

MOMENTUM

Private Healthcare Delivery



■ Technical Brief

PRIVATE SECTOR ENGAGEMENT FOR IMMUNIZATION PROGRAMS IN LOW- AND MIDDLE-INCOME COUNTRIES

UPDATING PREVIOUS EVIDENCE WITH NEW ANALYSIS

MOMENTUM Private Healthcare Delivery produced a technical report, [Private Sector Engagement for Immunization Programs in Low-and Middle- Income Countries](#), that updates and summarizes the evidence base on private sector engagement (PSE) for immunization service delivery in low- and middle-income countries (LMICs) through the lens of five key learning questions (see Box 1). MOMENTUM conducted a scoping review on immunization service provision through the formal private sector, including for-profit and not-for-profit, pharmacies, faith-based groups, and nongovernmental organizations (NGOs), and updated the evidence base following the publication of Mitrovich et al. (2017), which was foundational for the development of the 2017 World Health Organization (WHO) guidance document “Engagement of private providers in immunization service delivery. Considerations for National Immunization Programmes.”

Initiating the scoping review from 2017 onward, MOMENTUM found 27 discrete analyses from the experiences of 24 countries to add to the 17 collated by Mitrovich and colleagues and the 37 by Levin and Kaddar. This totaled over 80 well-documented analyses of PSE for immunization in LMICs. In addition, MOMENTUM reviewed reference lists and citations of the articles included, examining grey literature and programmatic documents such as the 2020 regional review from the United Nations Children’s Fund (UNICEF) on PSE in immunization and the PATH and SHOPS Plus projects. MOMENTUM contacted key experts and stakeholders working across immunization; family planning (FP); and maternal, newborn, and child health to identify additional technical resources. MOMENTUM then combined the new publications from its updated search, the findings of two previous reviews, and the grey literature to provide a comprehensive evidence update.

Box 1: Learning Questions for Private Sector Engagement for Immunization

What motivates private providers to participate in immunization service delivery?

What are existing barriers and enablers for private sector immunization service delivery and reaching zero-dose children, alongside COVID-19 vaccination rollout?

What are the risks and challenges to national immunization programs as they relate to private sector engagement and oversight for immunization service delivery?

What are the processes and mechanisms of engagement between the public and private sectors and which mechanisms are associated with successful engagement?

How do different contexts influence successful private sector engagement?

PRIVATE SECTOR ENGAGEMENT IS ESSENTIAL TO MORE RESILIENT IMMUNIZATION PROGRAMS

Immunization programs can use PSE as one option to help expand coverage in response to widespread challenges in LMICs, including urbanization, constrained fiscal space, conflict and population displacement, transition from development aid to development finance, the need for surge capacity to respond to emergencies and pandemics, such as COVID-19, and the imperative to vaccinate throughout the life course.

WHO broadly defines private sector as “comprising all health-care providers who exist outside the public sector, whether their aim is for philanthropic or commercial purposes” (1). The technical brief therefore considers immunization service provision to be by private for-profit and not-for profit hospitals, clinics, or pharmacies, as well as NGOs and faith-based organizations (FBOs).¹ The scope and scale of the private sector’s role in immunization has grown steadily. There is now an increasing body of evidence on the importance of NGOs and FBOs and the for-profit sector in ensuring the availability

¹ FBOs are non-governmental entities dedicated to specific religious identities, often including a social or moral component.

of immunization where most zero-dose children reside such as in urban settings, remote regions, and fragile and conflict-affected settings (2). Some evidence found that the private sector may contribute to improved access to essential immunization services. Although the NGOs/FBOs have been providing immunization services for some time, the for-profit sector has increasingly become involved over the last two years (during the pandemic). The growing private sector in LMICs must also be considered when introducing new vaccines to leverage their presence and capacities in hard-to-reach areas, in addition to increasing coverage of essential immunization services.

PROMISING PRACTICES

From the evidence review, MOMENTUM identified several promising examples of the private sector's role in immunization, and provided a summary list of high-level recommendations to successfully incorporate PSE into immunization programming (see Box 2). Governance and policy frameworks that support the inclusion of the private

Box 2: Summary of Recommendations for Private Sector Engagement in Immunization

Governance that supports private sector engagement, together with better mapping the scale and scope of the private sector.

Understand and leverage private providers' motivations, including monetary, reputational and others, to encourage involvement of new and existing private providers.

Financing: contracting with the private sector increases efficiency and prioritizes immunization within universal health coverage.

Private sector has an important role in health workforce and service delivery for immunization programs in urban settings, remote, fragile, and conflict-affected settings.

Incorporate private providers into **databases for planning and information systems for reporting**, including those for safety monitoring.

Subsidized access to vaccines and other commodities is vital for private sector engagement in immunization programs.

Further **research, evaluation, and documentation** of providers' motivations and the mechanisms behind successful engagement in a range of contexts is needed.

health sector include formal agreements to regulate service delivery and leverage the range of motivations² that drive private providers to become involved in vaccination. Some of these motivations may be monetary, but may also include provider's desire to share in access to policy-making or quality-improvement resources, to enhance reputation, or to extend vaccination to the community they serve. Successful PSE requires a systems approach that maps their current and potential roles, and then integrates them into broader health systems strengthening.

Various requirements and practical support (including oversight) from central governments are essential to effectively leverage the private sector to participate in immunization service delivery. These include providing vaccines free of charge, highly targeted subsidies (e.g., for vaccines that are not part of the Expanded Program of Immunization [EPI], for service delivery costs), and free or subsidized provision of ancillary supplies and cold chain equipment; bundling of payments; and supporting logistics. Planning and monitoring efforts are more effective when linked with regulation requirements based on national standards for services, reporting, and performance monitoring. Information systems should be aligned including involving the private sector in vaccine monitoring, especially in the surveillance of adverse events following immunization (AEFIs).

Private health workforce numbers and their inclusion in training and supervision were essential to planning and ensuring quality assurance. In some cases, government-recruited clinical staff were seconded to private pharmacies or private clinics to provide immunization services. Non-government providers are critically important to ensure that there are adequate and appropriate vaccination staff in remote, fragile, and conflict-affected settings to reach places without government services and in settings where they

² These motivations include increased profitability, non-financial personal or institutional motivations and opportunities to improve quality of services.

are not always trusted. Examples include not only providers from nonprofit and faith-based organizations, but also for-profit providers.

When immunization is integrated into primary health care (PHC), some experience suggests that private providers may be motivated to deliver a comprehensive package of services, for reasons of client satisfaction and the chance to cross-promote other services. Countries will also need to establish a mechanism for oversight and regular monitoring of private sector immunization services to identify risks and mitigate and manage them as needed. There may be opportunities to examine the role of pharmacies, community health workers, professional societies, and umbrella agencies for FBOs in immunization service delivery and demand creation as part of a national program for immunization.

New evidence has been collated on the role of pharmacists, through a systematic review and additional studies (3,4), ranging from small retail medicine outlets to larger commercial pharmacies. In mixed health systems that have strong traditions of the for-profit sector providing immunizations, there is a need to both encourage and regulate this contribution to ensure compliance with national schedules and standards, and minimize financial exclusion.

Tailored strategies are needed to allow immunization programs to best leverage opportunities of the private sector in individual countries and health systems. Countries should explore how to optimize PSE for immunization service delivery and what might be the right mechanisms to do so. This could be through public-private partnerships (PPPs) or through contracting out with existing local governance capabilities to offer the best capacity to optimize the determinants of successful engagement.

FURTHER WORK IS NEEDED

MOMENTUM proposes work in three areas. First, the use of available geographic information system data can expand the global and regional overview of current and potential private sector contributions. Second, the documentation of experiences of routine immunization during the rollout of COVID-19 vaccines in LMICs can identify which private sector partners added new surge capacity (important to future pandemic preparedness planning) and which can permanently expand the reach and resources for routine immunization and life-course vaccination. These lessons can also identify new partners who are already providing care throughout the life course to help immunization programs reach adolescents and adults in the future. This is complemented by other work, including that by MOMENTUM Routine Immunization Transformation and Equity, on non-traditional partners working in areas beyond service delivery, including FBOs and civil society organizations supporting communications and advocacy. Third, MOMENTUM proposes that these experiences, and this evidence update, be considered by global immunization partners in updated global guidance on PSE.

PSE has emerged as a key priority in several global guidance documents and policy frameworks such as USAID's *Getting to 2030: Maternal and Child Health and Nutrition Technical Roadmap*, the *Immunization Agenda 2030*, and *Gavi 5.0 Strategy*. The brief summarizes the state-of-the-art evidence on PSE for immunization in LMICs and is available for use by the global immunization community.

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