

Child Health Task Force Private Sector Subgroup Meeting

March 13th, 2018

Leading: Cathy Clarence

Participants (18 total): Dyness, Michel Pacque, Folake Olayinka, Kate Gilroy, Ashley Schmidt, Wade Smith, Alfonso Rosales, Anna W, Barry Finette, Bonnie Keith, Debra Prosnitz, Joseph Lewinski, Judith Moore, Lydia Karimurio, Maddy Marasciulo, Taiwo Adesoba, Thomas O'Connell, Zaeem Haq

- 1) Welcome from Dyness and Introduction of Cathy Clarence
 1. Cathy Clarence will be the chair for the subgroup. She is currently the Child Health Advisor for the Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project and bring vast experience through her previous work and SHOPS project to this role.
- 2) Subgroup member introductions
 - a. Please introduce yourself by saying your name, organization, and why you are interested in this subgroup
 - i. **Thomas O'Connell**, Adviser, Health governance, financing and systems, World Health Organization. This relates to several areas of my work, including helping countries transition from Health ODA to domestic financing and management of the health sector, which will require strong partnership with non-state providers and stakeholders.
 - ii. **Alfonso Rosales**: I am alfonso with World Vision
 - iii. **Debra**: Debra Prosnitz, ICF
 - iv. **Joseph Lewinski**: Joseph Lewinski. Malaria and Child Health Technical Advisor at Population Services International (PSI).
 - v. **Bonnie Keith**: Hi everyone, Bonnie Keith, Sr. Program and Policy Officer at PATH. Very interested in potential and discussions around private sector engagement in CH, particularly including relationships with GFF activities.
 - vi. **Maddy Marasciulo**: Hi! I work for Malaria Consortium as a Global Case Management Specialist. I am interested in private sector because of some our projects which have included PS for malaria diagnosis and LLIN distribution.
 - vii. **Barry Finette**: I am founder of THINKMD a social impact for profit benefit corporation that is US based and working globally in the multiple health sectors
 - viii. **Zaeem Haq**: Head of Technical, Malaria Consortium where I started earlier this year, coming from over 10 yrs with Save the Children, leading on their Child Health & Immunisation programmes and policy work, incl pvt sector partnerships with GSK, RB and Unilever
 - ix. **Judith Moore**: Hi This is Judith Moore, Strategic Lead for MNCH for Abt and Kuhu Maitra, Principal Associate, Child health
 - x. **Taiwo Adesoba**: I am Taiwo Adesoba, formerly with Christian Aid UK as State Monitoring and Evaluation Coordinator in Nigeria but currently in East Tennessee State University College of Public Health USA.

Action items are as follows:

- **All Members**: Review CH TF Private Sector Subgroup TOR and workplan by March 23rd
 - Compare with existing activities at member's organizations that can be applied
 - Identify any gaps w/regards to private sector engagement

- What would success look like for this group in the short (1 year) and long term (up to 3 years)?
- Provide a working definition of the private sector. Inclusion/Exclusion criteria?
- **Cathy, Subgroup Chair:** will collate feedback for Private Sector Working Group TOR and Workplan by end of March to submit to Task Force Steering committee for review.
- **All Members:** Think through ways in which the subgroup can communicate better. Are calls the best option? Open to suggestions.
- **All Members:** Co-Chair Opening for the Private Sector Subgroup. Please volunteer to co-lead via email to Cathy

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3) Roles and responsibilities

a. Action Items:

- i. **Cathy/Subgroup Chair:** will send out the TOR and Workplan by COB tomorrow, March 14th (including a SOW for the Co-Chair, an open position)

b. Notes:

- i. Recruiting a Private Sector Subgroup Co-Chair
 - 1. E-mail Cathy Clarence after the meeting if interested
 - 2. Role of the Sub-Group: support private sector subgroup so that it is in line with goals of the Child Health Task Force TOR, provide updates to the steering committee, set the agenda for the meetings

4) Discuss goal(s) and objectives

a. Notes:

- i. Objective: Increase recognition of the role of the private sector in the provision of private health primarily through advocacy and research.
- ii. Zareem: scoping existing engagement with private sector on advancing CH outcomes would be helpful.
- iii. Kate Gilroy: Landscaping of current activities and programmatically, sharing what we know could be a useful exercise.

5) Tasks and deliverables

a. Action Items:

- i. **All Members:** review CH TF TOR/workplan, compare with existing activities at member's organizations that can be applied to the TOR/Workplan; Identify any gaps in the TOR/Workplan with regards to private sector engagement; Begin to work towards a working definition of the private sector. Inclusion/Exclusion criteria will be helpful.
 - 1. Goal is to consolidate the work between different members, as well as use the subgroup as a platform to build on the work already being done on the promotion of the private sector.
 - 2. **Deadline for Feedback:** March 23rd.
- ii. **Subgroup Chair** will update TOR/SOW with edits by end of March to submit to Task Force Steering committee
- iii. **All Members:** think through ways in which for subgroup to communicate with members of the subgroup. Are monthly calls the best form?

b. Notes:

- i. Thomas O’Connell: One issue: setting boundaries. Is this restricted to western-based health providers, or are we including alternative (e.g. Chinese, Indian) providers.
 - ii. Zaeem Haq (MC): totally agree Cathy - there's increasing recognition that we can't achieve CH outcomes or SDG3 goals without engaging the PS stakeholders. What would success look like is a crucial question for this group and happy to think through/input to this. Also, I haven't had a chance to look through the WG docs you mentioned but if you share these, will review and revert by end of next week hopefully.
 - iii. Thomas: we may need to set boundaries to identify which types of organizations we include in the working definition of private sector.
 - iv. Zahem: Who are our stakeholders? This includes larger clinics and hospitals + large pharma (IFPMA and ZFK) + access to pharmaceutical foundations, developing countries pharmaceuticals, etc. Policy engagement crucial (not engaging just as INGOs). For for-profits...ensure no conflict of interest.
 - v. Michel: Perhaps we can learn from RBM or RMNCH departments on effective strategies for engagement with the private sector. Perhaps we can consider including private sector organizations as members in the working group. Gave Ghana as an example where US providers are providing care in Africa.
 - 1. Dyness: Once we have a working definition of the Private Sector, we should consider inviting Private Sector Health Care providers. We should also include country participants as members in this subgroup.
 - vi. Zaeem: Agree with comments regarding stakeholder mapping. Need to define our stakeholders.
 - vii. Lydia: Private Sector and NGOs need to coordinate with the government.
- 6) Identifying and defining success
- a. **Action Items:**
 - i. **All members:** think through what success will look like at both in the short term and the long term. Share your thoughts with the subgroup.
 - 1. **Deadline:** March 23
- 7) Wrap up