

LLIN delivery models: public sector only  
or mixed public-private partnerships?

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# Defining public and private

## Public

Largely under the control of central or local government

## Private

All those outside of the public sector whether their aim is philanthropic or commercial

# LLIN delivery systems

## Components of the system

- 1) procurement
- 2) quality assurance
- 3) movement of product through the delivery system
- 4) transfer of product from provider to end user
- 5) monitoring

## Strategies

- 1) delivery of subsidy
- 2) level of subsidy
- 3) targeting
- 4) product
  - LLIN
  - pre-treated ITN
  - bundled ITN
  - untreated nets (local nets)
- 5) treatment
- 6) replacement

# Mixed public-private delivery

## **Assisted routine delivery**

- delivery of product public sector
- assistance by NGOs

## **Strategies**

- delivery of subsidy combined with product through the public sector
- targeting via the public sector
- varying levels of subsidy

?? Role of the commercial sector

## **Voucher systems**

- delivery of product commercial sector

## **Strategies**

- delivery of subsidy via a discount voucher through the public sector
- targeting via the public sector
- varying levels of subsidy

Direct role of the commercial sector

# Consideration points.....

## **Operational/Contextual**

- capacity of the public sector
- capacity of the private sector
- constitution of the private sector within country
- policy environment
- sustainability

## **Outcome**

- levels of ownership and use
- disparities in ownership and use: urban/rural, socio-economic
- reducing the gap between ownership and use
- cost effectiveness of delivery at scale

# The way forward .....

.....gradual staged transition towards integration of the assisted clinic model into MoH systems

.....Kenyan commercial sector nets feeding into the clinic delivery system

.....targeted intermittent campaigns based on evidence

.....retail social marketing to provide ITNs to non-target groups

