

## **Presentation on Public Private Partnerships for Health - Marie Stopes International experience**

### **1. why are we talking about this?**

- a. Lack of results for health outcomes
- b. Lack of progress towards MDGs – esp. MDG 5
- c. Budget support hardly ever prioritizes health – public sector often lacks resources to provide health care for all
- d. Time to re-think approach towards providing assistance

### **2. what does it mean for MSI**

- a. working in innovative ways to provide RH care to as many people as possible, with a special focus on vulnerable groups
- b. different ways of output based public private partnerships – demand side and supply side- where does the money go?
- c. Some concrete examples are social franchising, contracting out/in, vouchers, insurance

**Opmerking [DG1]:** We do not always have to work through Govt –in a refugee camp we provide services through a contract with MSF, we also have privately insured clients

### **3. what have we achieved**

- a. examples of each for MSI: social franchising: Blue Star, contracting in/out: South Africa and UK; vouchers – Kenya and health insurance: private and public in Uganda.

### **4. what are the ways forward**

- a. MSI – seen increase in number of clients taking up RH through these PPP
- b. Continue to grow – working to get MSI's learning and experience better documented, and have a team in London that will assist countries setting up programmes.
- c. Advocate for this approach with examples and evidence. Esp. with other NGOs and governments

### **5. what are the challenges**

- a. Key questions for discussion with audience – OBA in health systems, OBA in aid effectiveness, Donor harmonization,
- b. Implementation challenges – fraud, other issues like access clinics (roads etc.)