

## Assessment Phase 5: ACT



The purpose of the action phase is to put the assessment's findings and recommendations into practice. At a minimum, this may mean encouraging local actors to follow through on plans discussed at the in-country validation meeting. For assessments conducted with the goal of informing a broader health initiative, this phase will include program design and laying the groundwork for implementation.

The action phase has three main steps, each shaped by assessment findings and recommendations, donor goals and available resources, and local stakeholder capacity. Unlike other phases in the assessment process, these are sometimes iterative, rather than sequential.

### Step 1: Decide the Type of Action

The first step towards action is deciding what type of action is both indicated and feasible. The types of action following an assessment will vary depending on proposed recommendations, donor and stakeholder priorities, and the country context. The following types of action may be carried out individually or in a myriad of combinations.

#### *Types of Action*

- Mobilize local action—This entails virtual support of local actors to implement recommendations. This option may be used when funding is limited, or when an entity (such as a public-private working group) already exists in country, requiring limited external assistance to implement recommendations.

- Design a program—Often the donor is seeking guidance on how to encourage or leverage private sector involvement in health to help achieve public health goals. A common request after an assessment is to design a program to help achieve a specific set of objectives toward this end.
- Develop a strategy—The work of identifying priorities for private sector engagement and/or public-private initiatives may have been initiated during the validation workshop. Developing a strategy involves reaching consensus through consultations with Ministry of Health leadership, NGOs, and private sector stakeholders; and mapping potential public-private partnerships to public health goals and identified gaps.
- Provide direct technical assistance—Direct technical assistance is usually provided in combination with or following the other types of action. Common technical assistance areas following an assessment include policy, service delivery, and health financing interventions, as well as gender integration

## Step 2: Determine the Level of Action

The level, or intensity, of follow-on actions can be categorized as high, moderate, or low. The largest determining factor may be the availability of funding, but other factors such as existence of other projects, timing, and government interest may also play a role.

**High: SHOPS Namibia is an example of a multi-year program managed by a local office.**

Where there is strong commitment on behalf of the development partner, and openness on the part of the government to engage the private sector, a high-level private sector program is possible. In order to establish a local project office, donor commitment would need to be approximately \$1 million. This level of funding can support an in-country office with a staff of three to five people, led by a Chief of Party. Additional support to implement private sector activities is typically provided by international or regional technical experts, as necessary. Note that a program of this size, as per the SHOPS Plus gender strategy, requires a gender assessment.

For example:

In Namibia, SHOPS conducted a private health sector assessment in 2010 to determine the potential role of the private sector in decreasing costs and improving efficiencies in the delivery of HIV and AIDS services, and to recommend options for mobilizing all potential sources of financing. With funding from USAID/Namibia, SHOPS established an office in 2011 to leverage the private sector to sustain the national response to HIV. In its third year, the innovative program focuses on fostering greater public-private cooperation, lowering the cost of HIV services in the private sector, improving NGO sustainability, and serving remote populations through public-private financed mobile services.

**Moderate: SHOPS Tanzania represents short-term technical assistance for priority areas.**

Commonly, USAID or another development partner may opt to implement selective

recommendations stemming from the assessment, often with a focus on a specific health area (e.g., family planning, HIV and AIDS). At a funding level of between \$200,000 and \$1 million, it is possible to secure a local consultant with requisite expertise to carry out the desired activities, supplemented by short-term technical assistance from international or regional experts. Depending upon the activity, technical support in gender integration may take the form of short-term technical assistance (STTA) or remote consultations. Funding also supports in-country implementation, including training, workshops, and additional data collection as necessary.

For example, at the request of Tanzania's Public-Private Partnership Technical Working Group (PPP-TWG), the SHOPS project and IFC's Health in Africa initiative jointly conducted an assessment of Tanzania's private health sector in 2012. The assessment focused on leveraging the private health sector to improve health outcomes in the country, especially in the policy environment, financing, and service delivery. Building on recommendations from the assessment, SHOPS has since supported the establishment of a national, sector-wide Public-Private Health Forum and encouraged the Tanzanian government to pursue more formal arrangements with private sector organizations, including the Christian Social Services Commission and the Private Nurse Midwives Association of Tanzania, to expand the delivery of key health services into underserved areas of the country.

***Low: SHOPS Caribbean is an example of a “light touch” or virtual assistance.***

In instances where donor funding is extremely limited, or where sufficient local capacity exists, virtual or light touch technical assistance may be sufficient to mobilize action through local champions and stakeholders. This approach works best when it's possible to leverage existing resources, and/or where there is a foundation of public-private coordination upon which to build. Local project owners can draw upon existing gender resources (gender focal points, IGWG (Interagency Gender Working Group: [www.igwg.org](http://www.igwg.org)) materials, country-level gender assessments from USAID or the World Bank, etcetera) to strengthen activity design and implementation.

For example, in the Caribbean, a region slated for graduation, donor funding is limited. In this context, SHOPS is pursuing approaches to engage the private health sector, building on broad stakeholder engagement and sharing best practices across countries in the region. SHOPS conducted joint health systems and private sector assessments in seven Caribbean countries in 2011. Following the assessments, SHOPS mapped private health providers in four countries, established a virtual community of practice connecting private health providers from across the region, and is formalizing coordination between public and private sector stakeholders through technical working groups and enhanced reporting of service statistics.

### Step 3: Develop an Action Plan

The action plan consolidates decisions regarding the type and level of action into a working document. With increasing frequency, an action plan, or at least a “blueprint” for action, is initiated at the in-country dissemination workshop, where the findings and recommendations of the assessment report are presented to local stakeholders for feedback and validation. This serves as a solid foundation upon which to base a plan for action, which articulates WHO will do WHAT by WHEN, with WHAT RESOURCES. In the event that a dissemination workshop was not possible, or the workshop concluded with building consensus around priority recommendations, there will be more work to do at this stage.

#### *Action Plans in Action*

To be successful, action plans must lead to action! Activities following an assessment are often concentrated in the policy, service delivery, and health financing domains, as described below. However, interventions following an assessment have ranged considerably, and have included mhealth, NGO sustainability, behavior-change communication, pharmaceutical partnerships and social marketing activities, as well as improving provider business practices and access to credit.

#### Policy

- This includes facilitating public-private dialogue to serve as a foundation for policy reforms and partnerships going forward.
- Establishing a public-private partnership unit—At the request of the Ministry of Health (MOH), the assessment team may be asked to help establish a PPP unit or office within a government entity to provide ongoing leadership and oversight of public-private health partnerships.

In Antigua and Barbuda, the MOH asked SHOPS to develop a forum to support multi-sectoral communication and cooperation, in response to a recommendation from a 2011 assessment. Since 2012, SHOPS has facilitated the design and roll-out of the Private and Public Health Sector Task Force, convening representatives from the public, private for-profit, and private not-for-profit sectors to develop health-related policies and implement initiatives to improve coordination across the sectors. Two technical working groups have been created, and the task force is seeking approval from the Cabinet of Ministers to formalize the group with a dedicated budget.

The public-private dialogue process in Ivory Coast began with a private health sector assessment in 2012, which identified the establishment of a public-private dialogue platform as a key element in improving and sustaining public-private collaboration in health. In 2013, SHOPS convened over 50 public and private health stakeholders, who agreed to re-activate a nonfunctional Commission Paritaire (public-private commission) to serve this function. With SHOPS support, the commission is currently establishing committees to address problematic issues, such as dual practice. Both public and private stakeholders view SHOPS’s role as a neutral broker as crucial to advancing public-private collaboration.

### Service Delivery

- Develop or adapt training curriculum for private health providers.
- Disseminate national protocols or standards for service delivery to private health providers (often specific to family planning or HIV/AIDS).

Service delivery interventions may also include establishing or improving provider networks, and activities to improve quality among private-sector providers.

Based on recommendations from a private sector assessment conducted in Bangladesh, SHOPS launched an initiative to increase private sector provision of family planning methods, with a focus on long-acting and permanent methods of contraception (LA/PMs), key to meeting national health and population goals. A joint venture—led by SHOPS, in partnership with USAID/Bangladesh, the government and other implementers—has trained doctors and nurses at 27 private health care facilities in LA/PM skills, counseling, and infection prevention; developed materials for private health facilities to promote and market LA/PMs; and established a commercially available supply of IUDs and implants accessible to private providers.

### Health Financing

- Explore private sector role in a proposed National Health Insurance scheme.
- Expand coverage of targeted health interventions or procedures in private health insurance plans.

To address an expected slowdown in mining revenues and reductions in donor funding, the government of Botswana is pursuing increased public-private cooperation to sustain the country's HIV response. Based on a recommendation from the 2013 Private Health Sector Assessment, SHOPS is supporting the Ministry of Health as it seeks to expand enrollment of government employees in private Medical Aid Schemes.