



COLLABORATING TO STRENGTHEN PRIMARY HEALTH CARE



DELIVERING HEALTHIER FUTURES FOR
WOMEN, CHILDREN AND YOUNG PEOPLE:
WHAT IS THE ROLE OF BUSINESS?

ANNEX B

*This short insights paper is part of a larger collaborative research project, in partnership with the Global Financing Facility for Women, Children and Adolescents and its Deliver the Future campaign. Together with the Business Fights Poverty community, we explored how **the private sector can support governments to deliver healthier futures for women, children and adolescents.***

The outcome of this investigation was a discussion paper, “**Delivering Healthier Futures for Women, Children and Young People: What is the Role of Business?**”

This paper provides insights into the challenges that health systems are facing and the urgent need to strengthen healthcare provision for women, children and young people – for their sake, and for the flourishing of communities and economies. It outlines how businesses in any sector can leverage core business, social investment and advocacy to support the healthcare needs of women, children and young people in their own fields of influence.

The discussion paper also highlights three key areas – innovation, collaboration and finance – where businesses from diverse industries can help to accelerate progress by contributing to the strengthening of healthcare systems for women, children and young people. These industries include medical and pharmaceuticals, transport and supply chain logistics, energy, agriculture and nutrition, water and sanitation, data analytics, telecommunications and the finance sectors.

This short insights paper provides further details on how businesses can harness innovation for inclusive healthcare, with key recommendations and examples of action.

Deliver
The Future

Business Fights Poverty proudly supports the Global Financing Facility (GFF)'s [Deliver the Future](#) campaign as private sector advocacy partner.

GFF works with governments, civil society, communities, youth advocates and health workers to realise the right to health for women, children and young people in 36 lower-income partner countries. Continued investment in the GFF will enable 250 million women, children and adolescents to access lifesaving health services, helping build more resilient communities.

SCALING IMPACT THROUGH PUBLIC-PRIVATE COLLABORATION

The private sector already plays a significant role in the delivery of health care in LMICs. Whilst differences exist between countries, WHO estimates that almost 40% of healthcare services in Africa and 57% of services in Southeast Asia are provided by the private sector.¹

However, there is a high degree of fragmentation. This presents challenges for effective government oversight and coordination, particularly as Health Ministries are frequently over-stretched and may lack capacity for private sector engagement.²

Fortunately, there are a number of fruitful focus areas and dialogue mechanisms upon which the public and private sectors can build. Improved collaboration between the private and public sectors can accelerate access to health care for women, children and adolescents whilst enabling private sector innovators to scale effective solutions.

KEY FOCUS AREAS FOR COLLABORATION

The private sector often faces challenges in serving lower-income and remote populations due to the need for financial returns, so governments typically provide primary health care in these areas. As well as alleviating pressure on public services by catering to middle- and upper-income groups, the private sector is still very active in serving lower-income communities through corporate philanthropy, social business models and public-private partnerships. These approaches can enhance access to quality primary care.³

In particular, there are many opportunities for action in the following areas:

Community clinics: Operating financially sustainable primary health care in low-income, rural areas can be challenging, but Afya Research Africa's Ubuntu-Afya Kiosks in rural Kenya are a successful example. These community co-owned clinics provide various health services, including reproductive and maternal care and treatments for communicable diseases. Their hybrid public-private model ensures affordability and trust, with additional revenue streams to

WHAT IS PRIMARY HEALTH CARE?

Primary health care is the provision of integrated healthcare services close to communities, supporting people throughout their lives in a way that centres their needs, addresses the broad determinants of health, and empowers people to take care of themselves. Primary health care is central to resilient national health systems that promote good health for all by addressing a broad range of determinants of health.⁴

support care costs. 60% of kiosks break even within a year, and the model has increased essential care coverage by up to 20%.⁵

Emergency transport: A study in Mozambique observed delays in reaching healthcare facilities in over 40% of maternal deaths.⁶ In the absence of a national ambulance hotline, Kenyan social enterprise [Ambulex Solutions](#) offers affordable emergency health care subscriptions costing as little as Khshs 100 (USD \$0.66) per month. In Tanzania and Lesotho, the Vodafone Foundation's partnership with USAID, [m-mama](#), connects women to rapid transportation for pregnancy and newborn emergencies via a 24/7 free call centre, a network of local 'taxi ambulances' and a user-friendly app. m-mama now intends to expand to Kenya and Malawi.

Diagnostics: Private companies are developing solutions for better diagnostics in underserved areas. Examples include [GeneXpert's](#) TB and HIV testing and [Butterfly Network's](#) mobile ultrasounds. These innovations quicken diagnosis, improve monitoring, and provide critical imaging and data management in remote regions, enhancing health care precision and efficiency.

Supply chain logistics: The private sector's expertise in efficient delivery can enhance public health care. Since 2013, Senegal's Informed Push Model has tapped into this by using private logistics for better contraceptive access. It employs a system where health providers pay for contraceptives as they're delivered, not ordered, using CommTrack software to track usage and automate

orders. This approach has minimised stock shortages and improved providers' cash flow.⁷

Infrastructure: Public-Private Partnerships are being used to expand governments' capacities to finance, design, build and operate healthcare facilities. Examples include the Queen Mamohato Memorial Hospital in Lesotho,⁸ and a public-private partnership between the Government of the Republic of Congo, UNFPA and other stakeholders to upgrade 19 health facilities with equipment, technological solutions and training to halve maternal and newborn mortality over five years.⁹

Renewable energy: Lack of reliable energy in healthcare facilities endangers lives and limits adoption of digital technology and training. [Differ Community Power](#) is collaborating with Population Services Kenya and WRI Africa to electrify healthcare facilities through a 'lease to own' model for photovoltaic systems, reducing up-front investment and reducing risk of system failures through ongoing technical assistance.¹⁰ As direct investment in infrastructure can be high-risk, private sector philanthropy plays an important role – for example, through foundations such as [Sopowerful](#), [Enel Green Energy](#)'s donation of its innovative hybrid photovoltaic battery system to St Luke's Hospital in Ethiopia, and [Power Africa](#)'s Health Electrification and Telecommunications Alliance.

Training healthcare workers: Nurses, midwives and healthcare workers are central to the provision of health care to women, children and young people in communities. [Johnson & Johnson's Center for Health Worker Innovation](#) is addressing the global health workforce crisis, committing \$250 million to empower a million nurses, midwives and healthcare workers by 2030. GSK's partnership with [Amref Health Africa](#) trained mid-level and community health workers in 13 countries in East and Southern Africa.¹¹

Public health education: Jacaranda Health's [PROMPTS](#) initiative uses SMS technology, leveraging high mobile phone penetration in Kenya, to deliver life-saving advice and healthcare referrals. For less than \$1 per mother, it encourages vital behaviour changes like better breastfeeding, family planning and infant vaccination. It also improves the referral and triage of urgent cases. A clinical helpdesk team answers thousands

PODCAST: REVOLUTIONISING SUPPLY CHAINS IN MOZAMBIQUE

[Listen to this podcast](#) to find out more about how a partnership between GFF, MSD for Mothers and UPS Foundation, Mozambique's Central Medicine Authority and local CSOs tackled stock shortages of medical supplies by transforming last-mile delivery of medical supplies in Mozambique.

of questions daily, using machine learning to flag issues and provide timely, direct assistance and referrals for urgent care.

Data for planning and monitoring: Private sector expertise in data analytics is invaluable for planning, monitoring and evaluation of healthcare services. In Kenya, Jacaranda Health's blood supply tracking map allows health workers in 9 facilities in Makueni County to quickly locate blood for emergency use.¹² Other examples include UNICEF's RT-VaMA tracking polio vaccination rates in the Philippines, Rwanda's data management framework developed with the Global Fund, Microsoft and Mastercard,¹³ and Google.org's collaboration with UNICEF, which uses AI to predict and map Zika outbreaks.¹⁴ [OpenMRS](#)'s community-driven electronic records systems and training tools help healthcare service providers track vital patient information, and the [GAVI-Mastercard Wellness Pass](#) enables patient records to be accessed across healthcare facilities, with an off-line chip card allowing for use in areas with limited internet connectivity.

Nutrition: Malnutrition, encompassing undernutrition and overnutrition, is a major global issue causing death, disability and poverty. [Millers for Nutrition](#) is an industry-wide cross-sectoral partnership to incentivise millers to fortify staples, and to advocate for supportive regulatory environments, increase consumer demand, stimulate financial investment, maximise quality and efficiency, build capacity for fortification at the community level, and increase the resilience of the food system to shocks, including removing trade barriers.¹⁵

DIALOGUE MECHANISMS

Establishing long-term dialogue platforms between governments and the private sector in health is crucial for aligning business actions with government priorities; building strong relationships; shaping conducive regulations for quality, safety and trade; and introducing new innovations into national health planning.

These dialogues, ideally government-led, can usefully occur at regional, national and local levels. They also provide valuable opportunities for the private sector to help ensure that the voices of young people and women are included in policy discussions.

Dialogues can occur at regional, national and local levels:

Regional platforms: AUDA-NEPAD is developing a Private Sector Engagement Framework and Monitoring and Evaluation Plan for implementation across Africa.¹⁶ In 2022, the African Union Commission, AUDA-NEPAD and the African Union Business Council, in partnership with organisations like WHO and the World Bank, hosted a dialogue in Kenya focusing on the private sector's role in delivering quality and equitable health services. The dialogue emphasised the need for supportive regulatory environments, better coordination of private sector engagement, and the development of guidance for public-private partnership.¹⁷

National platforms: In Malawi, the African Union's push for enhanced health funding has led to National Health Financing Dialogues.¹⁸ These brought together government, private sector, academia and civil society stakeholders to jointly address health priorities, aiming for strategic resource use and increased accountability. Following the Dialogues, Malawi's Ministry of Health has also established a Private Sector Technical Working Group to provide a focus for communication with the private sector and ensure their continued input into health planning.

Local platforms: In Kenya, Makueni County's government has established a forum with local healthcare providers, including private and non-profit providers, to discuss strategic health plans and foster supportive relationships at the local level.

In addition, other fora can complement government-led platforms:

International platforms: Multi-stakeholder platforms such as WHO's [Country Connector on Private Sector in Health](#) and [PMNCH](#) bring together governments, civil society and the private sector, research organisations and other stakeholders to spur concerted action at an international level. Dialogue opportunities also arise through international conferences such as the annual [World Health Summit](#), and through UN mechanisms such

LESSONS FROM KENYA NATIONAL COMPACT ON CORONAVIRUS

The National Business Compact on Coronavirus (NBCC) leveraged the strengths of businesses, including their networks, core operational capacities, philanthropy and advocacy, aligning them with government priorities to protect vulnerable communities from COVID-19.

Lessons learned:

- Leadership and trust: Strong individual and institutional leadership, coupled with a foundation of trust and shared credit, drove success.
- Local expertise and community involvement: The initiative thrived due to local knowledge, ownership and ground-level engagement.
- Private sector collaboration: Businesses brought unique resources and strengths and leveraged their core competencies.
- Agility and structure: The NBCC combined rapid response with accountability, supported by a flat, transparent decision-making structure.
- Youth and digital engagement: Involving young people added fresh perspectives, while digital tools enhanced reach and impact.¹⁹

as the UN General Assembly High-Level Meetings on Health, or events such as the WHO Regional Committee Meetings.

Business-led platforms: National business coalitions also provide useful focal points for engagement with governments. The Private Sector Health Alliance of Nigeria seeks to accelerate improvement of health outcomes by pooling private sector capabilities and resources, to complement government and civil society action. Its Shaping Equitable Market Access ([SEMA Project](#)) aims to increase access to sexual and reproductive health products, through assessing the market landscape, identifying priority challenges with local stakeholders, and engaging with the government's reproductive health technical working groups on how best to shape market access. The Malawi Business Coalition on Health spurs private sector action and provides more informal opportunities

to engage with government officials – for example, through breakfast meetings.

UNLEASHING PUBLIC-PRIVATE COLLABORATION

As these examples demonstrate, there is a plethora of opportunities for the private sector to collaborate with governments, alongside international organisations and NGOs, on strengthening health systems for women, children and young people.

To encourage this cooperation, public-private dialogue structures are emerging.

However, these mechanisms rely on governments having sufficient resources to effectively engage with the private sector and finance the delivery of healthcare services. Annex C (Finance) explores this critical piece of the puzzle in more depth.

Endnotes

- 1 Devex. (2023). All In: Sustainable Approaches to Improve Maternal Health and Achieve UHC. [Online video]. Available at: <https://www.youtube.com/watch?v=mD9cA7kSZuw>, comments by Dr Suraya Dalil, Director, WHO Special Programme on Primary Health Care.
- 2 Global Financing Facility. (2016). Fourth Investors Group Meeting, 3-4 November 2016: Private Sector Engagement. Global Financing Facility. (GFF/IG4/8). Available at: https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG4-8%20Private%20Sector%20Update.pdf
- 3 World Health Organization. (2023). Primary health care.
- 4 World Health Organization. (2023). Primary health care. Available at: <https://www.who.int/health-topics/primary-health-care>
- 5 Afya Research Africa. (n.d.). Our Work. Available at: <https://afyaresearch.org/our-work/>; Afya Research Africa. (n.d.). Our Work.; Gatakaa, H., Ombech, E., Omondi, R., Otiato, J., Waringa, V., Okomo, G., Muga, R., Ndiritu, M., and Gwer, S. (2019). Expanding access to maternal, newborn and primary healthcare services through private-community-government partnership clinic models in rural Kenya. *BMC Health Serv Res.* 19(1):914. doi: 10.1186/s12913-019-4759-9
- 6 Chavane, L.A., Bailey, P., Loquiha, O., Dgedge, M., Aerts, M. and Temmerman, M. (2018). Maternal death and delays in accessing emergency obstetric care in Mozambique. *BMC Pregnancy Childbirth* 18:71. doi: 10.1186/s12884-018-1699-z
- 7 Center for Health Market Innovations. (n.d.) Informed Push Model (IPM). Available at: <https://healthmarketinnovations.org/program/informed-push-model-ipm>
- 8 World Bank. (2016). Brief: Lesotho Health Network Public-Private Partnership (PPP). Available at: [worldbank.org/en/country/lesotho/brief/lesotho-health-network-ppp](https://www.worldbank.org/en/country/lesotho/brief/lesotho-health-network-ppp)
- 9 UNFPA. (2021). The demonstration phase of the innovative UNFPA-Philips partnership officially starts in Congo. Available at: <https://www.unfpa.org/updates/demonstration-phase-innovative-unfpa-philips-partnership-officially-starts-congo>
- 10 Ireri, B., Teferra, B., Gorman, R., Mugo, M. (2023). 'Distributed Solar Keeps Hospital Operational During Kenya's Longest Power Blackout.' World Resources Institute, 31 October. Available at: <https://www.wri.org/insights/decentralized-renewable-energy-hospitals-africa>
- 11 Amref Health Africa and GSK. (2022). Frontline Health Worker Training Programme: Partnering for Lasting Change. Final Report 2022. Amref Health Africa. Available at: <https://amrefuk.org/media/yjsjnvgb/frontline-health-worker-training-programme-final-report-2022.pdf>

Endnotes

- 12 McNeil, L. (2022). 'The power of simple automation: Saving Time & Lives in Emergencies'. Jacaranda Health, 19 May. Available at: <https://jacarandahealth.org/the-power-of-simple-automation-to-track-blood-supply/>
- 13 Global Fund (n.d.) Microsoft: Innovating to fight tuberculosis epidemics. Available at: <https://www.theglobalfund.org/en/private-ngo-partners/delivery-innovation/microsoft/>
- 14 UNICEF. (2023). Creating Impact Together: How private sector partnerships are shaping the future. UNICEF. Available at: <https://www.unicef.org/partnershipsforthegoals>
- 15 TechnoServe, Accenture, Endeava & Business Fights Poverty. (2022). Workshop Summary: Food Fortification insights summary. Business Fights Poverty. Available at: <https://businessfightspoverty.org/report/food-fortification-workshop-summary/>
- 16 As per the decision of the 35th Ordinary Session of the Union in February 2022.
- 17 African Union and African Union Development Agency (AUDA-NEPAD). (2022). Communiqué: Private Sector Investment in Health Dialogue. Theme: "Strategies and Innovations for Public-Private Sector Engagement", 12 October 2022. AUDA-NEPAD. Available at: https://nepad.org/sites/default/files/resourcefiles/COMMUNIQUE%20in%20health%20dialogue%2012%20Oct%202022_.pdf
- 18 Africa.com. (2022). Malawi Convenes National Health Financing Dialogue To Create A Roadmap For A Sustainable Future. Available at: <https://www.africa.com/malawi-convenes-national-health-financing-dialogue-to-create-a-roadmap-for-a-sustainable-future/>
- 19 Fairbairn, A. (2022). NBCC A Year On. A New Blueprint for Rapid Collaboration. Business Fights Poverty. Available at: <https://businessfightspoverty.org/wp-content/uploads/2022/12/BFP-NBCC-Rapid-Collaboration-Report.pdf>

ACKNOWLEDGEMENTS

Business Fights Poverty is grateful to all those who contributed insights to the report, and to the Global Financing Facility for its support.