STRENGTHENING PUBLIC–PRIVATE HEALTH SECTOR ENGAGEMENT: LESSONS LEARNED FROM MALARIA ELIMINATION EFFORTS IN VIETNAM

PRIVATE SECTOR ROLE IN SUPPORTING NATIONAL HEALTH STRATEGIES IN VIETNAM

The Government of Vietnam’s strong public health system and national malaria program, NIMPE (National Institute of Malariology, Parasitology and Entomology), have successfully reduced malaria throughout the country. Because of the success of the government’s approach, it was not considered necessary to engage private health care providers in malaria elimination efforts. Although the government had little information about the private sector, this stance was based on a distrust in the quality of care provided by the private sector and assumptions that private providers would not be willing or able to report accurate data into the national surveillance system.

Population Services International (PSI) recognized the potential of the private sector to detect malaria cases and bring high quality malaria care to underserved populations in the country. The private sector has rapidly expanded in recent years and has become an important source of health services for low-income and vulnerable communities. Private sector services are often preferred over public sector services because of more convenient operating times, more positive provider attitudes, higher quality services, and simpler administrative procedures. Experience in the region suggested that private providers were diagnosing and treating people with malaria – particularly in at-risk communities. PSI therefore leveraged its experience in private sector engagement and launched the Greater Mekong Subregion Elimination of Malaria though Surveillance (GEMS) program, with support from the Bill & Melinda Gates Foundation.

PSI supported private clinics, pharmacies, and fast-moving consumer goods stores (FMCGs) to either refer, diagnose and refer, or test and treat malaria in accordance with national policy in four high malaria burden provinces: Gia Lai, Đắk Lắk, Khánh Hòa, and Bình Phước. This support included training, the supply of commodities, and supportive supervision for ongoing capacity strengthening and quality assurance.
BUILDING TRUST AMONG HEALTH CARE DECISION MAKERS THROUGH EVIDENCE

Moving from no private sector engagement to engagement with external support, followed by government ownership of private sector engagement was a complex process. Throughout GEMS (2016 – 2019), and particularly during the transition phase, known as GEMS+ (2020 – 2022), PSI served as a broker to establish and strengthen the public-private partnership.

FOR THE PRIVATE SECTOR

PSI invested in strengthening quality of care, increasing reporting capacity, and generating evidence to address the government’s concerns regarding the private sector’s ability to find malaria cases, provide treatment in accordance with national guidelines, and report in a timely and accurate way that could be verified and integrated into the government’s health management information system.

Malaria testing and case data was also collected, verified, and entered into the district health information software (DHIS2). Expectations were exceeded in the first year, with private providers detecting 3% of total national malaria cases. The share of the national caseload detected and reported by private sector providers continued to increase to nearly 19% by 2020. In recognition of the value of this data, the Ministry of Health gradually assumed responsibility for supporting and overseeing the GEMS-supported private sector network.

FOR THE PUBLIC SECTOR

PSI engaged the relevant public sector health authorities at the national, provincial, district, and commune levels in each step of the process, from participation in training activities with private sector providers to conducting joint supervision visits. PSI also supported government efforts at different levels to establish data verification processes to determine the trustworthiness of data and facilitated the sharing of experiences and lessons learned between provinces. An electronic reporting system also facilitated synchronicity between private and public sector data to ensure user-friendly access.

EVALUATION AND LEARNING

To understand what steps led to a successful transition, an outcome harvesting evaluation was conducted in 2021. The findings of this evaluation highlight the key milestones in private sector engagement, with an indication of how long the process can take. Figure 3 illustrates a timeline of the key outcomes identified, which were the result of ongoing support to the private sector, the generation of robust evidence, and continued advocacy at different levels of the government.

Based on these outcomes, the evaluation identified the following key elements that were necessary to ensure the integration of private sector data and oversight into the national health system for malaria.

1. A strong coordination mechanism between the public health authorities and facilities (District Office of Health, district health centers, commune health centers) and private health care providers

2. Clear guidance, instruction, or regulation issued by the government on the provision of malaria drugs and tests for the private sector

3. Regular quality reporting of all detected
malaria cases from the private sector, particularly in the absence of mandatory reporting

4. **Clear reporting flow of data** received by health authorities from the private sector

5. **Budget** for the Centers for Disease Control and Prevention (CDC) to implement activities related to the malaria elimination program

6. A **sustainable financial mechanism** to ensure the availability of tests and drugs in the private sector (e.g., inclusion of malaria drugs in the list of drugs covered by health insurance)

**Figure 3: Private Sector Engagement Milestone Timeline**

- **April – July 2017**: Provincial health authorities recognize private health providers engaged in malaria service delivery.
- **March 2019**: NIMPE approves PSI to verify all malaria cases and integrate private sector data into the national surveillance system at the provincial level.
- **May – Sep 2020**: Provincial health authorities begin verifying district level malaria case data found by private clinics for integration into the national system.
- **March 2019**: NIMPE approves PSI to train, supply, conduct quality assurance & supervision for private health clinics.
- **June 2020**: The Ministry of Health issues Decision No. 2657/MOH specifying malaria training and distribution of RDTs/ACTs to the private sector.
- **October 2020**: RAI3E (Global Fund) begins to fund training and commodities for the PSI-supported private sector network.
- **December 2020**: Identified malaria cases from private clinics are integrated into the national reporting system.
- **March 2021**: Private clinics increase the quality of malaria services provided, with most providers achieving quality assurance scores of over the targeted 80%.
- **January 2022**: 292 private health providers transition to oversight by provincial health authorities to support the National Malaria Program.

**KEY TAKEAWAYS**

PSI strengthened the capacity of private clinics and pharmacies through training and supportive supervision, resulting in greater confidence and active engagement of the private sector in malaria elimination. With the strategic objective to bring the public and private sectors together to work towards the shared goal of malaria elimination, the program has potentially opened doors to further public-private cooperation in other health areas.

Robust data demonstrated these tangible results and convinced NIMPE of the effectiveness and importance of private providers in malaria case detection. This recognition by NIMPE and provincial partners led to the integration of private sector data into Vietnam’s national surveillance system. The improvement in quality of malaria service provision was acknowledged both by community members and government agencies. The government agencies recognized the value of the data, which built credibility and trust and resulted in formal recognition of the role of the private sector in national malaria elimination efforts. This recognition now allows private providers access to government support for training, commodity supply, and supervision activities.

As the malaria caseload declined, PSI reduced the size of the private sector network, focusing on providers in higher burden areas that demonstrated high commitment to the program. In total, 292 private health providers have now transitioned to support and oversight by the National Malaria Program (247 under provincial CDCs and 45 under the Vietnam Public Health Association). This network will continue to support NIMPE to achieve its national malaria goal; however, it can also be repurposed for other health needs. For example, the network supported the government’s COVID-19 emergency response, and the private sector has also been mobilized to support the country’s emergency operations center. Efforts are also underway to engage the private sector in the national health insurance system, suggesting that private sector engagement still has many more contributions to make to improving consumer health in Vietnam.
REFERENCES


