Engaging the Private Sector to Eliminate Malaria in Asia Pacific:
A Rapid Review of Approaches, Tools & Lessons
Asia Pacific Malaria Elimination Network (APMEN)
This review aims to provide a framework for NMPs to think through the steps involved in developing a private provider engagement plan that is appropriate to their country context and which can accelerate progress towards malaria elimination.

As more countries in Asia Pacific move along the continuum towards malaria elimination, the challenge with ensuring every confirmed case of malaria is captured in the national health system, investigated and documented, becomes magnified. Certification of malaria elimination status requires detailed documentation of all cases and foci during the final phase. This requires a robust partnership with all sectors of the national health system, including private providers.

Significant investments have been made in the recent past to support private provider engagement in the Greater Mekong Subregion (GMS). These programs have been invaluable in improving access to quality malaria diagnosis and treatment through private providers in Cambodia, Laos, Vietnam and Myanmar. Equally, these private provider engagement programs have provided rich insights and experiences that may find resonance with APMEN country partners who are in the process of designing and developing their own private sector engagement plans.

Even for the countries in the GMS that have made considerable progress with deepening their engagement with private providers, an important challenge facing them is the need to develop a sustainable model for continued engagement. With a rapidly evolving funding landscape for malaria, especially in the context of Coronavirus disease 2019 (COVID-19), there is a strong need to develop cost-efficient, high-impact models of engagement that can be sustained beyond donor-funded programs.

The ongoing COVID-19 pandemic has highlighted the integrated nature of our world and of our health systems, in particular. The importance of health systems strengthening has been emphasized through the current crisis and this is an opportunity for National Malaria Programs (NMPs) to engage with all sectors of the health system. Further, as private providers in any country are rarely focused exclusively on malaria, any initiative to engage with this sector improve quality, and ensure timely reporting, will have benefits for the broader health system.
1. What: Purpose of this Review

The scope of private sector activity in malaria service delivery varies across countries in Asia Pacific. Particularly in South East Asia, private providers are often a major if not the primary source of healthcare, including for management of fever and other malaria symptoms.¹

For the purpose of this review, the private sector is defined as any facility, outlet or individual offering health information, products or services that is not managed by government. This includes formal, registered private health facilities and pharmacies as well as informal, unregistered drug shops and retail outlets, including private practice run by individuals.

Perceptions regarding the accessibility and quality of private providers are key drivers influencing health seeking behaviors of rural, low-income communities at risk of malaria in several countries.² Some of the reasons for at-risk communities preferring private providers, even when they have access to community volunteers or public services include, perception of better quality drugs and treatment, shorter wait times, less paperwork (relevant for at-risk groups that might be engaged in illegal activities), perception of being treated with more respect and dignity (particularly for marginalized populations / ethnic groups), more convenient opening hours and perception of being less expensive with flexible payment options.

Despite existing accessibility and wide spread use of private providers, the private sector is not routinely included in the design, planning and implementation of malaria elimination programming in Asia Pacific. Roughly three-fourths of stakeholders described national malaria control programs (NMCPs) as predominantly managed by the public sector with little consideration of how to include the private sector.³ The lack of systematic, private sector engagement may be related to concerns about the difficulty of communicating with remote private providers, absence of appropriate systems to collect surveillance data from the private providers, potential conflict between profit and quality, concerns around the motivations of the private sector to contribute to public health objectives, and challenges associated with quality assurance in the private sector. This review aims to highlight approaches being used within the region to address these challenges and optimally engage the private sector to achieve elimination.

To achieve elimination, countries need to manage and report all malaria cases—which requires engaging the private sector, particularly in contexts where the private sector already provides a significant proportion of healthcare.⁴

Taking a total health system approach to elimination involves leveraging private sector opportunities related to:

- **Landscaping** to understand the coverage and quality challenges across all provider types;
- **Planning** to engage public and private providers consistent with national elimination goals and landscaping findings;
- **Managing** malaria cases by engaging private providers and outlets to expand access to and use of quality diagnosis and case management commodities and services; and
- **Reporting** all suspected cases through timely, accurate surveillance systems covering both private and public providers serving communities at risk.

Not all of these components will be relevant in a given country context, nor do they need to be addressed in a linear manner. Multiple components can be tackled simultaneously depending on what is needed and feasible for a given country or sub-national context. This document outlines innovative, targeted and potentially impactful approaches and tools to enable malaria programs to engage the private sector to achieve elimination—including pragmatic approaches to private sector landscaping, planning, managing and reporting for a more effective and efficient total health system approach to elimination.

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2. Why: Rationale for Private Sector Engagement for Elimination

Achieving elimination by 2030 in Asia Pacific will require NMCPs and their partners to go beyond “business as usual” to improve coverage of high-risk communities with core surveillance interventions using public as well as private channels accessible to communities at risk. Elimination requires careful, timely investigation and documentation of all cases and potential foci of transmission—which is only possible with the active participation of the entire health system, including private sector outlets and providers. This is particularly important given the evidence highlighting the reality that communities at risk of malaria are already seeking care through the private sector. Failing to engage with providers already serving these communities to ensure quality test, treat and reporting standards are met through the private as well as the public sector is both a missed opportunity and a barrier to achieving elimination targets. Concerns about the capacity of private providers to meet quality standards is not a legitimate reason to leave this important channel out of elimination strategies as compliance with quality standards is a challenge for providers in public as well as private channels, and can be overcome.

Optimal use of private sector channels to support elimination also has potential to facilitate improved efficiency and effectiveness of national elimination programs. While additional resources are required to engage the private sector, the value generated by total elimination investment may improve if national resources are allocated optimally through public and private channels. In countries where private sector engagement is supported by capable non-profit or private sector partners, this can free up public sector capacity to focus on strengthening the quality and impact of public sector elimination efforts as well as national health system stewardship. Active engagement with the private sector is expected to “relieve government of burdensome tasks and improve service delivery and efficiency.”

“Optimal use of private sector channels to support elimination also has potential to facilitate improved efficiency and effectiveness of national elimination programs.”

3. How: Private Sector Engagement Strategies by Elimination Lifecycle Stage

3.1 Landscaping:

The first step toward optimal engagement of the private sector is to understand the scope, scale, location and type of private providers accessible to communities at risk in a given country context. Landscaping is designed to help national malaria control programs and their partners understand the private health care market in greater detail, in order to identify prioritized private channels to work with based on an understanding of the specific type and location of private outlets/providers already serving communities at risk. Results of country-specific landscaping should be used to inform evidence-based, prioritized private sector engagement plans—to be integrated into national and sub-national malaria and primary care strategies (see 3.2 below.) Landscaping findings should inform total health system discussions with public, private and civil society stakeholders to jointly assess the public-private-community allocation of malaria care as well as the location and type of private providers/outlets already accessible to and used by communities at risk.

Without landscaping, it is difficult for malaria programs to design locally-tailored programs and policies that align with the specifications of private sector activity and opportunities.

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https://www.bmj.com/content/361/bmj.k1716
In a given country context. Large-scale, representational private sector mapping tools exist but may not be suitable for NMCPs to use in resource-limited elimination programming settings. Time and cost-efficient landscaping tools, such as those available through PSI’s Greater Mekong Subregion Elimination of Malaria through Surveillance program’s (GEMS) private sector outlet survey, can be used by NMCP program staff to map and understand the extent of private provider coverage of malaria services among communities at risk. This is particularly important given the need to update provider landscaping information every 1-2 years to account for new or closed facilities. The following essential information should be included in landscape/mapping studies:

i) outlet type;
ii) outlet location & GPS coordinates;
iii) malaria services currently offered, including information on malaria commodities in stock;
iv) opening hours; and
v) number and type of staff as well as contact numbers.

"Without landscaping, it is difficult for malaria programs to design locally-tailored programs and policies that align with the specifications of private sector activity and opportunities in a given country context."

As part of the landscaping process, NMCPs can also meet and engage with other private sector associations or representative industry bodies who may have updated records and other information of their members and could be useful partners moving forward. Given previous and ongoing investments in private sector engagement for other health areas, malaria partners are encouraged to liaise with higher-level health authorities as well as tuberculosis, reproductive health and other health program leaders to assess opportunities to use information available from other health programs.

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9 Protocols can be found at www.actwatch.info
3.2 Planning:

Building on evidence regarding the scope and scale of private sector activity in a given country context, it is critical for each country to define the specific objectives and desired outcomes associated with private sector engagement for their context. When building a plan for private sector engagement to support elimination, governments are encouraged to consider the need to improve

Nepal’s experience with developing private sector engagement guidelines.

Nepal’s “Private Sector Engagement Guidelines in Malaria” are one example of national and subnational-level planning in a pre-elimination context where private health facilities and pharmacies provide a significant proportion of primary health care services. Nepal’s guidelines were developed following an external, mid-term review which identified inadequate engagement of the private sector as a key barrier to achieving elimination. Recognizing the potential for private providers/outlets to “yield additional malaria cases, reduce diagnostic delays and initiate prompt, effective and complete malaria treatment,” Nepal’s plan includes the following specific steps:

- Mapping malaria services in the private sector by location and facility/provider type, beginning with the highest burden geographic areas. This is intended to identify prioritized providers who are most accessible to communities at risk of malaria, as “the involvement of all providers is too resource intensive and probably cost ineffective.”

- Training, supervising and monitoring private providers to promote compliance with national guidelines for reporting, diagnosis and treatment procedures again, using a phased approach and starting with the highest burden geographic areas. Nepal’s plan includes a commitment to provide free diagnostic and medicine supplies for prioritized private providers.

- Using mobile/digital tools to facilitate timely case notification and complete reporting among trained private providers, to build a more comprehensive, web-based surveillance system.

- Collaborating with regulatory authorities for a whole-of-government approach to ban imports of and remove substandard diagnostic devices and medicines, while simultaneously reducing duties for WHO-prequalified products. Consistent with WHO’s 1999 guidelines for combating counterfeit drugs and experience in the region, this entails collaboration between the malaria program, the drug administration, senior officials and other departments.

Nepal’s private sector guidelines will be piloted in Kailali and Kanchanpur districts beginning in early 2021 under the leadership of subnational health authorities.

3 World Health Organization, “Partnerships for Malaria Control: Engaging the Formal & Informal Private Sectors”
How can the private sector be engaged in malaria prevention?

Market and behavioral evidence regarding the benefits of engaging the commercial sector in efforts to improve access to quality, effective vector control products—including insecticide treated bed and hammock nets—is significant. Commercial vector control product markets already exist in many parts of Asia Pacific and, according to a recent WHO review, distribution and promotion of vector control products through private sector channels can be efficient strategies to complement public sector net distribution programs. Leveraging the opportunity to extend national vector control coverage and promote consistent use of effective products requires locally-specific market data as well as coordination across public and private partners involved in distribution of vector control products. While the evidence-base regarding the most effective market-based approaches to vector control is limited, efforts are underway to address this evidence-gap. An appropriate balance between public and private sector distribution and promotion of vector control products will depend on country-specific health system and market conditions as well as the preferences and behaviors of individuals at risk of malaria. National malaria programs—in collaboration with dengue and other vector borne disease programs—are encouraged to contribute to the following priorities:

- Advocating for streamlined regulatory pathways and local approvals for new vector control products with potential to address outdoor biting and resistance challenges. A recent regulatory landscaping exercise highlights the opportunity for malaria programs to contribute to multisectoral advocacy for more clear, less costly and less time-consuming regulatory pathways for vector control products in Asia Pacific. More information on regulatory pathways and best practices in the region can be found at www.vcap.org and https://orene.org

- Coordinating public vector control product procurement and distribution efforts with public, private and civil society partners to ensure fully-subsidized vector control programming is planned efficiently and to minimize the risk of “leakage” of fully-subsidized vector control products into commercial markets. This would also optimize opportunities for WHO pre-qualified commercial vector control products to meet the needs of community members able to pay. Careful coordination is required to develop evidence-based estimated quantities of fully-subsidized vector control products for a given country.

- Leveraging private sector channels/outlets accessible to communities at risk to improve access to vector control products and information, together with malaria case management services. In some country contexts, social marketing of vector control products through retail outlets accessible to communities at risk may be an effective strategy to improving coverage for national vector control programs. An alternative, lower cost and potentially higher yield approach in some country contexts involves identifying and addressing barriers limiting commercial manufacturers, distributors, wholesalers and/or retailers from navigating local supply chains. Partnerships with worksites employing workers at risk of malaria also present an opportunity to organize targeted distribution and promotion of vector control products and malaria services. In Thailand, civil society partner “Raks Thai” mapped 1,062 worksites and nearby communities at risk of malaria. These mapping results informed targeted distribution of treated bed and hammock net products together with health education sessions promoting consistent use of vector control products among workers at risk.

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Footnotes:
15 World Health Organization, “Partnerships for Malaria Control Engaging the Formal & Informal Private Sectors.”
16 Johns Hopkins Private Sector Malaria Prevention Project: www.privatesectormalaria.org
18 PSI Vietnam presentation at the APMEN Vector Control Working Group Meeting 2018.
Involving private providers in malaria diagnosis and treatment—or referral for treatment—requires focusing on approaches that improve the quality and coverage of private sector care, in contexts where private providers are accessible to and/or already utilized by communities at risk of malaria.

Prohibiting private sector involvement in malaria case management is not viable in the near term in many countries in Asia Pacific. Apart from the time and resources required to build capacity to monitor and enforce compliance with a private sector ban, it would likely result in private providers continuing to operate under the radar and the national health system losing sight of services being offered through the private sector. In Cambodia preliminary findings from a representative cross sectional survey show the availability of rapid diagnostic tests (RDTs) and artemisinin combination therapies (ACTs) in private sector outlets despite a national ban on private sector malaria case management instituted in 2018.

A key concern driving the discussion around private sector bans is the quality of private providers, in terms of commodities used or care provided. However, implementation experience and mystery client surveys results from partners like PSI show that with adequate and appropriate training and commodity support, formal and informal cadres of providers can provide quality malaria case management, with near 100% adherence to national testing and treatment guidelines.

Motivating private providers to comply with national guidelines for diagnosis, treatment and reporting often involves provision of subsidized commodities, training and post-training support and incentives/disincentives. Recent research indicates that fewer than half of private providers—in countries where their contributions to case management are allowed—receive support needed to enable them to comply with case management guidelines.

Experience to date highlights the need to ensure that national policies and guidelines clarify which private providers—by type and geography—are allowed to use rapid diagnostic tests and treat uncomplicated cases. Harmonized case management guidelines for private and public providers are recommended. This may require separate but consistent guidelines, or integrated guidelines specifying diagnosis and treatment procedures by provider type—depending on a country’s individual health system context and epidemiology.

In many malaria elimination settings in the Asia Pacific, P. vivax, is the predominant species, which causes relapses. The current radical cure option for P. vivax requires a drug called primaquine, which is often used as a 14 day treatment protocol with prior screening for G6PD deficiency. All not facilities have point of care G6PD tests at hand and the treatment regime requires close follow up. Realistically, in such scenarios, ensuring good quality case management of P. vivax in the private sector may currently be feasible only in higher level facilities and most private providers may need to be trained to provide appropriate referrals to facilities that can diagnose and treat P. vivax.

Multiple rounds of training and post-training support, including supportive supervision, combined with efforts to improve access to quality diagnostic and treatment supplies and supplemented with efforts to build client demand for test-before-treat and treatment adherence practices are most likely to yield results. Studies have also found that offering professional development opportunities to private providers was an important motivating factor and helped boost the performance of private providers in the program.

Trainings should incorporate adult learning principles, using participatory exercises to build provider confidence and commitment to correctly comply with diagnosis/treatment or referral guidelines and surveillance reporting forms. A simple agreement outlining respective responsibilities of engaged private providers and supporting NMCPs is recommended and a template that can be adapted for use in a given country context can be found here.


Trainings should incorporate adult learning principles, using participatory exercises to build provider confidence and commitment to correctly comply with diagnosis/treatment or referral guidelines and surveillance reporting forms.
Social and behavior change communication (SBCC) to generate demand among clients for key malaria behaviors is an important complement to supply-side interventions developed to improve access to quality, affordable malaria prevention, diagnosis and treatment products and services. Malaria SBCC campaigns should be developed with input from communities at risk to ensure key messages resonate and trigger behavior change. SBCC campaigns should promote behaviors with the greatest potential to impact elimination including testing for every fever, testing before taking medication, and completing treatment even after symptoms end. A step-by-step guide for malaria SBCC can be found here. The Roll Back Malaria (RBM) Partnership also provides helpful guidance and toolkits for SBCC in “The Strategic Framework for Malaria Communication at the Country Level, 2012-2017”.

Private Sector Contribution to National Malaria Control and Elimination in Myanmar

In Myanmar, multiple civil society partners are helping the NMCP and Ministry of Health and Sports (MOHS) engage private providers to achieve elimination. Population Services International (PSI), University Research Co. (URC) and Myanmar Medical Association (MMA) have developed and engaged networks of private providers –of different types and in different areas of the country—to provide malaria diagnosis and referral or treatment services. In 2018, private providers supported by PSI Myanmar detected 9,718 positive cases representing 15% of the national caseload. The Government of Myanmar’s “National Strategic Plan or Intensifying Malaria Control and Accelerating Progress towards Malaria Elimination 2016-2020” commits to engaging private and public providers to ensure quality case management is available wherever individuals at risk seek care and that all cases are reported into the national surveillance system.

Licensed private providers are legally allowed to provide malaria case management services with training consistent with the national guidelines and oversight by subnational health authorities. In addition, the NMCP allows international and national civil society partners to work with non-licensed, informal providers if they are supplied with malaria commodities and trained, supervised and monitored regularly. Myanmar’s approach is consistent with research demonstrating that even informal providers with little to no previous experience providing malaria services can be motivated—with training, subsidized commodity access and incentives—to appropriately use rapid diagnosis tests.

PSI engages with three different types of private providers in Myanmar to support elimination goals outlined in the NSP:

i) urban-based general practitioners affiliated with the “Sun Quality Health” franchised network;
ii) non-formal providers including drug sellers, non-health retailers and mobile vendors; and
iii) plantations and other worksites employing workers at risk of malaria. In addition to generating a significant proportion of national test and treatment results in Myanmar, these approaches have also increased the availability of quality malaria treatment among informal providers: from 4% to 31% between 2003 and 2019. Between 2012 to 2019, the NMCP, FDA and PSI worked together and engaged the private pharmaceutical distributors to reduce the availability of oral artemisinin mono-therapies (oAMTs) from 70% to 20% and increased the availability of quality assured ACTs. Tools used by PSI and other partners engaging private providers in Myanmar are included as annexes to the “National Guidelines on the Engagement of Private Providers for Malaria in Myanmar” that are currently being finalized.

Accurate and timely surveillance data—from all providers detecting malaria—is critical to elimination consistent with the need to shift from aggregated case data to rapid confirmation, investigation and reporting of every confirmed case.

The World Health Organization recommends that all cases—including those detected in the private sector—be reported through the same subnational malaria reporting channels using the simplest and most time-efficient reporting mechanisms and channels possible i.e. mobile, digital or high-frequency radio.\(^3\)\(^2\)\(^3\) Collection of real-time reports of every confirmed case from private as well as public providers can enable national malaria programs to have a complete picture of the national caseload. The data can be used to convene private sector, civil society and public health experts with Ministry of Health representatives to review visualized data summaries by geographic area, by channel and by provider type etc., to inform elimination program and policy decisions further.

Unfortunately, comprehensive, real-time reporting standards are not being met in most countries. According to a recent review of surveillance systems in 16 countries, only an estimated 37% of symptomatic malaria cases are reported through national systems due to limited coverage of national surveillance, particularly in countries where the private sector provides a significant proportion of overall health care.\(^3\)\(^1\)

Classifying malaria as a notifiable disease provides an important legal framework to promote and enforce mandatory reporting by all providers. The Asia Pacific Leaders Malaria Alliance (APLMA) Leaders’ Dashboard tracks countries’ progress with having ‘Legislation in place to make malaria a notifiable disease within 24 – 48 hours’ and currently, in 14 out of 22 countries in Asia Pacific, malaria is legally classified as a notifiable disease (requiring reporting of confirmed cases within 24 – 48 hours). Enforcement of and compliance with this law may vary within as well as across countries.

Simplified reporting tools—ideally including digital mechanisms for providers with connectivity—combined with reporting incentives are also important strategies to facilitate timely reporting of every case through a national surveillance system. These best practices are consistent with lessons from other disease areas. In Taiwan, for example, linkages between notifiable disease reporting for tuberculosis and national health insurance reimbursements has significantly improved comprehensive and timely reporting among private providers.\(^3\)\(^2\)\(^3\)

Alongside the training of private providers on timely reporting, the national malaria programs (NMPs) also need to ensure that the existing national surveillance and reporting systems are set up to integrate data and reports from the private providers. NMPs will need to think through necessary changes that need to be made to systems and processes to allow private providers to participate and integrate into the national health system. For example, SMS-based reporting is often cited as a mechanism that enables collection of geo-located data and relatively precise mapping of cases. However, the NMPs need to assess if data from a SMS-based reporting system can be integrated into national health information system. The use of open-source technology and integrated data platforms usually allow for rapid analysis of data collected from private and public providers.

“According to a recent review of surveillance systems in 16 countries, only an estimated 37% of symptomatic malaria cases are reported through national systems due to limited coverage of national surveillance, particularly in countries where the private sector provides a significant proportion of overall health care.”

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Surveillance and reporting systems in China that track public and private sector data

The People’s Republic of China uses several surveillance best practices to engage private as well as public health facilities in timely reporting of every confirmed case. Consistent with China’s “Law of the People’s Republic of China on the Prevention and Treatment of Infectious Diseases” enacted in 1989, every confirmed or suspected case of malaria and 53 other notifiable diseases must be reported within 24 hours by the health facility where the case was detected. The same case reporting system and tools are used by private and public providers nationwide, with hospital and clinic-based providers at township and higher levels using the national, online surveillance reporting system covering multiple notifiable diseases. Village-level providers at public and private facilities report using a comparable, paper-based system.

Compliance with China’s online reporting system is encouraged using the following incentives:

i) access to free anti-malarial drugs for confirmed cases reported within 24 hours through the national surveillance system and confirmed; and—in some parts of the country—

ii) modest financial payments, i.e. ~30USD, provided by subnational authorities in select areas for confirmed cases receiving appropriate follow-up support including submission of blood smear results. In addition, failure to comply with the reporting requirements risks legal consequences for private providers including possible license suspension. Other country and health area experiences suggest non-monetary rewards may be a viable strategy to minimize the risk of over-reporting.

China’s use of a standardized online reporting form has been purposefully designed to facilitate simplified and timely reporting of every suspect case. The same reporting form is used by private as well as public providers who identify suspected cases of malaria or other notifiable diseases. An English version of the form can be found here. China’s surveillance system is an example of using the simplest possible, locally appropriate reporting system and tools to facilitate accurate and timely reporting of the minimum information required by any provider identifying a suspected case of malaria or any other notifiable disease. Next steps for China include considering the benefits and costs of extending the reporting system to mobile as well as digital channels, so that providers without computer access can use smartphones to report suspect cases.

4. Who: Options for operationalizing private sector engagement strategies, approaches and tools outlined above

In addition to considering which components of private sector engagement are most relevant in a given country context, there are multiple mechanisms that can be used to implement private sector engagement initiatives. The following table summarizes the respective strengths and considerations of various options. The options described below are not necessarily ‘either- or’ and irrespective of whichever option is considered appropriate for the country context, government ownership must not be compromised. In recognition of competing priorities as well as limited human and financial resources, the choices laid out highlight options on who provides financial support and who carries out implementation under the auspices of government ownership. It is recognized that the options below represent a simple view and countries are encouraged to think of them as a starting point for determining the best fit for their country context.

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The first two options require MOH/national malaria program oversight and stewardship of private sector engagement strategies, whereas option 3 requires the MOH/national malaria program to directly implement through channels and approaches not traditionally managed through public health systems. Lessons from other health areas—including child health, HIV and tuberculosis—highlight the potential cost-efficiency of option 2.\textsuperscript{30} How host governments can best capitalize on the accessibility and popularity of the private sector is a question that will need to be answered for each country individually, as referenced in the landscaping and planning phases discussed above. The evidence-base regarding results achieved through contracting and other models of public-private partnership is limited to relatively small and unpublished initiatives.\textsuperscript{36}

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\textbf{Options} & \textbf{Strengths} & \textbf{Considerations} \\
\hline
1. \textbf{Donor support} for private sector engagement through non-profit or for-profit partners with relevant experience and capacity & - Leverages donor procurement & management expertise for optimal value  \\
& - Leverages implementer expertise for optimal private sector coverage and results  \\
& - Quality, equity & impact potential high if resourced properly and done well  \\
& - Does not divert government attention/resources & - High cost  \\
& - Optimal for integration with national program & - Risk of independent programming insufficient coordination with other players or government ownership  \\
& - Scalable  & - Less likely to be sustained without continued external funding  \\
& - Leverages implementer expertise for optimal private sector coverage and results, while not diverting government efforts & - Limited scale & scalability  \\
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2. \textbf{Government supports} private sector engagement through non-profit or for-profit partners with relevant experience and capacity i.e. public-private partnerships (with or without external financial support) & - Lowest cost  \\
& - Optimal for integration with national programming  \\
& - Strengthen partnership between public and private health providers for malaria and beyond  \\
& - Most likely to be sustained without external funding & - Risk of limited quality, equity, coverage, and impact given the limited experience governments have managing vs stewarding private sector engagement  \\
& - Procurement & sub-award management support may be needed to ensure transparent selection and oversight of qualified partners  \\
& - Moderately likely to be sustained without continued external funding & - Risk of diverting limited government personnel and resources away from other priorities  \\
\hline
3. \textbf{Government independently} manages private sector engagement strategies & - High cost  \\
& - Optimal for integration with national programming  \\
& - Procurement & sub-award management support may be needed to ensure transparent selection and oversight of qualified partners  \\
& - Most likely to be sustained without external funding & - High cost  \\
& - Procurement & sub-award management support may be needed to ensure transparent selection and oversight of qualified partners  \\
& - Moderately likely to be sustained without continued external funding & - Risk of limited quality, equity, coverage, and impact given the limited experience governments have managing vs stewarding private sector engagement  \\
& - Risk of diverting limited government personnel and resources away from other priorities  \\
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\caption{Private Sector Engagement Options}
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\textsuperscript{36} World Health Organization, “Partnerships for Malaria Control: Engaging the Formal & Informal Private Sectors.”
5. Lessons from Experiences in Asia Pacific

Lessons:

1. Tailor private sector engagement strategies to local needs and evidence
2. Invest in the development of “light touch” private sector landscaping tools
3. Revisit accreditation process
4. Engage early and regularly
5. Harmonize training, reporting and other engagement components

Tailor private sector engagement strategies to local needs and evidence. The range of epidemiological, behavioral, health system, market and resource contexts within Asia Pacific require country-specific identification of the most appropriate opportunities to engage private sector channels to achieve elimination. Engagement strategies need to be tailored to each country’s epidemiologic, political and economic context, and increasingly to the sub-national context. Whereas timely reporting from all providers involved in malaria case detection and management is a fundamental requirement for all elimination programs, the broader extent of private sector engagement should be informed by local transmission patterns, health seeking behaviors of individuals at risk, the health system and market context, regulatory and policy considerations and resources available to support private sector engagement—including national and subnational budget support.

Invest in the development of “light touch” private sector landscaping tools to enable NMCPs to understand the scope and type of private sector provider/outlets accessible to communities at risk of malaria. To date, most private sector landscaping has been conducted with significant external budget support and technical assistance. There is a need for tools that can be used by NMCPs and partners to conduct rapid and lower cost landscape assessments of private sector providers in prioritized, high-burden areas within countries that do not yet have this critical piece of the evidence-base to inform elimination programming.

Revisit accreditation process and adjust as needed, to facilitate optimal contributions to elimination among private providers who are already accessible to and serving communities at risk of malaria. If providers already serving communities at risk of malaria are not yet accredited, it is worth considering opportunities to support accreditation. This may include adjusting the process to streamline access to partial and/or full accreditation for providers already engaged in elimination programming. Collaboration between NMCPs and Government agencies responsible for accreditation—particularly in high burden areas of a country—may be helpful to identify and jointly support efforts to accredit prioritized providers. This may also include targeted support to help prioritized providers meet accreditation requirements.

Engage early and regularly. The earlier private sector stakeholders are engaged to develop and implement elimination strategies, the better. In countries where private provider or pharmacy associations exist, they should be involved as early as possible. Beginning with landscaping—to understand size, composition and quality of private sector providers and outlets accessible to communities at risk of malaria—and continuing with input to inform and implement the national elimination strategy. One-off trainings for private providers are unlikely to succeed in ensuring consistent adherence with national guidelines for test, treat and reporting practices. Instead, regular engagement to promote, monitor and recognize compliance with these practices is needed, along with appropriate changes to the enabling environment, such as reporting systems, to sustain private provider involvement. While some programs categorize monthly quality assurance visits with trained private providers as best practice, quarterly or even bi-annual face-to-face visits combined with mobile and/or digital check-ins are likely to be cost and time-efficient approaches. A key learning has been that more than the number of visits, it has often been the quality of contact and connection with private providers that influences the quality of engagement. Private providers would like to be recognized as partners in the journey towards malaria elimination.

Harmonize training, reporting and other engagement components across private and public channels if possible. Case management guidelines, recommended prevention, diagnostic and treatment products, training materials, reporting forms and other elements of effective elimination programming should be consistently applied across all sectors within the health system including private and public. Coordinated guidance—to similar provider types/channels in public as well as private sectors—is critical to ensure efficient implementation and to minimize confusion. This is consistent with lessons from other program areas, including tuberculosis, which have achieved positive results using harmonized engagement of private and public channels for more resilient and sustainable health systems. Investing in separate training or post-training quality assurance materials for private providers, for example, unnecessarily increases cost, time and effort required to effectively engage private providers in support of elimination.

https://www.bmj.com/content/361/bmj.k1716
This review aims to provide a framework for NMPs to think through the steps involved in developing a private provider engagement plan that is appropriate to their country context and which can accelerate progress towards malaria elimination. NMPs are encouraged to examine the feasibility of a sub-national/provincial/district-level private provider engagement plan that may be most appropriate for their malaria burden context. APMEN stands ready to support interested NMPs with developing a national private sector engagement plan. The APMEN platform supports peer to peer collaboration between APMEN countries and can also help access appropriate technical assistance requested by the NMPs to strengthen private sector contributions to malaria elimination.

“APMEN stands ready to support interested NMPs with developing a national private sector engagement plan.”

For more information on APMEN support, please contact the APMEN Secretariat:
info@apmen.org