

Review of Public Private Partnerships for Delivering Maternal and Newborn Health Services: Strategic Impact and Gaps

Summary: To accelerate progress on reducing maternal and child deaths, synergies need to be developed across the public and private sectors. Pakistan currently lacks a strategy on Public Private Partnerships (PPPs); and such a strategy must be guided by evidence. This study gathers evidence from Low and Middle Income Countries on Public Private Partnership (PPP) initiatives for maternal and newborn service delivery. While revealing a beneficial effect of PPPs, it also highlights strategic gaps.

There is a positive impact of PPPs on increasing coverage of maternal health services but little data on newborn health impact. Not all PPP modalities bring a similar level of benefit; the service packages offered are not standardised, varying across different PPPs; and quality aspects of services delivered are unknown. In Pakistan, while there has been a spurt in PPPs in recent years and a credible market of NGOs has developed, PPPs continue to lack strategic direction, have weak communication between partners, and lack objective assessments.

The Problem: Pakistan has lagged behind in progress in the area of maternal and newborn health, raising the need for combined effort across the public and private sectors. Presently, 23.3% of all births take place in private health facilities (PDHS 2006-07) and 61 % of the total health expenditure is borne by the private sector (NHA 2009-10); however, the private and public sectors often tend to work in silos. There is a global push for formal partnerships across the public and private sectors for increasing coverage of skilled birth attendance, pregnancy care visits to qualified practitioners, and seeking care for newborn illness. While diverse forms of PPPs are being implemented globally in developing countries, little is known as to which PPP interventions are comparatively more effective in the area of maternal and newborn health. Such evidence is needed to strategically channelise the growth of PPPs in Pakistan.

This Brief: We present here evidence on the comparative impact of different Public Private Partnership arrangements for the delivery of maternal and newborn healthcare. Our review specifically looked at formal partnerships between the public and private sectors. 27 robust studies on PPP interventions, meeting Cochrane quality criteria, from different developing countries, were systematically reviewed for credible impact on pregnancy care, facility-based births, emergency obstetric care, and neonatal illness. In addition, local PPPs in Pakistan, about which little is known, were landscaped in terms of geographical distribution, design, and stakeholders.

Can Public Private Partnerships Improve Maternal and Newborn Care? A Snapshot of Evidence and Gaps

- **There is an extensive range of PPP interventions across developing countries for strengthening MNH service delivery.** In the area of MNH service delivery, PPPs mostly involve government financing of services delivered by private health providers such as through contracting out of health services, cash transfer on availing services, voucher redemption schemes involving private providers, and national insurance. Also found, but less often, are cases of NGOs providing financial or other support to MNH services, government health facilities, or Community Based Organisations purchasing services from government.
- **PPPs have an encouraging effect on maternal care.** Public Private Partnerships have an overall beneficial effect on increasing the use of maternal care services. An increase is seen in antenatal care, facility-based births, and C-sections, but PPPs fail to impact postnatal care. The extent of maternal care coverage improved differs by the type of PPP intervention.
- **There is little known about the impact of PPPs on newborn care.** Newborn care is not sufficiently covered in service packages offered by PPPs. It is also rarely assessed in evaluations of PPPs. Although PPPs commonly also have other goals, such as improved quality, cost efficiency, or a pro-poor intent, these areas are overlooked in PPP assessments. →

- **Comparative impact on MNH services differs across PPP interventions.** Voucher schemes have the widest impact, effectively increasing the coverage of antenatal, postnatal and facility-based births, but their effect on access to obstetric emergency care is uncertain. Insurance schemes and use fee exemptions involving private sector providers increase rates of obstetric emergency care and facility-based births but have no impact on promotive aspects such as pregnancy care visits and newborn check-ups. Contracting consistently increases antenatal visits, while its effect on delivery care is more variable.

- **Critical factors influence the impact of PPPs.** Service packages are uneven across the different PPP interventions, with newborn care and postnatal care being less well covered. PPP interventions are affected by payment modalities, extent of state ownership, and adequacy of health systems.

Public Private Partnerships in Pakistan: A Landscape

- **Modalities:** In Pakistan there are several Public Private Partnerships initiatives in place for maternal and newborn health. The range of PPP modalities is narrow and has not been diversified. The most common form of PPP in Pakistan involves NGOs and philanthropic outfits bringing in financial and technical support for MNH services at government health facilities. Contracting out of government health facilities to NGOs is the next most common model, with fewer schemes but an extensive number of facilities.

- **Distribution:** Khyber Pakhtunkhwa has the largest concentration of PPPs involving government financing of NGO services, while Sindh and Balochistan are the most prolific in terms of models involving NGO support to existing government health facilities for improving MNH service delivery. Punjab has the fewest examples of PPPs.

- **Opportunities:** PPPs have succeeded in providing staff and support for functioning of health facilities in remote locations. There is a reasonable market of both local NGOs and INGOs in Pakistan for undertaking PPPs. Many of the initiatives are home-grown.

- **Constraints:** PPP models are growing in the absence of strategic direction from the state, having mostly sprung up on the initiative of the private sector. Communication is weak between the implementing NGOs and the government, and information gaps also exist between district and provincial tiers. There is an absence of external performance assessment of PPPs; existing internal monitoring is insufficient and not standardised.

Recommendations

- PPPs have a documented positive effect on maternal health and need to be encouraged for achievement of MDGs 4&5.

- Pakistan needs to widen the existing range of Public Private Partnership models in place for maternal and newborn health delivery. Vouchers show the most potential for MNH and can be rolled out for rapid achievement of coverage.

- Higher attention to newborn care is needed in PPPs with standardized newborn care services built into the service package, inclusion in routine monitoring and measurement in performance assessments of Public Private Partnerships.

- Implementation of Public Private Partnership interventions demands the right incentives, and stronger communication between the private sector partners and government counterparts, as well as between provincial and district government tiers.

- At the policy level a strategic framework is required to guide the growth of PPPs and the support of oversight platforms.

- An intent for evaluation needs to be built in from the outset of Public Private Partnerships. And scope of performance assessments needs to be expanded from quality of assessments needs to be expanded from mere health utilization assessments to quality of care, cost efficiency and equity aspects.

- Only one type of PPP has been driven by the state which is the contracting out model; however, it has less impact internationally seen than some of the other models.

Conclusion

PPPs have a positive global experience with respect to maternal and newborn health services. However, not all PPP modalities bring a similar level of benefit. Standardised packages for the full range of maternal, neonatal and EMONC services, the right incentives, and quality evaluations, are required to push for further gains. There is an encouraging trend in the growth of PPPs in Pakistan but this requires direction, oversight platforms, and evaluation for impact.



Further reading

Zaidi, S. et al. (2013) 'Performance of Models of Public Private Partnership in Maternal and Newborn Health and Applicability in Pakistan Aga Khan University, Karachi, Pakistan

Credits

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