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Private Sector’s Role in Health Service Provision in Senegal

Private providers are often significant providers of health products and services, and yet contributions of the private sector are too often omitted from public health initiatives and statistics. The private sector is large and diverse and includes non-profit, faith-based and for-profit health care facilities, ranging from large tertiary hospitals to small nurse run dispensaries. In Senegal, private providers are a major source of health services, providing approximately 22% of contraceptive services (DHS 2005). Private sector partnerships are a key component of the Ministry of Health strategy towards achieving national health objectives.

Strong partnerships between public and private sectors increase coverage, utilization and quality of services resulting in higher satisfaction for service users. Private healthcare providers serve populations with a range of preventive and curative services. Workplace programs where private companies invest in the provision of health services for their employees are another mechanism of private sector engagement in the national efforts for promoting people’s access to health services.

Senegal bilateral private sector partners

SMNI/PF/PALU is a five-year USAID-bilateral project aiming to foster high quality service delivery, and build strong links between all levels of the health system and communities, including between private and public health sectors. In Dakar and Saint Louis regions, twenty-five private companies have signed an agreement with regional health service administration to join the health service delivery network. These enterprises fall within two categories: 1) private health care providers, and 2) private companies that provide health services for its employees and their families. Some of these companies also offer services to surrounding communities (such as Richard Toll’s Senegal Sugar Company, Dakar Port Authority, Chemical Industries of Senegal). Building a network between these private providers and the public sector allows for the following objectives: to improve quality of care available within private sector; to supervise the provision of care in private sector; and to harmonize public and private sector procedures (including data submission to the national health information system and improvement of national commodity supply chain for health products and equipment).

Implementation of private sector initiative

Within SMNI/PF/PALU, each private company has a unique agreement validated by a Memorandum of Understanding (MOU). The MOU details the roles and responsibilities of public and private sector actors and how the partners can effectively collaborate and support each others’ interests. Some private enterprises have invested in capacity-building activities while others have focused efforts on community-level reproductive health awareness-raising campaigns.

Publicly supported training activities can improve quality and consistency of private-sector services. Through SMNI/PF/PALU, 52 private health care practitioners received training on a “family planning package,” which included curricula on national SRH policies, standards and protocols, logistics and management systems, and utilization of the health information system. Job aides, visual information education and communication (IEC) materials, and medical insertion kits for IUDs and implants were made available upon training and provision of new services.
Private sector advocacy and education activities have contributed to public health objectives as well. During 2009, SMNI/FP/PALU supported three “Open Door Days” at private businesses to raise awareness about family planning and provide reproductive health services within their communities. For example, during the Open Door Day hosted at the Senegalese Sugar Company, 818 male condoms and 16 female condoms were distributed, 600 people received IEC messages about family planning; 44 women accepted a contraceptive method other than condoms (including 15 long-term methods); 515 women received free prenatal visits; and, 31 women were screened for cervical cancer.

With implementation of SMNI/FP/PALU, private and public procurement and logistic systems are now better integrated. In addition, private providers submit reproductive health statistics to the nationally maintained health database. These cooperative activities facilitate a more organized and responsive health system.

These partnerships have enabled the country to establish a better collaboration between the public medical districts, local businesses and clinics, and allow them to be more involved in the implementation of health activities in the region. In addition, supervision of business activities and private clinics is now integrated into the routine monitoring hosted at regional and district levels. It was also noted that a certain level of friendly rivalry was developing between private companies involved in SMNI/FP/PALU as each wanted to show that they offered competitive health services, such as family planning, to its employees and their families.

**Challenges and Conclusions**

During the development and realization of these collaborations, some challenges have been necessary to overcome. Some private companies have faced difficulty providing as many health services as they originally planned as well as challenges in maintaining these services. Indeed, the introduction of new services as well as the necessary reorganization of these services has resulted in additional costs. Increased advocacy may assist in reinforcing the visibility, utilization and importance of providing these services.

However in Senegal, private businesses have hosted innovative advocacy activities, committed to health supplies and information management, and demonstrated a general interest in supporting a collaborative movement towards national health objectives. Commitments from Senegal’s private sector should be continually supported by a strong regulatory environment and clearly-defined by MOUs.

With private sector’s continued participation, Senegal has greater potential for improvements to the country’s reproductive health indicators as well as the potential outcomes.

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