

# Achieving malaria elimination through public-private-philanthropic partnerships

- Malaria elimination can only be achieved with actors working in unison. Partnerships involving public, private and philanthropic actors can improve access to malaria tools and services.
- For partnerships to form, capacity must be strengthened within the government to improve stewardship, and among public, private and philanthropic actors to build their readiness to partner.
- Partnerships must be mentored and supported to full maturity to help partners focus on addressing mutually beneficial issues.

## Background

The private sector, which includes both private for-profit and private non-profit organisations, plays a critical role in Nigeria's efforts to tackle malaria. Over half of people seeking treatment for a fever do so through the private sector.<sup>[1]</sup> If we are to eliminate malaria, citizens must be able to access quality-assured services and tools, such as insecticide-treated nets and rapid diagnostic tests, that can help prevent, diagnose and treat this disease. This means that tools and services must be available, near to where people live and affordable.

Many factors can prevent citizens from accessing quality-assured malaria services. Multiple market dysfunctions — e.g. supplier monopolies that cause first-line treatments to be prohibitively expensive — as well as failures of the public, private and philanthropic sectors to work together more effectively can hinder intervention coverage. This ultimately delays malaria elimination. For example, long-lasting insecticidal-nets (LLINs) are an effective malaria intervention, but funding constraints mean the public sector and donor-funded campaigns can't cover everyone.

Even though there is demand for a commercial market for LLINs, few retailers and limited stock affect citizens' access to, and use of, this prevention measure.

There are also concerns around the quality of services patients receive in the private sector. According to the latest Nigeria Demographic and Health Survey, coverage of diagnostic testing in the private sector ranges from three to 11 percent and use of artemisinin-based combination therapy (ACT), the recommended treatment for uncomplicated malaria, is around 50 percent.<sup>[1]</sup> With ACT prescriptions the norm, citizens' demand for diagnostic tests is low. As a result, the private sector does not adequately stock tests; instead, antimalarials are prescribed based on customers' symptoms. Given the overlap in symptoms between malaria and diseases such as pneumonia, cases are often misdiagnosed. The improper diagnosis and treatment can prolong infection, which increases the chance of onwards transmission and the development of severe disease. A lack of diagnostic services can also lead the overprescribing of antimalarials, which increases the chance of resistance developing.

Market functions and the administration of regulations influence the price and quality of services delivered by the private sector. Import taxes can affect which products are stocked and the cost to consumers, which in turn affects consumer choice. Government regulation is key for accountability for the quality of services. If the government does not implement drug surveillance or ensure health workers are trained in all sectors, patients will continue to receive poor quality advice and treatment.

## Our experience

Since 2008, we have been supporting the Government of Nigeria to tackle malaria through projects such as the Support to the National Malaria Programme (SuNMaP)<sup>[2]</sup> and SuNMaP 2.<sup>[3]</sup>

In 2011, we conducted an assessment under SuNMaP to understand the current landscape of public-private-philanthropic (PPP) partnerships in Nigeria. The assessment revealed that systems are underperforming due to mistrust and a lack of coordination between different sectors in the malaria space. Multiple barriers inhibit the formation of partnerships between public, private and philanthropic actors. These include:

- **Poor collaboration**  
Many private and philanthropic actors work in the malaria space, often independently of each other, and lack a platform to collaborate.
- **Lack of trust**  
There is an entrenched belief that partnerships between different sectors are futile given their differing motivations. The public sector perceives that private-for-profit actors are only motivated by financial gains and underestimates their contribution to public health goals. The commercial sector views the public sector as inefficient and slow to act. These misconceptions persist until the beliefs are disproved.
- **Lack of stewardship**  
The government has limited expertise to facilitate partnerships. With inadequate training to resolve this gap, the government is unable to identify where partnerships would be most valuable and optimal.
- **Insufficient planning**  
Little importance is placed on long-term planning, and the government rarely considers the impacts of this on the private sector.

## Our view

We believe that encouraging PPP partnerships will improve access to and quality of malaria tools and services (see Figure 1). PPP actors can work together to solve problems in the health system and create efficiencies by identifying mutual goals and incentives. Increasing the coverage and quality of services will improve uptake in the population and reduce malaria morbidity and mortality.

### Case study

With this knowledge, Malaria Consortium has worked with the National Malaria Elimination Programme (NMEP) to build systems that enable partnerships. We advocated for and supported the creation of a subcommittee within the NMEP to provide a platform for engagement between the public and private sectors. This forum allows actors to convene and share information periodically, helping to build trust and dispel misconceptions. It has been particularly important for encouraging consumer demand for full-priced ACTs.

Between 2010 and 2017, two projects (funded through the Global Fund to Fight AIDS, Tuberculosis and Malaria) were implemented that provided subsidies to encourage the private sector to stock quality-assured ACTs, and to create customer demand. These were the Affordable Medicines Facility for Malaria and the Private Sector Co-payment Mechanism. Prior to these schemes, ACTs were considerably more expensive than other treatments, causing customers to opt for lower-quality products that are less effective at treating malaria.

When the subsidy schemes ended, there was a risk that quality-assured ACTs would become too expensive and demand would drop. The NMEP forum allowed the government and the private sector to work together on a solution. The government offered waivers to reduce the cost of ACTs and to maintain demand, which encouraged the private sector to continue to stock quality-assured ACTs. Such waivers should be extended to all quality-assured malaria products sold in commercial markets.

## Recommendations

To accelerate Nigeria and other countries towards malaria elimination, we need to create the conditions for partnerships between public, private and philanthropic actors to flourish:

1. **Agree that malaria elimination is the shared goal**

Having a common purpose for PPP partnerships brings focus to both short-term gains and longer term values.

2. **Improve understanding of PPP partnerships**

A shared understanding of such partnerships is necessary to identify if, and where, credible opportunities exist for partnerships across the public, private and philanthropic sectors that could tangibly enhance progress towards shared goals and sustainability.

3. **Recognise that partnership is necessary to achieve goals**

The actions of public, private and philanthropic actors each have a bearing on the others. It is essential to recognise this interconnected environment, as sectors can only achieve their goals by working together.

4. **Build government stewardship**

The government must assess existing processes and procedures to identify areas where the private sector can, and should, be included in the planning process. Including the private sector in these discussions will support effective planning and budgeting. Long-term planning should be adopted to ensure private sector partners know when they will be contracted and can plan accordingly.

5. **Support the management of partnerships**

Governments must be facilitators of PPP partnerships. When faced with tensions between commercial pressures and public health good, governments need to manage competing priorities and consider where incentives might be required. For example, if the private sector provides malaria rapid diagnostic tests and some people receive a negative diagnosis, then there will be fewer malaria treatment sales.

6. **Encourage data collection and sharing**

Gathering data from private sector health facilities is essential to build a full picture of the malaria situation. For the private sector to engage, this process must be straightforward and incentivised — e.g. through the government providing private sector staff with training or tools to facilitate data collection and sharing, or supporting the private sector to understand how data collection can facilitate planning.

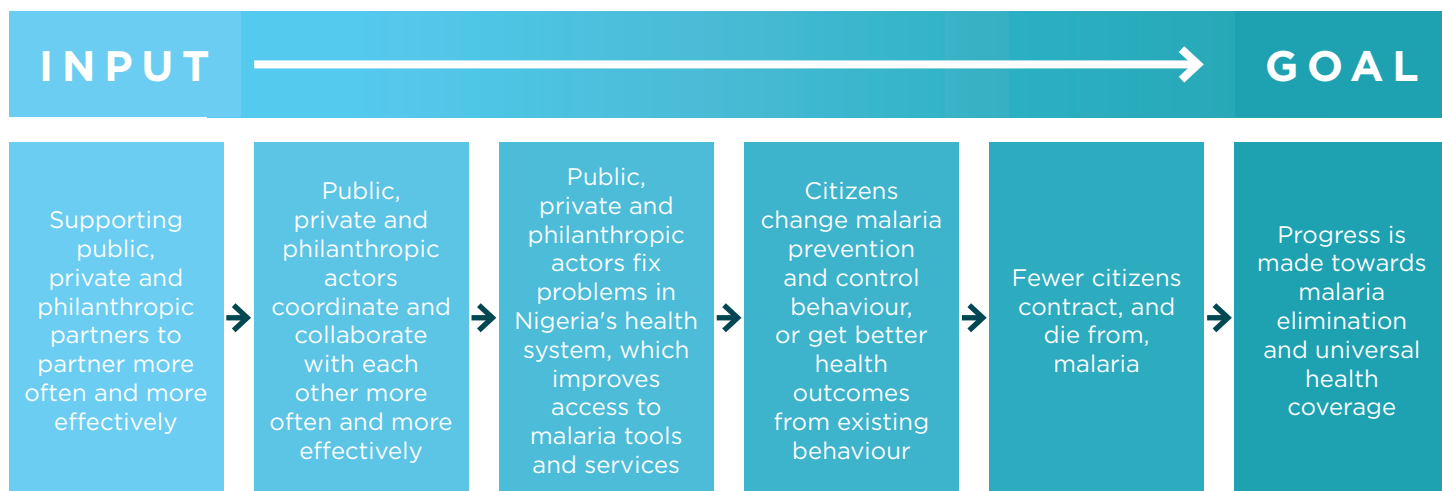
7. **Utilise the reach of the private sector**

The private sector must be viewed as more than a service provider for only those who can afford its services. The public and private sectors can work together to provide paid-for and free services at the same clinic, rather than running one public and one private facility to serve the same population. This will free up resources, allowing the public sector, to provide services in an area not already covered by the private sector.

8. **Create a sustainable market**

To create sustainable, high-quality healthcare, governments need to create the conditions for a competitive market. Providing an environment for new providers to enter the market will reduce the price of tools and raise the quality of services.

Figure 1: PPP partnerships promote collaborative working to solve problems in the health system and increase access to high-quality prevention, diagnosis and treatment for malaria. This is crucial in the move towards elimination.





## References

1. National Population Commission (NPC) and ICF. Nigeria Demographic and Health Survey 2018 — Final Report. Abuja: NPC and ICF; 2019.
2. Malaria Consortium. Support to the National Malaria Programme. Project brief. London: Malaria Consortium; 2012. Available from: <https://www.malariaconsortium.org/resources/publications/43/sunmap-nigeria>.
3. Malaria Consortium. Support to the National Malaria Programme in Nigeria 2. Project brief. London: Malaria Consortium; 2019. Available from: <https://www.malariaconsortium.org/resources/publications/1214/support-to-the-national-malaria-programme-in-nigeria-2>.

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