducted keyword and manual searches of 16 targeted [websites](#) maintained by global development institutions, health research and implementing partners, and conferences. This yielded nearly 150 resources, of which 44 were selected for in-depth review.⁷ The SMHS project also consulted with several global and country-level stakeholders to identify additional resources and ensure the Compendium is useful and builds on both new and existing material.

⁷ Solely informative reports such as case studies or in-depth analysis/assessments, accounts of country experiences and resources over 15 years old were excluded, as were PPE resources that addressed only health infrastructure and not service delivery.

What resources were included in the final Compendium?

Among the PPE tools and resources identified are how-to and primer guides that are health-specific or focused on the engagement between the public and private sector (Table 3 for definitions). There are also analytical tools that focus on policy dialogue or engagement steps and assessment tools. Additionally, more specialized PPE tools and resources were identified, including on strategic purchasing. PPE-related trainings that are available to stakeholders were also included. During this process, the COVID-19 pandemic emerged highlighting the need for PPE as part of a comprehensive response. Therefore, any COVID-19-specific PPE resources identified during the search were also included in the Compendium. Details from all the resources gathered were extracted into a database structured around the PPE Ecosystem framework.

For this Compendium, the SMHS project also gathered specific tools and resources for those working to facilitate or broker a PPE. These are process facilitation resources for facilitators to use as they support stakeholders to identify, analyze, and solve problems on their own through collaboration and the use of contextualized evidence. Among the resources identified are how-to guidance on bringing stakeholders together and facilitating conversations. It also includes tools, and trainings (including from the non-health sector) that aim to build trust between stakeholders and create an environment for open and honest engagement. This helps stakeholders to assess challenges and design solutions more effectively to address health systems and engagement gaps.

What is the structure of the Compendium?

The Compendium is grouped into 2 parts:

Part 1 provides an overview of tools and resources for effective PPE in health. It includes the following sections:

Sections	Resource category	Definition
Section 1	Engagement guides	Provides step-by-step instructions for engagement itself, often with embedded tools for supportive analysis
Section 2	Analytical tools to inform general engagement	Provides detailed methodological guidance for broad health system analysis that generates an evidence base that can be used for PPE objectives and design, often including template data collection instruments
Section 3	Specialized tools and guidance	Provides guidance for specific aspects of PPE and/or methods for targeted analysis
Section 4	PPE-related training resources	Provides information on available courses, curriculums, training guides, etc. on PPE
Section 5	COVID-19-specific PPE resources	Provides COVID-19-specific PPE resources and guidance

Part 2 provides process facilitation tools and resources for those working to facilitate or broker a PPE in particular.

Both sections of the Compendium include standardized tables with key information on the resources including source, name, and year it became available (with hyperlink to original tool or resource), type (See **Table 1**), target audience(s) (See **Table 2**), a short description, and a list of PPE Ecosystem factors addressed within the resource. For quick reference, summary tables with resources listed and mapped to the PPE Ecosystem are also provided.

Table 1. Types of resources

Type of Resource	Definition
Tool	Process guide, manual, assessment protocol, software, etc.
Report	General analysis of PPE
Training	Course, curriculum, training guide, etc.
Facilitation approach	Method of moderating discussions, encouraging engagement and collaboration, helping participants learn, analyze, and problem solve

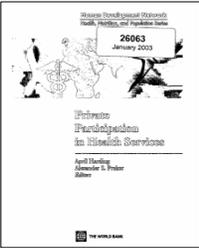
Table 2. Types of stakeholders/audience

Type of stakeholders/audience	Definition
Policymakers	Government officials in position to set or steer policy
Private providers	Private sector service delivery providers, organizations, associations, etc.
Practitioners / actors	Individuals and organizations seeking to inform or influence policy design and implementation (e.g., researchers, advocates, technical partners or technical assistance providers, government technocrats, etc.)
Donors	External funders

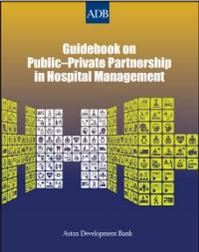
How can I use the Compendium?

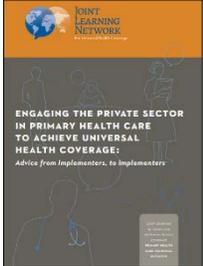
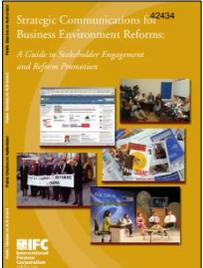
- As a reference list of tools and resources to make progress towards PPE goals.
- You might be at one of the following starting points and want support for how to move forward:
 - Understanding a health system gap and considering ways a PPE could help address it
 - Engaging the other sector on a new PPE or improving an existing PPE or PPE forum
 - Integrating a PPE in the broader health system
 - Assessing the performance of a PPE
 - Learning more about design and implementation of PPEs
- The tools and resources in the Compendium are meant to be shared and used widely by a variety of stakeholders involved in PPE processes, including in workshops or trainings with the public/private sector, PPE forums, or conversations with funders.

Part 1: Overview of tools and resources for effective PPE in health

Section 1: Engagement guides					
Source	Name of resource (Year)	Type(s) of resource	Target Audience(s)	Short description	PPE Ecosystem factors addressed
World Bank	Private Participation in Health Services (2003) 	Tool, Report	Policy-makers, Practitioners	<p>A handbook intended for policymakers seeking to engage with and steward the private health service delivery sector more effectively.</p> <p><i>Part 1</i> provides an overview of PPE in health and highlights the available evidence from HICs and scant evidence from LMICs on what is happening in MHS and what characterizes the ones that appear to be functioning well.</p> <p><i>Part 2</i> offers a framework, protocol, and process guide for conducting private health sector assessment (PHSA) and using results for stakeholder engagement and consensus building.</p> <p><i>Part 3</i> reviews the principles and steps involved in health services contracting, as well as presents the most common challenges associated with the development of government's capacity to implement and manage such contracts.</p> <p><i>Part 4</i> covers "the rationale for health sector regulation, the range of regulatory instruments or strategies, the targets and mechanisms of regulation, and the institutional structures of regulation." It provides a way of thinking about regulation in terms of rationale, instrument, target behavior(s), affected provider(s), and implementing body.</p>	<ul style="list-style-type: none"> • Environmental (all) • Structural (all) • Engagement-Foundational (all) • Engagement-Operational (all)

World Bank	The PPD Handbook: A Toolkit for Business Environment Reformers (2006) 	Tool	Policymakers, Private providers, Practitioners, Donors	<p>The handbook collates and synthesizes a body of case studies and research papers on techniques for promoting successful public-private dialogue.</p> <p>There is an accompanying reform tracker tool formatted in FileMaker Pro as well.</p>	<ul style="list-style-type: none"> • Environmental (political, legal, organizational) • Structural (all) • Engagement-Foundational (all) • Engagement-Operational (all)
World Bank	State of Play—Public-Private Dialogue (2016) 	Tool	Policymakers, Private providers, Practitioners, Donors,	<p>This is a how-to guide that captures the evolution of public-private dialogue (PPD) and the challenges faced by practitioners since the first PPD handbook was published in 2006. It considers the varied and evolving forms of PPD, the contexts in which PPD is most effective, and processes of implementation and sustainability. Investment climate, competitiveness, and sector specific PPD design, implementation, and challenges are discussed as well as an updated monitoring and evaluation methodology for PPDs.</p>	<ul style="list-style-type: none"> • Environmental (political, legal, organizational) • Structural (all) • Engagement-Foundational (all) • Engagement-Operational (all)
WHO	Public-Private Dialogue: A Practical Guide for Developing Countries (forthcoming)	Tool	Policymakers, Private providers	<p>This PPD toolkit offers an evidence-based approach and tools to effectively organize, facilitate and sustain PPD initiatives that will yield positive change. It shows how to mobilize local resources, relationships, and structures to develop context specific to complex problems in the health sector. The guidance note also highlights the importance of a PPD, what works, what doesn't, and the factors that contribute to a successful and sustainable dialogue.</p>	<ul style="list-style-type: none"> • Environmental (political, organizational) • Structural (engagement model) • Engagement-Foundational (all) • Engagement-Operational (all)

World Bank	Private Health Policy Toolkit for Africa (2013) 	Tool	Policymakers, Practitioners	<p>The tools presented in this report help readers design strategies and approaches for engaging the private sector in a health system. Topics are organized into five modules outlining specific activities that can expand and tighten private health sector engagement leading to sustainable, pro-poor change. The report includes 5 modules:</p> <ol style="list-style-type: none"> 1. Why the private sector 2. The policy cycle 3. Engagement tools 4. Glossary 5. Links to policy reform tools 	<ul style="list-style-type: none"> • Environmental (all) • Structural (formality of arrangement, resources) • Engagement-Foundational (trust, will to engage) • Engagement-Operational (technical and managerial capacities, communication, engagement rationale, accountability)
Asian Development Bank	Guidebook on Public-Private Partnership in Hospital Management (2013) 	Tool	Policymakers, Private providers, Practitioners	<p>This guidebook is intended to help government and public sector organizations in developing a public-private partnership (PPP) project or enterprise in hospital management. The lessons and insights shared are based on actual experiences of a technical assistance team in Sarangani and Camarines Norte provinces (in the Philippines) in the development of PPPs in hospital management in the preparatory stage. While this guidebook is mostly based on experiences with local governments in the Philippines, readers from both the public and private sectors and outside the Philippines will find the insights that it contains to be useful, and in many instances, directly applicable.</p>	<ul style="list-style-type: none"> • Environmental (all) • Structural (all) • Engagement-Foundational (will to engage) • Engagement-Operational (technical and managerial capacities, communication, engagement rationale, accountability)

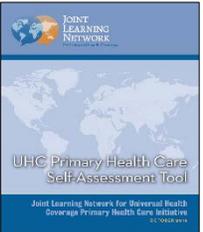
<p>Joint Learning Network for Universal Health Coverage (JLN)</p>	<p>Engaging the Private Sector in Primary Health Care to Achieve UHC: Advice from Implementers, to Implementers (2016)</p> 	<p>Tool</p>	<p>Policymakers, Practitioners</p>	<p>This manual is intended to provide implementers with 5 modules about the process for public sector engagement with the private sector around PHC. This document includes the first two modules on:</p> <ol style="list-style-type: none"> 1. Initial public and private sector communications and partnership around PHC 2. Provider mapping <p>This guide also contains real world case studies to help elucidate the guidance.</p>	<ul style="list-style-type: none"> • Environmental (political, organizational) • Structural (all) • Engagement-Foundational (all) • Engagement-Operational (all)
<p>World Bank</p>	<p>Strategic Communications for Business Environment Reforms: A Guide to Stakeholder Engagement and Reform Promotion (2007)</p> 	<p>Tool</p>	<p>Policymakers, Private providers, Practitioners, Donors</p>	<p>This toolkit provides detailed, how-to approaches for building effective and strategic communications campaigns to support policy advocacy and reform implementation. The toolkit draws from both research and case studies to highlight good practices and identifies lessons of experience from a range of BEE initiatives. It shows how to use strategic communications mechanisms to tackle reform challenges and highlights successes, innovation, and instances where communications should have been introduced.</p>	<ul style="list-style-type: none"> • Environmental (political, organizational) • Structural (engagement model) • Engagement-Foundational (mutual understanding) • Engagement-Operational (communication)

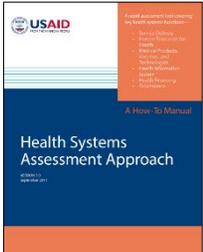
Engagement guides mapped to the PPE Ecosystem

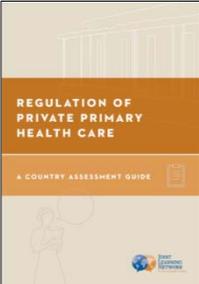
Name of resource (Year)	Environmental Factors				Structural Factors			Engagement Factors						
	Political	Legal	Organizational	Economic / Financial	Engagement model	Formality of engagement	Resources	Foundational			Operational			
								Trust	Mutual understanding	Will to engage	Tech&managerial capacities	Communication	Engagement rationale	Accountability
Private Participation in Health Services (2003)	X	X	X	X	X	X	X	X	X	X	X	X	X	X
The PPD Handbook: A Toolkit for Business Environment Reformers (2006)	X	X	X		X	X	X	X	X	X	X	X	X	X
State of Play— Public-Private Dialogue (2016)	X	X	X		X	X	X	X	X	X	X	X	X	X
Public-Private Dialogue: A Practical Guide for Developing Countries (forthcoming)	X		X		X			X	X	X	X	X	X	X
Private Health Policy Toolkit for Africa (2013)	X	X	X	X		X	X	X		X	X	X	X	X
Guidebook on Public-Private Partnership in Hospital Management (2013)	X	X	X	X	X	X	X			X	X	X	X	X
Engaging the Private Sector in PHC to Achieve UHC: Advice from Implementers, to Implementers (2016)	X		X		X	X	X	X	X	X	X	X	X	X
Strategic Communications for Business Environment Reforms: A Guide to Stakeholder Engagement and Reform Promotion (2007)	X		X		X				X			X		

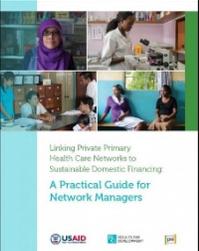
Section 2: Analytical tools to inform general engagement

Source	Name of resource (Year)	Type(s) of resource	Target Audience(s)	Short description	PPE Ecosystem factors addressed
<p>Strengthening Mixed Health Systems (SMHS) project</p>	<p>Rapid Health Systems Integration Assessment Tool and Environmental Factors Spectrum (2021)</p> 	<p>Tool</p>	<p> Policymakers, Donors</p>	<p>This tool helps the user ask important questions related to the environmental factors surrounding the PPE thus aiding practitioners in determining the potential influence of the environmental factors on their PPE programs. These environmental factors comprise the wider and more complex dynamics of political, legal, economic/financial, and organizational factors that influence PPE. Determining the degree of influence these factors may have and their consequent role as facilitators or barriers to PPE in health systems, is a key input into informing strategic and operational design and implementation of PPE efforts as well as the feasibility of greater systems integration (be it functional, organizational, vertical, or virtual) across the public and private sector. In addition to this assessment tool, the Environmental Factors Spectrum aims to help stakeholders reflect where along a spectrum from more conducive or less conducive for enabling PPE they find their environmental context.</p>	<ul style="list-style-type: none"> • Environmental (all)
<p>Strengthening Mixed Health Systems (SMHS) project</p>	<p>Engagement Factors Self-Assessment Tool and Engagement Factors Progression Model (2021)</p> 	<p>Tool</p>	<p> Policymakers, Practitioners</p>	<p>This tool is intended to assess strengths and weaknesses related to the capacities, relationships, and interactions between public and private sector partners entering or implementing a public-private engagement. It is designed as a questionnaire that asks public and private actors to rate their level of agreement with a variety of statements. This tool could be implemented by either a trusted broker or third-party facilitator, or it could be used by individuals within an engagement themselves to better understand their current performance. By looking across responses to the questionnaire and comparing public and private sector responses, areas of strength and areas for potential improvement can be identified and discussed. In addition to the questionnaire, the Engagement Factors Progression Model recognizes there is no perfect blueprint for engagement factor progression but suggests a spectrum from emergent to optimal. It also reflects the dynamism and interrelationships amongst engagement factors.</p>	<ul style="list-style-type: none"> • Environmental (all) • Structural (all) • Engagement-Foundational (all) • Engagement-Operational (all)

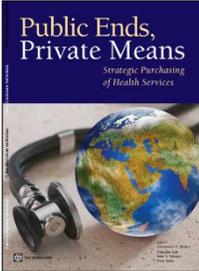
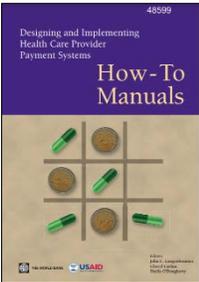
<p>Abt Associates Inc.</p>	<p>Provider Mapping Software (2014)</p>	<p>Tool</p>	<p>Policymakers, Practitioners</p>	<p>A web application for storing and browsing the location and capabilities of medical facilities. Administrators can continue to update or add new facilities, making this platform a useful tool for health service management. The code includes instructions for IT specialists to install the website onto a server. Originally developed for several Caribbean nations.</p>	<ul style="list-style-type: none"> • Environmental (economic/financial) • Structural (all) • Engagement-Operational (technical and managerial capacities, accountability)
<p>Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project</p>	<p>Assessment to Action: A Guide to Conducting Private Health Sector Assessments (2014)</p> 	<p>Tool</p>	<p>Practitioners</p>	<p>This is a guide to conducting private health sector assessments in developing countries. By providing key data on the size, scope, and activities of the private sector, these assessments help local stakeholders and development partners devise strategies, make decisions, and design programs that will maximize private sector contributions to health. The website is organized around five key phases involved in a private health sector assessment—Plan, Learn, Analyze, Share, and Act. Each phase describes suggested steps, activities, and outputs to help guide the process.</p>	<ul style="list-style-type: none"> • Environmental (all) • Structural (engagement model) • Engagement-Foundational (will to engage) • Engagement-Operational (communication, accountability)
<p>Joint Learning Network for Universal Health Coverage (JLN)</p>	<p>UHC Primary Health Care Self-Assessment Tool (2015)</p> 	<p>Tool</p>	<p>Policymakers, Practitioners</p>	<p>This is a rapid diagnostic instrument (multi-stakeholder survey) for identifying practical policy opportunities in the health system to improve the relationship between health financing and PHC efforts. The tool can be useful for improving coordination among health financing and PHC efforts in countries around the world.</p>	<ul style="list-style-type: none"> • Environmental (legal, organizational, economic/financial) • Structural (formality of arrangement) • Engagement-Foundational (mutual understanding) • Engagement-Operational (technical and managerial capacities, accountability)

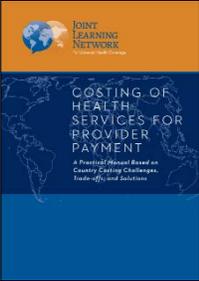
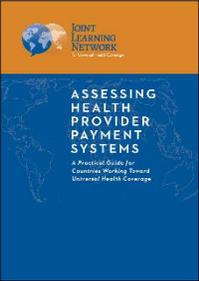
<p>World Bank</p>	<p>Country Readiness Diagnostic for Public-Private Partnerships (2016)</p> 	<p>Tool</p>	<p>Policymakers, Practitioners</p>	<p>This tool assesses a country's readiness to implement public-private partnerships (PPPs). The tools help determine which areas require change or improvement by reviewing the PPP environment and comparing it to global best practice standards. Areas reviewed include PPP experience, stakeholder support and ownership, legislative and regulatory framework, institutional framework, government support and managing fiscal risk, access to finance, transparency, and accountability. It concludes with a PPP strategy for the country. The tool is currently being piloted and may be further refined.</p>	<ul style="list-style-type: none"> • Environmental (all) • Engagement-Operational (technical and managerial capacities, communication, accountability)
<p>Health Finance and Governance (HFG) project</p>	<p>Health System Assessment (HSA) Approach (v3.0): A How-to Manual (2017)</p> 	<p>Tool</p>	<p>Practitioners</p>	<p>This approach has a structured, indicator-based methodology for comprehensive assessment of a country's health system. It synthesizes information—from document reviews, in-country stakeholder interviews, and site visits—to identify the strengths, weaknesses, opportunities, and threats (SWOT) of a wide range of health system components and transform the findings into specific recommendations and strategies across the six health system functions. In addition, the manual itself may serve as an educational and reference tool for health systems issues and health systems strengthening.</p>	<ul style="list-style-type: none"> • Environmental (all) • Structural (resources) • Engagement-Foundational (mutual understanding, will to engage) • Engagement-Operational (technical and managerial capacities, communication, accountability)

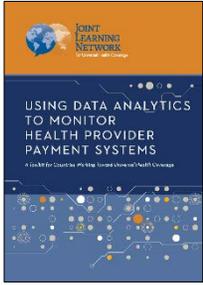
<p>Merck</p>	<p>The Value of Segmentation: Market Research Among Private Maternity Providers in India (2017)</p> 	<p>Tool, Case study</p>	<p>Policymakers, Practitioners</p>	<p>Segmentation is a tool that organizes and classifies private maternity providers into a manageable number of groups to understand their needs, motivations, and incentives. Those working with private maternity providers can use the segments to improve their engagement with each group of practitioners via customized channels, programs, tools, and messages, to ultimately improve the quality of care that private maternity providers offer.</p>	<ul style="list-style-type: none"> • Environmental (organizational) • Engagement-Foundational (will to engage) • Engagement-Operational (technical and managerial capacities, communication)
<p>Joint Learning Network for Universal Health Coverage (JLN)</p>	<p>Regulation of Private Primary Health Care: A Country Assessment Guide (2018)</p> 	<p>Tool</p>	<p>Policymakers, Practitioners, Private providers (with adaptation)</p>	<p>This document offers guidance on assessing how a country regulates the private health sector and producing a report that offers helpful insights and recommendations. It discusses research methodology and details an eight-step assessment process, as well as the structure and content of the resulting report. Templates are provided for planning and for data collection; these can be adapted to the specific country context.</p> <p>Oriented to government actors seeking to improve and streamline regulation of private providers.</p>	<ul style="list-style-type: none"> • Environmental (all) • Structural (formality of arrangement) • Engagement-Operational (technical and managerial capacities, accountability)

<p>Support for International Family Planning and Health Organizations (SIFPO2) project,</p>	<p>Linking Private Primary Health Care Networks to Sustainable Domestic Financing: A Practical Guide for Network Managers (2018)</p> 	<p>Tool</p>	<p>Private providers, Practitioners (HF experts)</p>	<p>This process-orientated guide is intended for organizations working with private health care providers, as well as for health financing experts. It provides technical guidance, templates, and practical country examples for planning and conducting analyses to identify opportunities to connect aggregators and provider networks with domestic and other third-party sources of financing and delivery systems to advance UHC efforts and other national priorities.</p>	<ul style="list-style-type: none"> • Environmental (political, legal, organizational) • Structural (engagement model, formality of arrangement) • Engagement-Foundational (will to engage) • Engagement-Operational (technical and managerial capacities, accountability)
<p>Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project</p>	<p>Private Sector Counts (n.d.)</p> 	<p>Tool</p>	<p>Practitioners, Donors</p>	<p>Private Sector Counts uses Demographic and Health Survey data to illuminate the important contribution of the public and private sectors to sick childcare and family planning service delivery.</p> <p>Donors and program implementers have at their fingertips the data they need to design country programs using a total market approach.</p>	<ul style="list-style-type: none"> • Environmental (organizational)

Section 3: Specialized tools and guidance

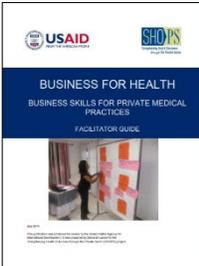
Source	Name of resource (Year)	Type(s) of resource	Target Audience(s)	Short description	PPE Ecosystem factors addressed
World Bank	Public Ends, Private Means: Strategic Purchasing of Health Services (2007) 	Tool, Report	Policymakers, Practitioners, Donors	<p>This volume focuses on strategic purchasing of quality health services and presents a policy framework for moving from passive budget processes to strategic purchasing, with 5 main components: political economy; policy design across the 3 health financing functions; organizational structure; institutional (legal/regulatory) environment; and management capacity. This framework is unpacked component-by-component in Part I (Ch 1–5), and Part II (Ch 6–14) delves deeply into the theoretical economic underpinnings of strategic purchasing. Part III (Ch 15) offers an evaluation framework for existing purchasing arrangements. Finally, the book mentions 6 regional reviews of (then) current purchasing arrangements available online.</p>	<ul style="list-style-type: none"> • Environmental (all) • Structural (all) • Engagement-Foundational (will to engage) • Engagement-Operational (communication, accountability)
World Bank	Designing and Implementing Health Care Provider Payment Systems: How-to Manuals (2009) 	Tool, Report	Policymakers, Practitioners, Donors	<p>This book provides step-by-step guidelines for developing appropriate and effective payment systems for health purchasers in LMICs. It is dedicated to helping countries understand how to pay providers and how to design, build, and run new provider payment systems. It features chapters on three of the most popular provider payment systems: primary care per capita (capitation) payment, case-based hospital payment, and hospital global budgets. It also has primers on contracting and HMIS.</p>	<ul style="list-style-type: none"> • Environmental (political, legal, organizational) • Structural (engagement model, resources) • Engagement-Operational (technical and managerial capacities, accountability)

<p>Joint Learning Network for Universal Health Coverage (JLN)</p>	<p>Costing of Health Services for Provider Payment: A Practical Manual Based on Country Costing Challenges, Trade-Offs, and Solutions (2014)</p> 	<p>Tool, Training</p>	<p>Policymakers, Practitioners</p>	<p>This manual is intended to equip policymakers, policy analysts, and costing practitioners in LMICs with technical guidance and practical examples for planning and implementing a costing exercise for provider payment. It provides step-by-step instructions for designing a costing exercise, developing data collection tools, collecting and analyzing cost data, and using the results to shape provider payment policy and set payment rates. It is meant to offer guidance for contexts where routine data systems cannot yet provide ready-to-use costing information.</p> <p>The manual has a companion toolkit with templates (TORs, data collection instruments, QA guides, training manuals, costing and simulation models, and other resources) as well as an online training module (See PPE-related trainings).</p>	<ul style="list-style-type: none"> • Structural (engagement model, resources) • Engagement-Foundational (mutual understanding) • Engagement-Operational (technical and managerial capacities, communication, accountability)
<p>Joint Learning Network for Universal Health Coverage (JLN)</p>	<p>Assessing Health Provider Payment Systems: A Practical Guide for Countries Moving toward UHC (2015)</p> 	<p>Tool</p>	<p>Policymakers, Practitioners, Donors</p>	<p>This guide provides a structured process for countries to assess their current provider payment systems and identify refinements or reforms that can help them achieve their health system goals. The approach is based on three overarching principles: to select the right mix of payment methods given objectives and system constraints; to design payment systems strategically; and to ensure appropriate implementation arrangements.</p> <p>It can be used to assess current provider payments systems, identify areas for reform, establish a baseline for already-selected payment approaches to aid in M&E, and/or contribute to an evidence base on provider payment across countries.</p>	<ul style="list-style-type: none"> • Environmental (all) • Structural (engagement model, formality of arrangement) • Engagement-Foundational (will to engage) • Engagement-Operational (technical and managerial capacities, accountability)

<p>The International Society for Quality in Health Care (ISQua)</p>	<p>Guidance on Designing Healthcare External Evaluation Programmes including Accreditation (2015)</p>	<p>Tool</p>	<p>Policymakers, Private provider, Practitioners, Donors</p>	<p>This guidance aims to provide a practical guide for setting up an external evaluation program at both a national and an organizational level. It will help governments and policy makers to identify and determine health systems' priorities and gaps, so they can re-orient healthcare systems and policies to meet such growing challenges. The report offers a range of approaches and practical steps on the setting up of external evaluation programmes, including creating an enabling environment and developing human and system capacities.</p>	<ul style="list-style-type: none"> • Environmental (all) • Structural (engagement model, resources) • Engagement-Foundational (will to engage) • Engagement-Operational (all)
<p>Joint Learning Network for Universal Health Coverage (JLN)</p>	<p>Using Data Analytics to Monitor Health Provider Payment Systems: A Toolkit (2017)</p> 	<p>Tool</p>	<p>Policymakers, Practitioners</p>	<p>This toolkit offers step-by-step guidance on using data analytics to monitor health provider payment systems, identify trends, track whether payment systems are supporting health system objectives, and get timely information on any unintended consequences. The toolkit seeks to address the gap in data utilization by providing guidance and tools to help countries implement provider payment monitoring systems that use claims and/or other routine administrative data.</p>	<ul style="list-style-type: none"> • Environmental (political, legal, economic/financial) • Structural (formality of arrangement) • Engagement-Foundational (mutual understanding, will to engage) • Engagement-Operational (technical and managerial capacities, engagement rationale, accountability)
<p>PharmAccess</p>	<p>SafeCare Standards (2020)</p>	<p>Tool</p>	<p>Policymakers Private provider</p>	<p>SafeCare is a standardized accreditation and quality improvement approach based on a 5-level paradigm for quality and a set of performance standards accredited by the International Society for Quality in Health Care External Evaluation Association (IEEA). The standards are organized into 13 categories of management, clinical, clinical support, and ancillary aspects of health services. They are meant to be applied in low-resource settings across most provider types, from small health shops to large district hospitals.</p>	<ul style="list-style-type: none"> • Environmental (organizational) • Engagement-Operational (technical and managerial capacities)

Specialized tools and guidance mapped to the PPE Ecosystem

Name of resource (Year)	Environmental Factors				Structural Factors			Engagement Factors						
	Political	Legal	Organizational	Economic / Financial	Engagement model	Formality of engagement	Resources	Foundational			Operational			
								Trust	Mutual understanding	Will to engage	Tech&managerial capacities	Communication	Engagement rationale	Accountability
Public Ends, Private Means: Strategic Purchasing of Health Services (2007)	X	X	X	X	X	X	X			X		X		X
Designing and Implementing Health Care Provider Payment Systems: How-to Manuals (2009)	X	X	X		X		X					X		X
Costing of Health Services for Provider Payment: A Practical Manual Based on Country Costing Challenges, Trade-Offs, and Solutions (2014)					X		X		X		X	X		X
Assessing Health Provider Payment Systems: A Practical Guide for Countries Moving toward UHC (2015)	X	X	X	X	X	X				X	X			X
Guidance on Designing Healthcare External Evaluation Programmes including Accreditation (2015)	X	X	X	X	X		X			X	X	X	X	X
Using Data Analytics to Monitor Health Provider Payment Systems: A Toolkit (2017)	X	X		X		X			X	X	X		X	X
SafeCare Standards (2020)			X								X			

Section 4: PPE-related training resources					
Source	Name of resource (Year)	Type(s) of resource	Target Audience(s)	Short description	PPE Ecosystem factors addressed
Joint Learning Network for Universal Health Coverage (JLN)	eModule: Costing of Health Services for Provider Payment Manual (2014) 	Tool, Training	Policymakers, Practitioners	<p>This online training module accompanies a manual intended to equip policymakers, policy analysts, and costing practitioners in LMICs with technical guidance and practical examples for planning and implementing a costing exercise for provider payment (See Specialized tools and guidance for PPE). It compresses the larger manual into targeted learning exercises, which can be digested quickly to meet the rapidly evolving knowledge needs of the busy practitioners. The online course walks the practitioners through each of the ten steps of the costing exercise in an engaging and interactive manner, making the knowledge easy to access and apply, while sparking the participant's interest to explore costing in greater depth and detail.</p>	<ul style="list-style-type: none"> • Structural (engagement model, resources) • Engagement-Foundational (mutual understanding) • Engagement-Operational (technical and managerial capacities, communication, accountability)
Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project	Business for Health (2014) 	Training	Private provider	<p>This is a competency-based training program in business administration and financial management. The program comes with materials for trainers to train managers of private clinics and health facilities who want to deepen their management competencies to improve the effectiveness and profitability of their private practices. The curriculum helps private providers acquire the competencies required to run a private practice. It covers the key areas of a health practice—management, operations, health services quality, finance, and marketing.</p>	<ul style="list-style-type: none"> • Environmental (organizational) • Engagement-Operational (technical and managerial capacities)
World Bank/UKAID & University of Edinburgh	Managing Markets for Health (MM4H) (2016-ongoing) 	Training	Policymakers Practitioners Donors	<p>This course covers the concepts and tools that policymakers can use to ensure they act strategically in engaging the private sector, so that health markets serve the public interest. The course materials are prepared over many months by leading experts with real-world experience in managing markets in mixed health systems.</p>	<ul style="list-style-type: none"> • Environmental (legal, organizational) • Structural (engagement model, formality of arrangement) • Engagement-Foundational (mutual understanding, will to engage) • Engagement-Operational (all)

<p>USAID/Global Health Learning Center (GHLC)</p>	<p>Contracting for Family Planning and Reproductive Health Services (2016)</p>	<p>Training</p>	<p>Policymakers, Private providers, Practitioners,</p>	<p>This course is intended to introduce the essential steps and concepts needed for purchasers (such as governments and insurance companies) and providers to evaluate, negotiate, and manage contracts for family planning and other health services. Participants will learn about the key parties involved in a contract and will understand the contracting lifecycle—a five-stage framework for initiating, implementing, and closing out a contract to deliver health services.</p>	<ul style="list-style-type: none"> • Environmental (economic/financial) • Structural (engagement model, formality of arrangement) • Engagement-Foundational (mutual understanding, will to engage) • Engagement-Operational (technical and managerial capacities, communication, accountability)
<p>USAID/Global Health Learning Center (GHLC)</p>	<p>Organizing Private Health Care Providers (2019)</p>	<p>Training</p>	<p>Private providers</p>	<p>This course is mainly intended to help private health care providers understand the benefits to organizing, identify when and where there might be opportunities to join an organizing effort, and learn what they can do to support greater organization. However, other audiences will also find it useful. Donors and implementing partners can use this course as a guide to support their programs to strengthen the private sector's integration into the health system, or as an advocacy tool to encourage more private providers to participate in their programs. Government stakeholders can also learn how to promote opportunities to facilitate organization and engagement with the private health sector.</p>	<ul style="list-style-type: none"> • Environmental (all) • Structural (engagement model, formality of arrangement) • Engagement-Foundational (will to engage) • Engagement-Operational (technical and managerial capacities, communication, accountability)

PPE-related training resources mapped to the PPE Ecosystem

Name of resource (Year)	Environmental Factors				Structural Factors			Engagement Factors						
	Political	Legal	Organizational	Economic / Financial	Engagement model	Formality of engagement	Resources	Foundational			Operational			
								Trust	Mutual understanding	Will to engage	Tech&managerial capacities	Communication	Engagement rationale	Accountability
eModule: Costing of Health Services for Provider Payment Manual (2014)					X		X		X		X	X		X
Business for Health (2014)			X								X			
Managing Markets for Health (MM4H) (2016-ongoing)		X	X		X	X			X	X	X	X	X	X
Contracting for Family Planning and Reproductive Health Services (2016)				X	X	X			X	X	X	X		X
Organizing Private Health Care Providers (2019)	X	X	X	X	X	X				X	X	X		X

Section 5: COVID-19-specific PPE resources

Source	Name of resource (Year)	Type(s) of resource	Target Audience(s)	Short description	PPE Ecosystem factors addressed
WHO	Engaging the Private Health Delivery Sector in the Response to the Covid-19: A Plan of Action (2020) 	Tool, Report	Policymakers, Practitioners	<p>This interim guidance called the Action Plan for Private Sector Engagement (PSE) outlines concrete steps governments and Ministries of Health can take to harness private health sector resources so that both sectors are aligned and can act in concert to respond to the COVID-19 pandemic, while managing risks and mitigating conflicts of interest. This plan outlines concrete steps for Ministries of Health to harness private resources, in the categories of Plan, Space, Staff, Stuff, System, and Supply-side Financing.</p>	<ul style="list-style-type: none"> • Structural (formality of arrangement) • Engagement-Foundational (will to engage) • Engagement-Operational (technical and managerial capacities, communication)
WHO	Enabling the Private Health Sector in the National Response to COVID-19: Six Current Policy Challenges (2020) 	Report	Policymakers, Private providers, Practitioners	<p>This document identifies six priority policy issues to address to engage private actors: how to include them; lack of data; lack of inputs; emergency legislation; reimbursement and low private revenues.</p>	<ul style="list-style-type: none"> • Structural (resources) • Engagement-Operational (technical and managerial capacities)

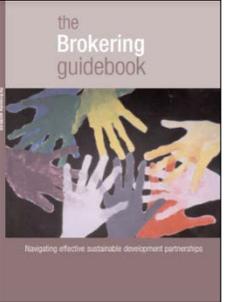
WHO	How to Purchase Health Services During a Pandemic? (2020)	Report	Policymakers, Private providers, Practitioners	This document offers high-level principles for adjusting budgeting, benefits, and payment in support of a high-quality response	<ul style="list-style-type: none"> • Environmental (economic/financial) • Structural (resources) • Engagement- Operational (technical and managerial capacities, accountability)
WHO/IFC	A Guide to Contracting for Health Services During the COVID-19 Pandemic (2020)	Tool	Policymaker	This primer offers a practical introduction to contracting the private sector in support of national COVID-19 responses. Its target audience is policymakers in LMICs that have, at this time, limited experience of using contracts for health services but are expected to do so in the emergency conditions created by COVID-19.	<ul style="list-style-type: none"> • Environmental (legal, economic/financial) • Structural (formality of arrangement, resources) • Engagement- Foundational (trust) • Engagement- Operational (technical and managerial capacities, communication, accountability)

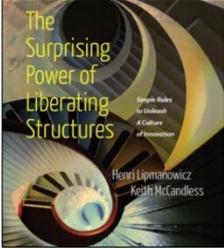
COVID-19-specific PPE resources mapped to the PPE Ecosystem

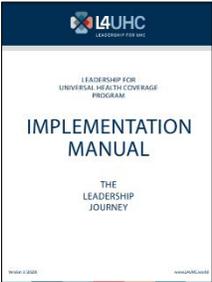
Name of resource (Year)	Environmental Factors				Structural Factors			Engagement Factors						
	Political	Legal	Organizational	Economic / Financial	Engagement model	Formality of engagement	Resources	Foundational			Operational			
								Trust	Mutual understanding	Will to engage	Tech&managerial capacities	Communication	Engagement rationale	Accountability
Engaging the Private Health Delivery Sector in the Response to the Covid-19: A Plan of Action (2020)						X				X	X	X		
Enabling the Private Health Sector in the National Response to COVID-19: Six Current Policy Challenges (2020)							X				X			
How to Purchase Health Services During a Pandemic? (2020)				X			X				X			X
A Guide to Contracting for Health Services During the COVID-19 Pandemic		X		X		X	X	X			X	X		X

Part 2: Overview of process facilitation tools and resources for those working to facilitate or broker a PPE

Source	Name of resource (Year)	Type(s) of resource	Target Audience(s)	Short description	PPE Ecosystem factors addressed
Stanford Social Innovation Review	Collective Impact (2011) 	Report	Policymakers, Private providers, Practitioners, Donors	Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations. Collective impact is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.	<ul style="list-style-type: none"> • Engagement-Foundational (all) • Engagement- Operational (communication, engagement rationale, accountability)
Strengthening Mixed Health Systems (SMHS) project	Public-Private Sector Engagement Co-Creation Workshop: Facilitator's Guide, Agenda Guide, and Sample Workshop Slides (2021) 	Facilitation approach	Policymakers, Private providers, Practitioners, Donors	A collection of resources that can be used and adapted by trusted brokers or public or private sector actors alike to help organize and facilitate a collaborative workshop process between public and private sector actors. The materials include Facilitator's Guide, an Agenda Guide, and a set of Sample Slides to guide the workshop. These guides are based on the Strengthening Mixed Health Systems co-creation workshop in Kakamega County, Kenya aimed at improving engagement between the public and private sectors on the topic of maternal health.	<ul style="list-style-type: none"> • Environmental (all) • Structural (all) • Engagement-Foundational (all) • Engagement-Operational (all)

<p>The Partnering Initiative</p>	<p>The Partnering Toolkit: An Essential Guide to Cross-sector Partnering (2011)</p> 	<p>Tool</p>	<p>Policymakers, Private providers, Practitioners, Donors</p>	<p>This toolkit offers a concise overview of the essential elements that make for effective partnering.</p> <p>Now in its 4th edition (republished in 2011), this basic manual is in use all over the world and many of its tools and frameworks have been adopted by organizations from all sectors and partnerships operating in many different contexts.</p>	<ul style="list-style-type: none"> • Engagement- Foundational (all) • Engagement- Operational (all)
<p>International Business Leaders Forum</p>	<p>The Brokering Guidebook: Navigating Effective Sustainable Development Partnerships (2005)</p> 	<p>Tool</p>	<p>Practitioners, Donors</p>	<p>This guidebook has been created to 1) illuminate the critical part played by brokers in multi-sector partnerships as both process managers and behind-the-scenes leaders – for the benefit of actual and potential partners, external donors and any individuals or organizations that feel that they may be suited to the broker’s role and 2) outline and support in practical ways the many tasks that a broker may undertake on behalf of partners during the lifecycle of a partnership – for the benefit of those currently operating as brokers in multi-sector partnerships for sustainable development</p>	<ul style="list-style-type: none"> • Engagement- Foundational (all) • Engagement- Operational (all)

<p>Liberating Structures</p>	<p>Liberating Structures Series (2013)</p> 	<p>Facilitation approach</p>	<p>Policymakers, Private providers, Practitioners, Donors</p>	<p>This website and book offer an alternative way to approach and design how people work together. It provides a menu of thirty-three easy-to learn microstructures that enhance relational coordination and trust to replace or complement conventional practices. They quickly foster lively participation in groups of any size, making it possible to truly include and unleash everyone. Most importantly, participants own the ideas, so follow-up and implementation are simplified.</p>	<ul style="list-style-type: none"> • Engagement- Foundational (all) • Engagement- Operational (communication, engagement rationale)
<p>Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project</p>	<p>Accelerating Private Sector Engagement: Public-Private Engagement (2020)</p> 	<p>Tool, Report</p>	<p>Donors</p>	<p>Public stewards in many countries are increasingly interested in working with the private sector to achieve health goals, and there is wide recognition that the sector can improve access to care. This brief shares a range of approaches and experiences in public-private engagement from SHOPS Plus work in Nigeria, Senegal, and Tanzania. It provides lessons learned and practical tips for donors who want to support future efforts in public-private engagement in health.</p>	<ul style="list-style-type: none"> • Engagement- Foundational (will to engage, mutual understanding) • Engagement- Operational (technical and managerial capacities, communication)
<p>The Aspen Institute</p>	<p>Aspen Management Partnership for Health (AMP Health) (2016-ongoing)</p> 	<p>Training</p>	<p>Policymakers</p>	<p>AMP Health works to improve health systems and outcomes by collaborating with governments to strengthen leadership and management capabilities through public-private partnership. They tailor leadership and management training (online and in-person) for individual Ministry of Health team members responsive to the specific challenges they face in their work. They collect and share cross-country learnings and best practices and focus on building capacity for impact.</p>	<ul style="list-style-type: none"> • Engagement- Foundational (will to engage, mutual understanding) • Engagement- Operational (technical and managerial capacities, communication)

<p>GIZ/World Bank/WHO</p>	<p>Leadership for Universal Health Coverage (L4UHC) Program Implementation Manual: The Leadership Journey (2020)</p> 	<p>Training</p>	<p>Policymakers, Private providers, Practitioners, Donors</p>	<p>In this training program, improved leadership interventions and collaboration are part of a year-long “Learning Journey” where steps include exploring the outside world, internal reflection, and co-creation with others. This pattern of exploration, reflection and co-creation is used as a framework for the program and each module. During three face-to-face modules in different countries and two home-based practical phases, participants widen their impact on personal, team and systemic levels and leave the program with a strong peer community.</p>	<ul style="list-style-type: none"> • Engagement- Operational (technical and managerial capacities, communication, accountability)
<p>Centre for Developmental Practice (CDRA)</p>	<p>Developmental Facilitation Skills (n.d.)</p> 	<p>Facilitation approach, Training</p>	<p>Policymakers, Private providers, Practitioners, Donors</p>	<p>This course helps build a strong but flexible foundation for work in the civil society or public sector. ‘Developmental’ facilitation is an approach to working with groups from the ‘inside - out’. As a facilitator you will learn ‘You are your own best tool’ as you help groups to sense, surface and appreciate what is living inside and what is trying to emerge. You will learn ways to help each individual and the group to engage with its own will. Most importantly you will develop yourself as the starting point to facilitate the learning and development of others.</p>	<ul style="list-style-type: none"> • Engagement- Foundational (will to engage, mutual understanding)

Tools and resources for those working to facilitate or broker a PPE mapped to the PPE Ecosystem

Name of resource (Year)	Environmental Factors				Structural Factors			Engagement Factors						
	Political	Legal	Organizational	Economic / Financial	Engagement model	Formality of engagement	Resources	Foundational			Operational			
								Trust	Mutual understanding	Will to engage	Tech&managerial capacities	Communication	Engagement rationale	Accountability
Collective Impact (2011)								X	X	X		X	X	X
Public-Private Sector Engagement Co-Creation Workshop: Facilitator's Guide, Agenda Guide, and Sample Workshop Slides (2021)	X	X	X	X	X	X	X	X	X	X	X	X	X	X
The Partnering Toolkit: An Essential Guide to Cross-sector Partnering (2011)								X	X	X	X	X	X	X
The Brokering Guidebook: Navigating Effective Sustainable Development Partnerships (2005)								X	X	X	X	X	X	X
Liberating Structures Series (2013)								X	X	X		X	X	
Accelerating Private Sector Engagement: Public-Private Engagement (2020)									X	X	X	X		
Aspen Management Partnership for Health (AMP Health) (2016-ongoing)									X	X	X	X		
Leadership for UHC (L4UHC) Program Implementation Manual: The Leadership Journey (2020)											X	X		X
Developmental Facilitation Skills (n.d.)									X	X				

Conclusion

The PPE Facilitation Approach, and new and existing tools and resources presented in the Resource Compendium were developed and compiled to provide country actors with actionable and practical guidance on PPE processes. Learnings from the development of the PPE Facilitation Approach and tools revealed several key tips and takeaways for public and private sector actors and trusted brokers interested or involved in a PPE, including:

- **Consider a range of factors and their interconnectivity – from more technical elements to relationships, dialogue, understanding and collaboration between the PPE actors –when designing, refining, implementing, and integrating PPEs.** Consider using the Environmental Factors Spectrum and Engagement Factor Progression Model tools included in this guide to improve PPE design and implementation.
- **Leverage local trusted brokers** to play the facilitation role. As described in this guide, IHA and AHI played key roles in ensuring successful mobilization, engagement, and motivation amongst PPE actors. This highlights the importance of bringing local experts who bring local credibility and contextual familiarity to advance PPE efforts.
- **Allow for flexibility in the approach.** The PPE Facilitation Approach described in this guide was iteratively developed and flexible to remain responsive to system changes and shocks – including COVID-19, changes in health system leadership, and other exogenous factors.

This Journey Guide aims to support a more holistic, systems approach to PPE. The SMHS project encourages health system actors to use, share, and adapt these materials as needed to ensure their relevancy to different country contexts.

The Strengthening Mixed Health Systems project is supported by funding from Merck, through Merck for Mothers, the company's global initiative to help create a world where no woman has to die while giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.



Appendix 1: Adaptation of Approach in Kenya

Kenya: PPE in Kakamega County

PPE Type	Context/Background	Journey Motivation	Actors Involved
Early-stage engagement in Kakamega County	<ul style="list-style-type: none"> • MMR>300 in county • Progressive leadership in the county • Active but unorganized private sector • Lack of formal mechanisms for PPE and ways to collaborate 	A government actor looking to engage a capable private sector actor to provide MH services to vulnerable women in order “decongest the public sector” and to reduce high rates of maternal mortality in a county	<u>Public:</u> County Health Management Team (CHMT) <u>Private:</u> Private maternity providers

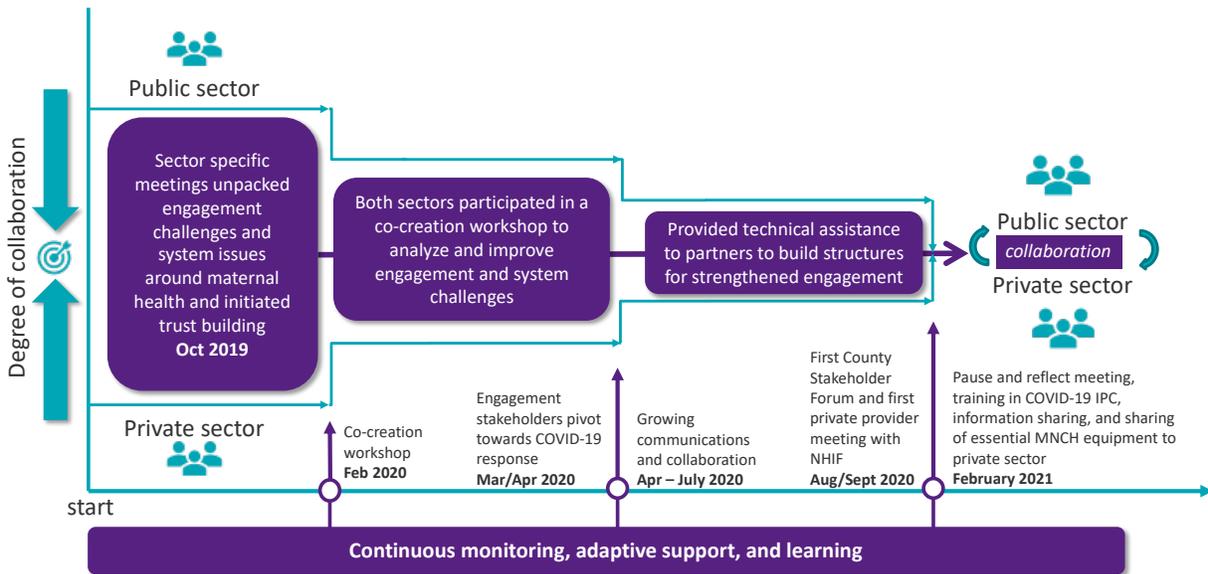
Context

The SMHS Kenya facilitation team began by implementing a joint scoping phase to identify interest and demand in engaging in PPE from targeted counties in Kenya. This involved key informant discussions with a range of public and private sectors at the national-level and across several counties. After synthesizing those discussions, the SMHS facilitation team began support in Kakamega county based on the county’s stated challenges and perceived motivation for the facilitation support. In Kakamega, health system actors share a concern about stubbornly high maternal mortality rates and the quality of maternal care. When the SMHS project began work at the county level in July of 2019, there was evidence of ad-hoc communication and interaction between sectors and a motivated but loosely organized private sector. The goals and priorities of these actors focused on setting up a foundation for engagement and tackling broader system challenges that influence maternal health issues that both sectors shared.

Figure 1 provides the overall roadmap of the work in Kakamega and how the facilitation approach built on those stakeholder priorities.

Approach

Figure 1. SMHS approach in Kenya



- Unpacking engagement dynamics and health system challenges while building trust.*** The SMHS project began the work in Kakamega acknowledging that there was a need to understand the existing challenges and perceptions that each sector was facing regarding maternal health challenges as well as the factors that might be preventing these actors from engaging more effectively and proactively. This ensured that the SMHS Kenya facilitation team was equipped with the insights necessary to act as a trusted broker. Importantly, a first step was to identify and ensure adequate representation of both public and private sector actors in the county. To initiate the process, the IHA team liaised with the Kakamega County health team who in turn identified team members to represent the public sector perspective.

Identification of private sector representatives was not as straightforward. To identify a representative sample of the private sector, IHA worked with the county team to identify at least one well known private sector representative from within each subcounty. As the team facilitated these discussions and meetings with private sector representatives, IHA used a snowball approach to expand the number of private sector representatives involved to ensure inclusive and equitable representation of the Kakamega private sector. Eventually, the private sector actors self-selected a “group of six” to represent them at the county-level, based on those individuals’ interest and availability. The group also ensured there was diverse representation from a large private for-profit facility, a small private for-profit facility, faith-based organizations, and non-governmental organizations.

After identifying public and private sector groups, IHA facilitated two separate discussions in late October 2019, one with a team of county health officials and one with members of the private sector to understand and prioritize each group’s perspectives on maternal health in Kakamega and obstacles to efficient engagement across the sectors. The SMHS project purposefully met with the two sectors separately at first to understand the full perspective of each set of stakeholder groups. These half-day workshops fostered a safe space for open and unbiased discussion. IHA used these two workshops to surface two sets of priorities and challenges regarding maternal health and PPE in Kakamega County. The facilitation team then synthesized these learnings and shared the relevant information back with the public and private sector stakeholder groups to both demonstrate value of these discussions and to share perspectives across sectors.

- **Co-creating.** Leveraging the initial trust that the SMHS Kenya facilitation team had fostered through these sector specific meetings, the facilitation team designed and implemented a two-day co-creation workshop where participants could build trust across sectors and use that trust to work collaboratively on the pressing priorities within Kakamega's health system. The SMHS Kenya facilitation team implemented the workshop in February 2020, with the goals of:
 - *Increased engagement and community building between and amongst Kakamega County public and private health sectors*
 - *Co-prioritization of key maternal health and health system issues and related public-private sector engagement challenges; and*
 - *Co-production of action plans for improving the prioritized challenges and identification of technical assistance needed to succeed.*

The facilitation team ensured the sessions moved dynamically between plenary sessions and group breakouts to support more open dialogue and focused ideation, both of which served to support the building of trust, willingness to engage, and open communication. During the first day, participants: developed a shared vision for improving maternal health and achieving UHC in the county, validated common maternal health and UHC challenges discussed in prior sector specific meetings, shared and discussed challenges in engaging across public and private sectors, and worked to understand the root causes of these challenges using root cause analysis.

Key challenges identified:

- Delays in reimbursements from the National Hospital Insurance Fund (NHIF) to public and private facilities
- Lack of standardized supportive supervision across public and private facilities and variable quality of care in the private sector
- High staff turnover and lack of adequate skilled staff across public and private facilities

During the second day, participants worked together to generate solutions to some of the root causes identified on the first day and began detailing action plans for working together to implement these solutions. The SMHS Kenya facilitation team supported the workshop participants to then translate these solutions into concrete actions that could be used to guide joint implementation after the workshop ended.

Potential solutions identified:

- Creation of a platform for structured and formal dialogue and engagement between the public and private sector
- Strengthening how the private sector is organized
- Building the capacity of public and private sector facilities to negotiate with NHIF
- Facilitating timely and secure access to NHIF funds in county treasury by public facilities
- Increasing private sector representation in annual county work planning
- Improving on-the-job training and standardizing supportive supervision among others

• ***Ongoing facilitation and strengthening of structural mechanisms.***

The SMHS project provided continuous facilitation support after the workshop, supporting actors to jointly implement action plans, and consistently reminding actors of the value and trust that can be generated when working together. The SMHS Kenya facilitation team also focused on identifying and strengthening structural platforms that could exist beyond the SMHS Kenya facilitation team's support that help to maintain the communication, willingness to engage, and joint accountability necessary for the PPE to flourish.

Almost immediately following the workshop, however, the COVID-19 pandemic drastically changed the health system landscape, and in March 2020 progress on these action plans had to pause. Kakamega public and private sector actors decided to pivot some of the prioritized activities to better target health

system coordination and responsiveness to the pandemic. IHA facilitated these discussions around changes to the action plans and supported consistent communication within and across these sector groups, inserting technical support and evidence when relevant, and helping keep up momentum. This continuous support was bolstered by several in-person visits from IHA. Through this support, Kakamega actors modified their set of priority actions in April 2020 to focus on better organization of the private sector and their ability to liaise with the county health management team, harmonization of approaches to prevent, diagnose, and treat COVID-19 patients, and importantly, institutionalize a process for a more inclusive MHS approach to health system planning. **Table 1** describes activities, objectives, and the SMHS Kenya facilitation team support tasks.

Table 1. Summary of SMHS activities in Kakamega, Kenya

PPE Activity	Objective	SMHS Support Tasks
Set up a PPE forum	Create a space where all health system actors have an opportunity to collaborate, problem-solve, and support one another	<ul style="list-style-type: none"> - Help define the structure of the forum, including representation committees, and overall leadership - Support outreach for planning and assisting with the design and facilitation of the first few meetings
Increase private sector representation in county annual planning	Allow for more holistic health system planning that incorporates all possible providers, their challenges and strengths for a more comprehensive offering of services in Kakamega	<ul style="list-style-type: none"> - Help define and communicate the value proposition of more integrated collaboration from all sectors - Proactively reach out to private sector actors who could effectively represent the broader sector and properly advocate on their behalf. - Ensure county planning processes incorporate the private sector perspective moving forward.
Build the management capacity of both public and private sector actors	<p>Support the public sector to create and maintain a PPE desk</p> <p>Support private sector to organize into an association that can better advocate on behalf of the broader private sector in Kakamega</p>	<ul style="list-style-type: none"> - One-on-one coaching of public sector staff on how to set up and manage a PPE desk within the county health management office regarding communication, coordination, and operations - Facilitate brainstorming on methods for mapping the private providers in Kakamega - Work with a legal firm to define a structure, organization type, leadership team and operational framework for a private sector association - Support the association to file and finalize official registration
Improve communications between public and private sector actors	Improve the ability of public and private sector actors to collaborate, share information, and support one another	<ul style="list-style-type: none"> - Create a private sector WhatsApp group and a PPE WhatsApp group to allow for real-time communication - Ensure that public information or policy updates were disseminated to private sector actors as they were published - Ensure representation of private sector in county health planning processes
Develop MOU between public and private sector actors	Institutionalize the engagement so that both sectors continue to work proactively and consistently together	<ul style="list-style-type: none"> - Share examples of terms of reference language for similar MOUs that have been signed before - Provide continuous follow up and provision of technical assistance throughout the process

- **Continuous monitoring, adaptive management, and learning function.** A key aspect of this facilitation approach is the importance of continuous monitoring, evaluation, and learning (MEL). This allowed IHA to take an adaptive management approach to ensure implementation was responding to contextual changes and emerging information on what is working and what is not. In Kenya, the MEL activities included baseline and end line key informant interviews as well as monthly monitoring calls between R4D and IHA to highlight achievements and troubleshoot challenges. While originally designed to provide evidence on the three project research questions in addition the adaptive management, the project team and IHA had to make significant adaptations, in part due to the COVID-19 pandemic. Ultimately, the Kenya work was launched before the start of the pandemic; as such, while one cannot understand how the engagement occurred without considering the role of COVID-19, the team was still able to make relatively small

adaptations to the research plan and thus collect and analyze data relating to each of the three research questions. The MEL approach also played a key role in capturing the achievements partners were able to produce together and facilitated the final learning workshop for sector actors to reflect on what has gone well and what aspects of the work they wanted to leverage for further engagement and system strengthening.

Results

On February 8th, 2021, the SMHS facilitation team designed and supported a learning exchange between Kakamega County public and private sector actors during a county mid-term review meeting. The aim of the exchange was to reflect on their achievements and determine how to further build and sustain the PPE in 2021. This learning exchange and inclusion of private sector voices in county planning processes are great achievements, as there had not been private sector representation in these processes before. Additionally, both parties have finalized a memorandum of understanding to solidify the intentions and framework for better PPE and partnership in Kakamega County and are waiting for final signatures from the necessary authorities. Lastly, further validating the hypothesis that external shocks can bring windows of opportunity for engagement is the fact that observed outcomes were different and arguably bigger than what was anticipated at the beginning of the project. Most notable was the increase in referrals and improvement to the referral system between the public and private sectors, where there is evidence that the improvement was associated with both the health workers' strike and the SMHS project itself. The potential outcome of increased commodity sharing between sectors is also interesting, though there is less evidence that this was directly associated with the SMHS project. Despite this, it appears possible that improvements to PPE—particularly through the engagement actions and their associated structures, platforms, and capacity development—helped to enable both sectors to organically identify and act on areas for collaboration, including in the face of shocks. More details on achievements and learnings from this PPE are shared in the SMHS Kenya Primary Case Study.

Appendix 2: Adaptation of Approach in India

India: PPE in Maharashtra State

PPE Type	Context/Background	Journey Motivation	Actors Involved
Advanced-stage engagement in Maharashtra state	<ul style="list-style-type: none"> Private providers offer 1/3 of maternity care in the state yet quality of care is not standardized in private sector MOU signed between professional association and state health officials 	A private sector actor looking to improve engagement with the public sector to sustainably integrate a quality-of-care framework into the broader health system	<u>Public:</u> State government <u>Private:</u> OBGYN professional association, private maternity providers, and implementing/funding partners

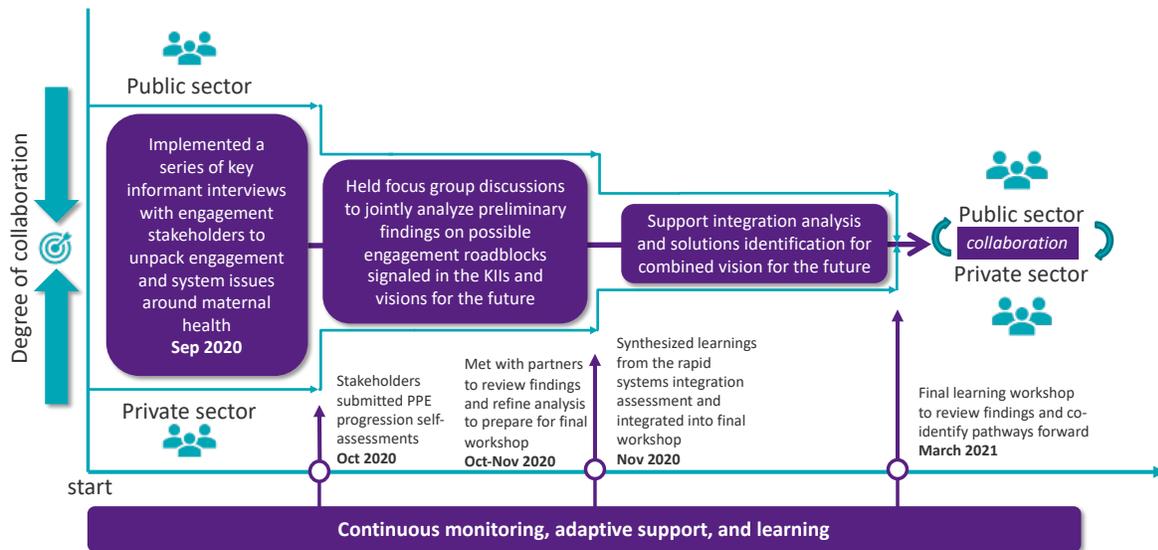
Context

In India, the SMHS team conducted a scoping phase in October 2019 to three states to better understand existing demand and interest in receiving support for PPE strengthening. The SMHS team identified a unique PPE and innovation in Maharashtra State – the LaQshya-Manyata (L-M) joint-certification. The joint-certification partnership between the Government of Maharashtra and the Federation of Obstetric and Gynecological Societies of India ([FOGSI](#)), with technical support from [Jhpiego](#), is a collaboration between government and private sector assessors to assure and improve the quality of maternity services in the private sector. Formalized in 2019, this program aims to align public and private sector efforts to improve maternal health outcomes through ensuring uniformity in quality of care across both sectors. Based on the initial scoping, the SMHS team noted that support to the engagement could be challenging given the many technical partners involved and some hesitancy amongst the engagement actors about how the SMHS team could help move the engagement forward. However, the SMHS team determined there could be interesting learnings from working with an engagement that was at a different stage and involved different actors and content than the PPE SMHS supports in Kenya. The SMHS team moved forward with supporting the L-M engagement in early 2020.

Approach

The PPE Facilitation approach taken in Maharashtra focused on supporting the actors to pause and reflect on the PPE engagement factors (capacities, relationships, and interactions between stakeholders) as well as the environmental factors surrounding L-M to better understand the vision for L-M integration and sustainability in the Indian health system. The approach is described in **Figure 1**.

Figure 1. SMHS approach in India



- Unpacking engagement dynamics and system challenges while building trust.*** Much like the work in Kenya, the first task in supporting this PPE was to organize key informant interviews with PPE actors as well as some of the PPE’s technical partners. This process required significant outreach given that some actors were reticent to engage with an outside facilitation partner as they had already been engaging in the PPE for some time. Additionally, these public and private actors had recently started focusing on the rapid COVID-19 response, which took priority over other day-to-day activities. During the outreach meetings, the facilitation team outlined the value proposition of the SMHS project’s work to help actors better understand how the project could help them pause and reflect on L-M implementation, gain a better sense of the engagement and relationship dynamics that were either supporting or impeding more efficient engagement, and facilitate a group discussion around shared goals and best pathways forward. Through the outreach discussions the facilitation team shared the PPE Ecosystem framework and helped the public and private actors to uncover agreements around the current activities within L-M as well as areas where more clarity among actors would be beneficial for the long-term sustainability of the engagement.
- Building and using trust across sectors to prepare for co-creation.*** To help the PPE actors assess the PPE engagement factors the facilitation team developed the **Engagement Factors Self-Assessment Tool** (detailed in Section 1). AHI disseminated the online questionnaire to L-M actors following the initial key informant discussions and asked them to individually respond to the questions. The SMHS India facilitation team designed and administered the survey using [Qualtrics](#). **Figure 2** provides a snapshot of one of the self-assessment questions. The SMHS team analyzed the self-assessment responses and shared back the results with the L-M actors during a series of virtual group discussions. These discussions helped actors generate potential explanations for instances of low scores or variance in scores on the questionnaire. PPE actors noted great value in this type of point-in-time assessment of their engagement and felt it would be a useful exercise to repeat each year.

Figure 2. Sample question from the Engagement Factors Self-Assessment Tool

Q3. Please rate the following statements regarding your **individual mandate to engage with the other partners** within the LaQshya-Manyata engagement on a scale from Strongly Agree to Strongly Disagree

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
In my role, I feel a sense of duty to engage with the other partners within the LaQshya-Manyata engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Sustaining trust through the co-creation and strengthening of structural mechanisms.*** To support L-M actors consider implications for sustaining L-M achievements and integrating the innovation in the broader health system, the facilitation team developed and implemented the **Rapid Health Systems Integration Assessment Tool** (detailed in Section 1). This analysis aimed to identify opportunities and challenges for integrating the L-M innovation in the health system and was implemented through a combination of desk research and additional interviews with Indian health system experts. The facilitation team synthesized these findings into a set of slides and shared them back with L-M actors.
- Continuous monitoring, adaptive management, and learning function.*** A key aspect of this facilitation approach is the importance of continuous monitoring, evaluation, and learning (MEL). This allows actors to take an adaptive management approach to ensure implementation is responding to contextual changes and emerging information on what is working and what is not. Unfortunately, SMHS involvement in the India engagement did not fully launch until well into the COVID-19 pandemic. The pandemic provided severe pressure on the health system stakeholders in Maharashtra and thus the approach taken was different than that in Kenya where a specific set of MEL key informant interviews were conducted at both baseline and end line. In India, the MEL team focused on analyzing qualitative information captured during introductory interviews with key informants from Maharashtra state that were facilitated and recorded by AHI. In addition, quantitative and qualitative data related to the engagement factors within the L-M engagement were collected through the **Engagement Factors Self-Assessment Tool**.

It is important to note, that due to the challenges of COVID-19, the SMHS project was unable to bring the L-M actors together for a co-creation session to validate the Engagement Factor Self-Assessment Tool and Rapid Health System Integration Assessment Tool findings and consider implications for their PPE. Instead, the team packaged the findings and learnings and shared them with L-M actors who may be able to discuss and analyze them further in their own time. **Table 1** provides the overall summary of the SMHS project support in India including the support tasks used to help L-M actors reflect on their current strengths and opportunities for improvement.

Table 1. Summary of SMHS support activities in Maharashtra, India

PPE Activity	Objective	SMHS Support Tasks
Analyze and discuss current engagement successes and challenges	Understand which aspects of the PPE Ecosystem engagement factors are working well for L-M actors and which factors could be opportunities for further strengthening and partnership	<ul style="list-style-type: none"> - Key Informant Interviews - Design and implementation of the Engagement Factor Self-Assessment tool - Analysis of self-assessment responses and synthesis of opportunities for engagement strengthening
Investigate broader environmental opportunities and barriers to system integration	Identify ways to integrate L-M into the broader health system for improved sustainability and impact	<ul style="list-style-type: none"> - Perform desk research on the political, legal, economic/financial, and organizational factors surrounding the L-M engagement from a state and national level - Speak with external Indian health system experts to triangulate and validate findings - Synthesize the findings and outline the opportunities and challenges for further integration of the L-M engagement
Discuss and define a vision for L-M in the coming years	Breakdown any existing misconceptions, improve clarity among partners, and create a stronger engagement rationale to motivate increased collaboration and joint accountability	<ul style="list-style-type: none"> - Organize a joint partner workshop facilitation package that engagement actors can use for discussion and root cause analysis at an upcoming technical meeting. This package includes guidance on how to facilitate group discussions around the signals identified in the self-assessment tool and synthesize a set of immediate next steps that actors want to implement to strengthen L-M implementation and sustainability

Results

While the final step of bringing all L-M actors together to co-create approaches that address and build-on findings from the Engagement Factors Self-Assessment and Rapid Health System Integration Assessment Tools did not happen, there were some useful findings that can be used in the future to strengthen the L-M engagement. First, from both tools the team identified that partners from all sectors have largely positive views of and experiences with the L-M engagement. Of note, however, is that there are a handful of areas that did not have as positive reactions, and generally, public sector actors tended to have more positive assessments of the engagement than their private sector counterparts. Some of the factors that received lower ratings included communications, accountability, understanding of partner roles, and engagement rationale. The SMHS India Primary Case Study provides more details around the methodology and findings from the MEL approach in Maharashtra. Many of the L-M partners that engaged with these tools mentioned that this kind of point-in-time assessment of helping and hindering factors was extremely useful and would encourage the group to perform similar activities annually to continue to monitor engagement progress.

Ultimately, the SMHS project team encountered a few challenges with the work in Maharashtra. COVID-19 played a significant role in the team's ability to build engagement with L-M actors. The complexity of the L-M engagement itself, with several third-party organizations involved in supporting the various public and private sector actors, also made it difficult to determine the project's main value add among efforts from the larger network of partners.

