Example: SWOT and root cause template (Malawi)

Thematic Area: Overall Private Health Sector Market	Key Findings or Impressions	Strengths/ Opportunities	Weaknesses/ Threats	Reported by:	Underlying Barriers for Weakness and Gaps
Overall Private Health Sector Structure and Size					
Size of the private health sector (number of facilities, population, regions covered, proportion of services delivered, and money value) **Relative size of each sub-sector (PFP, PNFP-NGO and FBO)**	FBOs (CHAM) provide 33-37% of care with a total of 172 facilities (including 18 hospitals, 20 community hospitals). CHAM has 10 health training institutions for health workers. Private for profit provide 3% of care with about 481 facilities (MMC). CHAM largest of the private sector. NGO facilities coming up	FBO facilities are spread out in the country including rural hard to reach areas. Some small private for profit facilities are coming up in rural towns. There is preference for private services and products across most social economic groups. Private for-profit sector is small but growing due to weaknesses in public sector.	Private for-profit sector is small and their facilities are mainly in urban areas.		State of the economy–high poverty levels (65%) hence potential low demand for private services and products. Government policy of free health services. Private health practice only allowed after 1987.
Structure of the private sector (Types of institutions, associations, federations, inter-linkages between associations, etc.)	FBO reasonably well organized under CHAM. Private for-profit sector has no unified industry association. NGO – more info needed.	CHAM is a well established association with a long history (from 1966).	CHAM has institutional challenges such as staff shortage, lack of technical skills in certain areas (contracting, supply chain management) and there are questions to what extent it exerts influence on FBO facilities. Private for profit		Leadership and management capacity. Inadequate resources in associations. A relatively young private for profit sector.

			sector is poorly organized and has weak associations if any.		
Private Health Sector roles (or Potential Roles) in all Health System Building Blocks					
From Public sector perspectives	Private sector (particularly not for profit) plays a critical role in supplementing public services (in some areas FBO are the only facilities available). Some public sector officials have an issue with the concept of for profit private sector and think it conflicts with 'free' service policy. Private for profit sector can cater for those able to pay (which are considered few). Private sector is an important stakeholder in policy making process (but to what extent does it really happen?)	Existing			
From private sector perspectives	Private sector is happy to complement government services to extend coverage of health services. Private sector sees itself as an important stakeholder in policy making and sector coordination.				
From DP/Donor perspective					
Current Private/Public Sector Interaction					
Policy, planning & coordination	CHAM, and to a lesser extent other private providers, are involved in policy formulation and are part of the SWAP	CHAM is an active member of SWAP and PPP TWG	Most of the policy involvement is largely technical but there is little involvement in decision making process.		Private sector engagement is not based on a clear policy and legal framework. Private for-profit sector is poorly organized. Culture of genuine and full involvement (not token) may

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			Private for-profit involvement is minimal and erratic		be lacking in government.
Service delivery	MOH has signed an MOU with CHAM and contracted CHAM facilities to provide certain services (MCH) in selected areas. Malawi HIV/AIDS business council – certifies private providers to provide HIV/AIDS services.	The government has contracted out some services to the private sector	The contracting out of services to CHAM is beset by many challenges (see detailed notes)		Leadership and management capacity. SLA's not based on a sound PPP policy and legal framework. Lack of specific contracting capacity in CHAM and MOH/DHO Mistrust between MOH and CHAM due to SLA challenges.
Healthcare Financing	No reported partnership in demand side financing between public and private sector.	GIZ planning to introduce PBF under POW II which will include maternal health OBA vouchers and direct transfers to providers			
Medicines, health commodities & technologies	Cham and other private providers receive gov't/donor program drugs (ART, TB etc).	The partnership in TB services could be used to expand PPP's for other commodities with the private for profit sector and CHAM.	It's not clear to what extent private for-profit providers receive medicines and commodities from MOH fro essential/priority services.		
Human resources for health	CHAM facility health workers are paid by MOH. CHAM has 10 training institutions and the government has been providing scholarships for students to train.	MOH is utilizing CHAM facilities to train health workers	Government has challenges raising funds for scholarships		Lack of resources. No policy or legal framework for the HR partnership.