



## ISSUE BRIEF

# Integrating Private Maternity Providers into Mixed Health Systems to Improve the Quality of Maternity Care

Helping women receive quality maternity services wherever they seek care

## Importance of Quality Care

Although maternal deaths have declined by nearly 40% worldwide over the past two decades,<sup>1</sup> maternal mortality continues to be a significant public health challenge. A large proportion of maternal deaths are preventable, even in countries with limited resources. In low- and lower-middle income countries, almost 60% of preventable deaths are the result of poor quality care.<sup>2</sup> Quality of maternal health care services is poor in many of the 81 countries that account for 95% of all maternal deaths and 90% of all child deaths worldwide.<sup>3</sup>

High quality maternal health care sets the foundation for women, children, families, communities and societies to thrive for generations to come.<sup>4,5</sup> Quality care underpins efforts to build resilient health systems that can manage health emergencies while delivering primary care—saving more lives and advancing equity.

**Many countries have mixed health systems where both public and private providers are delivering health services.<sup>6</sup> Efforts to expand access to high quality maternity care must involve both sectors so that every woman can have a healthy pregnancy and safe childbirth regardless of where she seeks care.**

## The Untapped Potential of Private Providers in Improving the Quality of Maternity Care

Private health providers deliver a significant proportion of health care across the world and for people across all income levels.<sup>7</sup> In Africa, more than one third of the population seeks care from private providers—including more formal care delivered at clinics as well as informal care from local drug shops and faith healers.<sup>8</sup>

Women from across wealth quintiles receive reproductive and maternity care from both the public and private sectors. In low and middle-income countries, approximately 40% of family planning services, antenatal care and institutional delivery services are delivered by the private sector.<sup>9</sup>

Standards for quality maternity care may not exist or be inconsistent across a health system, making it difficult to define, measure and report on quality and often resulting in poor quality care in both the public and private sectors.<sup>10,11</sup> The private health sector is fragmented and includes a range of diverse and often unregulated providers—formal, informal, facility-based, home-care based—who come from for profit, not-for-profit, faith-based and non-governmental organizations. Because government efforts to improve quality usually focus exclusively on the public health sector, local private maternity providers—especially smaller enterprises and community facilities that serve lower income populations—often lack the tools and capacity to improve the quality of care they offer.<sup>12,13</sup>

Increasingly, the global health community has acknowledged that [governments must engage the private health sector](#)—a significant player in delivering health care—to help achieve the Sustainable Development Goals (SDGs) and advance universal health coverage (UHC).<sup>14</sup> Integrating local private providers into government efforts to build resilient health systems helps governments increase capacity to meet demand for vital health services and enables greater stewardship of the quality of health care delivered to its citizens. When all providers participate in quality improvement efforts, women know that they will receive high-quality reproductive and maternity services wherever they seek care, ensuring better and more equitable health outcomes.

“The landscape of the work has changed. UHC cannot be achieved without the private sector. It is essential to re-frame public and private sector engagement as a partnership in health for shared health outcomes.”

**PETER SALAMA**  
**WORLD HEALTH ORGANIZATION**



### Taking Action to Help Save Women’s Lives: Engage private maternity providers in quality improvement efforts

Recently, the World Health Organization (WHO) publicly affirmed that all countries with mixed health systems should engage the private health sector as a critical partner in expanding access to quality care and achieving the SDGs and UHC.<sup>15</sup> “The landscape of the work has changed. UHC cannot be achieved without the private sector. It is essential to re-frame public and private sector engagement as a partnership in health for shared health outcomes.” To support member states, the WHO commissioned a [strategy](#) to provide guidance on governing mixed health systems, with a focus on engaging the private health sector in delivering health care services.<sup>16</sup>

## Recommendations

A foundational step toward effective stewardship of mixed health systems is a solid understanding of the private health sector—including its diversity, utilization and the individuals it serves. Engagement efforts must consider private providers' distinct experiences in delivering care as independent entrepreneurs and business operators. To foster better integration of the private sector, engagement should also focus on governance strategies that support collaboration around shared goals for improved health outcomes and patient experiences, rather than rely solely on regulation.

### Policy

- Establish policy frameworks that: 1) support governance of the private health sector by recognizing and incorporating the capabilities of private providers into health strategies and 2) provide guidance on including private providers— independent physicians, nurses, midwives, drug shop owners—in efforts to augment governments' capacity to deliver quality health care services
- Establish uniform quality standards for both the public and private health sectors and incentivize private providers—through reimbursement, vouchers, employer financing schemes and other mechanisms—to become certified and accredited for delivering quality care
- Facilitate private providers' access to capital, such as loans and cash advances, and link these financial resources to the positive health outcomes that should result from expanded services and improved quality of care

### Programming

- Invest in quality improvement in both the public and private health sectors and establish and strengthen referral networks between public and private providers to help provide seamless, quality care
- Create business models that enable—and encourage—private providers to help increase government capacity to deliver health services, such as including private providers in health insurance schemes
- Streamline data collection processes to enable private providers to report consistently on the care they are delivering to inform systematic quality improvement efforts

### Accountability

- Establish a culture of accountability among policy makers, health providers and communities for delivering high quality care—regardless of where patients seek care—by evaluating metrics that track progress and disseminating best practices
- Make sure that national health information systems include data from both the public and private sectors—as well as patient reported outcomes and experiences—to provide a comprehensive picture of health care delivery and support continuous quality improvement
- Track and publicly report progress on private sector integration into mixed health system





## Examples of How Merck for Mothers is Supporting Integration of Private Maternity Providers into Mixed Health Systems

Here are a few examples of recent progress in improving the quality of private maternity care in India and Nigeria—the two countries with the most maternal deaths in the world<sup>17</sup> and where local private providers represent a significant proportion of the health system.<sup>18</sup> [Merck for Mothers](#)—Merck’s global initiative to help create a world where no woman has to die giving life—is proud to support this work and catalyze improvements in maternal health through financial support and technical expertise.

### Integrating private drug shops into national health systems through accreditation policy:

More than 40% of individuals who use family planning in Nigeria seek modern contraceptive methods from the local private sector, including independent drug shops and community pharmacies.<sup>19</sup> Although they may be the only source of health care for many, these outlets are often unregulated and operated by health workers with limited training to deliver quality family planning and primary health care services. The [IntegratE Project](#), led by Society for Family Health, and co-funded by the Bill & Melinda Gates Foundation, seeks to increase access to modern contraceptive methods by implementing a government endorsed tiered accreditation system for private family planning providers in collaboration with the Pharmacists Council of Nigeria. The project also supports quality improvement efforts in over 1,200 private drug shops and pharmacies by helping these businesses comply with local regulations to become licensed and report service statistics to the national Health Information Management System.



### Building private providers’ capacity to meet national quality standards—and certifying those who do:

Despite an increase in the number of women giving birth in health facilities in India, maternal deaths are not decreasing as much as they should, largely due to poor quality care. The [Manyata](#) program, endorsed by the Federation of Obstetric and Gynaecological Societies of India, has established the first quality certification for private maternity care.

Manyata supports private providers in improving the quality of care they offer and apply for quality certification. As of February 2021, Manyata has been active in 12 states and over 946 private providers have achieved Manyata certification. The Government of Maharashtra has integrated Manyata standards for private maternity care providers into the state’s quality improvement plans for maternal health. In Uttar Pradesh, the government now requires Manyata certification for local private maternity care providers that wish to participate in the country’s UHC financing scheme.

### Building public-private integrated networks of quality care to strengthen mixed health systems:

[Saving Mothers, Giving Life](#) (SMGL), a public-private partnership led by the U.S. government, invested in comprehensive health system strengthening efforts involving both public and private health facilities in Zambia, Uganda and Nigeria. In Cross River State, Nigeria, the program set a target that no woman should be more than 2 hours from a high-quality facility (either public or private) and facilitated referrals within a network of facilities delivering high quality care. The result was a 66% reduction in maternal mortality across 100 public and private facilities in just three years.<sup>20</sup> The government in Cross River State is sustaining key components of SMGL with dedicated budget lines to: 1) implement an integrated supportive supervision checklist to help support the quality of care delivered in public and private facilities and 2) continue maternal and perinatal death surveillance and response in both public and private facilities to make sure all deaths are counted, reported and reviewed.

Increasing access and affordability to quality private care by promoting value-based care: PharmAccess Foundation is working across low- and middle-income countries to increase sustained access to quality, affordable health care in private facilities. MomCare is a digital platform that tracks women’s maternal health journey and incentivizes quality certified local private providers to offer the full range of services across that journey. MomCare supports value-based care by allowing payers—including governments—to pay for quality by providing access to real-time data on utilization, cost, outcomes and patient feedback. In Kenya, women enrolled in MomCare have up to 50% of their childbirth care costs covered by the National Hospital Insurance Fund, reducing out of pocket expenses. In Nigeria, the Lagos State Health Management Agency is also using MomCare to integrate local quality private providers into its State Health Insurance Scheme, thus driving more equitable access to affordable quality maternity care.

# Global Call to Action: Integrate Private Providers into Mixed Health Systems to Help Save Women's Lives

Expanding access to quality health care and attaining Universal Health Coverage requires standardizing care across the public and private sectors, integrating care delivered by both sectors and setting policies that enable strong governance of the entire health system. Engaging private maternity providers in health service delivery, including them in quality improvement efforts, incentivizing them to offer quality care and certifying them for doing so are vital steps toward ensuring increased and more equitable access to quality health care.

To help create a world where no woman has to die while giving life, we need to incorporate women's experiences in all efforts to improve the quality of care that women receive during pregnancy, childbirth and beyond regardless of where they seek care. Increasing access to high quality care is key to accelerating equitable progress towards achieving the Sustainable Development Goals, advancing Universal Health Coverage and reducing maternal mortality globally.



## Endnotes

1 UNICEF DATA. (2019) [Maternal Mortality - UNICEF DATA](#).

2 Kruk, M. E., Gage, A. D., Joseph, N. T., Danaei, G., Garcia-Saisó, S., & Salomon, J. A. (2018). Mortality due to low-quality health systems in the universal health coverage era: A systematic analysis of amenable deaths in 137 countries. *The Lancet*, 392(10160), 2203-2212.

3 Boerma, T., Requejo, J., Victora, C. G., Amouzou, A., George, A., Agyepong, I., ... & Borghi, J. (2018). Countdown to 2030: Tracking progress towards universal coverage for reproductive, maternal, newborn, and child health. *The Lancet*, 391(10129), 1538-1548.

4 Miller, S., & Belizán, J. M. (2015). The true cost of maternal death: Individual tragedy impacts family, community and nations. *Reproductive health*, 12(1), 56.

5 Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., ... & Kakuma, R. (2016). Our future: A Lancet commission on adolescent health and wellbeing. *The Lancet*, 387(10036), 2423-2478.

6 World Health Organization (2020) Private Sector Landscape in Mixed Health Systems <https://www.who.int/publications/i/item/private-sector-landscape-in-mixed-health-systems>

7 World Health Organization (2020) Private Sector Landscape in Mixed Health Systems <https://www.who.int/publications/i/item/private-sector-landscape-in-mixed-health-systems>

8 World Health Organization (2020) Private Sector Landscape in Mixed Health Systems <https://www.who.int/publications/i/item/private-sector-landscape-in-mixed-health-systems>

9 Campbell, O. M., Benova, L., MacLeod, D., Baggaley, R. F., Rodrigues, L. C., Hanson, K., ... & Vahanian, A. (2016). Family planning, antenatal and delivery care: cross-sectional survey evidence on levels of coverage and inequalities by public and private sector in 57 low-and middle-income countries. *Tropical Medicine & International Health*, 21(4), 486-503.

10 Morgan, R., Ensor, T., & Waters, H. (2016). Performance of private sector health care: Implications for universal health coverage. *The Lancet*, 388(10044), p606-612. DOI:[https://doi.org/10.1016/S0140-6736\(16\)00343-3](https://doi.org/10.1016/S0140-6736(16)00343-3)

11 Jackson, T., Macleod, D., Benova, L., Lynch, C., & Campbell, O. (2015). The role of the private sector in the provision of antenatal care: a study of demographic and health surveys from 46 low-and middle-income countries. *Tropical Medicine and International Health*, 20(2), 230-9. doi: 10.1111/tmi.12414. Epub 2014 Oct 31.

12 Morgan, R., Ensor, T., & Water, H. (2016). Performance of private sector health care: Implications for universal health coverage. *The Lancet*, 388(10044), p606-612

13 Sharma, G., Powell-Jackson, T., Haldar, K., Bradley, J., & Filippi, V. (2017). Quality of routine essential care during childbirth: Clinical observations of uncomplicated births in Uttar Pradesh, India. *Bulletin of the World Health Organization*, 95, 419-429. doi: <http://dx.doi.org/10.2471/BLT.16.179291>

14 World Health Organization (2020) Strategy Report: Engaging the private health service delivery sector through governance in mixed health systems: Geneva <https://www.who.int/publications-detail-redirect/strategy-report-engaging-the-private-health-service-delivery-sector-through-governance-in-mixed-health-systems>

15 World Health Organization (2020) Strategy Report: Engaging the private health service delivery sector through governance in mixed health systems: Geneva <https://www.who.int/publications-detail-redirect/strategy-report-engaging-the-private-health-service-delivery-sector-through-governance-in-mixed-health-systems>

16 World Health Organization (2020) Strategy Report: Engaging the private health service delivery sector through governance in mixed health systems: Geneva <https://www.who.int/publications-detail-redirect/strategy-report-engaging-the-private-health-service-delivery-sector-through-governance-in-mixed-health-systems>

17 Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. (2019) Geneva: World Health Organization; 2019.

18 World Health Organization (2020) Private Sector Landscape in Mixed Health Systems <https://www.who.int/publications/i/item/private-sector-landscape-in-mixed-health-systems>

19 National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.

20 Pathfinder International (2019) A Whole-System Approach to Saving Mothers in Cross River State, Nigeria. [https://www.pathfinder.org/wp-content/uploads/2019/07/A-Whole-System-Approach-to-Saving-Mothers-in-CRS-Nigeria\\_Final\\_July2019.pdf](https://www.pathfinder.org/wp-content/uploads/2019/07/A-Whole-System-Approach-to-Saving-Mothers-in-CRS-Nigeria_Final_July2019.pdf)

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