

# Engagement of private/commercial actors with government agencies

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# Engagement of private/commercial actors with government agencies

- ❖ The Public Sector in all or most countries enact laws and develop policies that guide health care
- ❖ For many years in most SSA the private sector had been like the African child – to be seen but not heard
- ❖ So private sector had done it business
- ❖ The public-private relationship had been one of suspicion and punishment – especially when private sector break the rules

# Public Private Engagement

- ❖ For more than a decade now there has been a revolution – the private sector is seen as a partner and engaged more and more in policy formulation, research, resource mobilization etc
- ❖ The result – expansion in health services, finances and regulation – many opportunities have come out of this new direction and populations in most countries have benefitted

# Public- private Relationship in Malaria Control

- ❖ For those of us in malaria we have no choice but to work with the private sector – at various levels
- ❖ if for nothing at all for the fact represented by this African proverb

*“Because the hunter has learned to shoot without missing, birds have learned to fly without perching”*

# Private Commercial Sector in RDTs

- ❖ Are willing and ready to work with partners if they are properly engaged
- ❖ At the lowest level – Community Drug Distributors, Over the Counter Medicine Sellers; enthusiasm and uptake of interventions is fast if they are reached through their associations
- ❖ The same can be said for private ‘formal’ sector such as clinics and hospitals
- ❖ But to scale up for impact the private pharmacies and drug stores which in most African countries is the first point of care for about half the population needs to test their level

# The Working Dynamics

- ❖ **Training and Retraining:** The need for continuous training and retraining cannot be over emphasised
- ❖ **Supportive Supervision:** Frequent and multisectorial e.g. every three months for a year to ensure tests are performed safely and accurately
- ❖ **Agreements** with distributors and wholesalers to **keep margins low**
- ❖ Need to establish from the onset **Assessment Systems and targets** with timelines – baseline data critical to allow for periodic comparisons

# The Working Dynamics

- ❖ Service/consultation fees and additional costs need to be considered as part of the overall price to the patient in formal facilities
- ❖ Some level of poor adherence of drug shop dispensers to standard operating procedures (SOPs) for mRDTS
- ❖ Some incorrect treatment of positive and negative cases

# Need to Look to

- ❖ Existing and or modified national policies influence the nature of the relationship and engagement of the private commercial sector
- ❖ Approximately 60% of population use OTCMS as first point of call - logical to start testing there
- ❖ But need to do this in close collaboration with stakeholders – regulators, pharmagovigilance, continued monitoring and support to ensure adherence to agreed guidelines



# Moving Forward

- ❖ How is data on testing to be collected and collated?
- ❖ How does this transfer or get captured in national systems
- ❖ How do we ensure data quality, completeness and timeliness
- ❖ Some systems do exist – like using SMS, GPS etc but need to explore more efficient and cost effective mechanisms that also enhances data quality but easy to capture and transfer at the drug shop level



Thank You