Public-private partnering: DHS experiences

Facilitators: Oupa Motshweneng and Lucy Gilson



Introduction and purpose

The webinar's facilitators, *Oupa Motshweneng* (Western Cape Department of Health and Wellness) and *Lucy Gilson* (University of Cape Town) welcomed all participants to the webinar, which builds on conversations from previous webinars and the SALAD annual retreat in July. This webinar featured two pairs of presentations. The first pair focused on the public sector's perspective and the second on private sector perspectives, with audience engagement in between. Across these presentations, attendees heard about how public-private partnering can advance the District Health System (DHS).

As with all SALAD webinars, registrants answered a question this time focused on how public-private partnering can best support service delivery and health and wellbeing needs in the DHS. Responses clustered around two themes: the potential benefits of partnerships in enhancing equity, quality, integrated care, workforce strength, and learning. Registrants also noted that partnering requires governance, accountability, a focus on sustainability and data integration. These themes recurred throughout the webinar discussions, summarised below.

A key test for any partnership is: does it leave the district stronger than it found it?

A District in Northern Cape uses partnering to address problems

Kagisho Taolo (District Manager, John Taolo Gaetsewe, Northern Cape Department of Health) shared how the district builds partnerships to advance health. Kagisho comes from a rural district that requires collaboration between government, the wider public sector, civil society and other stakeholders to expand the reach and effectiveness of health services. He began by introducing the district's approach to public-private partnering, which focuses on addressing the health problem first. The six key steps, outlined below, help the district remain aligned and maintain necessary oversight.

"Partnerships should strengthen, not replace, the capacity and responsibility of government to provide quality healthcare."



His district sees public-private partnering as infusing additional resources, expanded services, technical expertise and innovation, and health system strengthening priorities like quality improvement and workforce development, into the DHS.

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He shared two interesting case studies, summarised below:

Challenge	Limited paediatric infrastructure, equipment and specialised personnel to adequately manage children under five in the district	The district's rurality and vast geographic area create access barriers, with some villages located far from fixed health facilities
Partner contribution	South32 constructed a state-of-the-art 28-bed Paediatric Ward at Tshwaragano District Hospital, creating dedicated infrastructure for strengthened paediatric services	SIOC-CDT appointed two implementing agents to provide mobile health services that provided TB/HIV screening, mobile X-ray, cancer & mammography screening, GP services, optometry and dentistry
District contribution	• Procured relevant health technology/equipment • Appointed a district paediatrician • Additional staff to operationalise the ward • Integrated the service into the district hospital system	• Training and technical support • Pharmaceuticals and consumables • Linkage of clients identified through mobile services into the public health system
Outcome	• Strengthened district-level paediatric service capacity • Improved access to appropriate paediatric care • Under-five deaths against live births reported at 1.1% in 2025/26	• Increased access to healthcare services in underserved communities • Services brought closer to communities • Example: patients can access optometry services and receive prescription glasses more timeously at community level
Partnering lessons	Infrastructure investment creates sustainable impact when the district provides the workforce, equipment and operational capacity to utilise it	Partnering can extend reach when community-based services integrate with public-sector referral, treatment, and follow-up

Through these experiences and other partnerships, John Taolo Gaetsewe District has learned to focus on the health problem first, then find the partners, align the partnership intervention with district priorities, engage facilities from the beginning, integrate conversations around sustainability into the design, and align the partnership with existing DHS structures – focusing on strengthening what exists rather than creating parallel or competing efforts. The value of partnering lies in its contribution to health system strengthening.

Provincial role in facilitating and overseeing partnerships

Ms. Malefu Khamane (Acting Director, Partnership and Stakeholder, Free State Department of Health) spoke to the engagement of private entities, donations, and non-governmental organisations in the Free State. She began by noting how partnerships have benefited the provincial health system through strategy development, service integration, and interdepartmental collaboration. Malefu shared that it is important keep the “why” in mind - the purpose of partnership is to positively impact the health delivery system, with the patient/client at its centre. Partners can also identify and help fill gaps in infrastructure and equipment, or donate services. Partnerships can also remove barriers, bring the best professionals together to respond to needs, and build workforce capacity.

However, partnering must be grounded in core principles; they must be ethical, effective, accessible, and support affordable healthcare for all clients. It is important not to pursue every opportunity that arises; for example, the province has been hesitant to accept medical equipment donations from other countries because it is often used and comes without warranties. At the provincial level, it is also important to consider misalignment between potential partners and

government strategy, policy and implementation. Her office monitors potential misuse of personal information and partners' motivations, especially around profit.

Sustainability is a challenge, as partners often work in time-bound funding cycles or have internal processes that can delay implementation. The government is sometimes happy to accept partner support but may be unable or unwilling to continue those services in the long term.

To manage partnerships successfully, scrutiny, management systems, and monitoring and evaluation are critical. She recommends regularly reviewing memoranda of understanding and, if needed, creating an advisory committee. It is important to keep track of lessons learned and best practices to inform future partnerships.

Employer-funded rural clinics support health on farms

Sophia Kotzé (Clinical Nurse Practitioner, Dutoit Agri) described the decade-long partnership between the company and the Cape Winelands District, Western Cape Department of Health and Wellness. Koue Bokkeveld and Witzenberg Valley is a remote agricultural region where the company operates about ten farms, each with more than 800 workers. Each farm has a clinic (nine in total), funded by Dutoit Agri. The model includes four registered nurses and 15 health workers, reaching between 2,000 and 3,000 patients a month. Those who can be served on the farm are, with chronic medication delivery coming from the District to the farm clinics. The clinics also treat acute cases. A District doctor will come to farm clinics regularly to see those with chronic conditions – preventing queuing and reducing time off work and lost wages, which disadvantage both the farms and the workers.

Key challenges focus on logistics and continuity, including separate record-keeping between private occupational health and public health databases. In addition, during seasonal surges, clinics face increased demand but no additional staff. Sophia noted that integrating data systems could improve sustainability by supporting seamless data sharing and patient tracking. Joint planning, especially ahead of seasonal surges, could support sufficient medication supplies. It is also critical to have leaders who understand the challenges of providing rural healthcare services and the population's needs.

This partnership has lasted nearly 10 years. Sophia noted that communication, health worker passion, a problem-solving approach and connections are critical for its longevity.

The perspective of independent pharmacy

Sham Moodley (Independent Community Pharmacy Association (ICPA)) shared successful experiences of ICPA's partnering efforts. ICPA represents about 1,229 independent pharmacies, of which about 40% are rural. Across provinces, efforts have aimed to establish service-level agreements for a range of pharmacy services.

In the Western Cape, for example, a service-level agreement has enabled partnering for family planning (delivering more than 150,000 oral contraceptives), child immunisation, chronic meds and wellness screening (with medical aid partners). Although these services are fee-based, the partnership helps reduce the burden on government facilities. Challenges experienced include paper-based reporting and the limited scope of services. Despite these challenges, expanding such arrangements would improve medication access, support public health priorities, and foster trust between pharmacies and government.

"Partnerships [with independent pharmacies] strengthen and improve access using infrastructure and health workforce that already exists in communities."

Sham also reflected on the success of the COVID-19 vaccine approach nationally, where preconceptions and challenges of public-private partnering were set aside for a speedy response. Community pharmacies across the country administered eight million vaccines. Because it

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responded to a crisis, the model was implemented at cost, which limits its sustainability, but it showed the value of a shared data system (EVDS) between public and private providers. A similar model should be considered to address the country's zero-dose immunisation issues.

A smaller-scale project, PIMART, is providing HIV pre-exposure prophylaxis (PrEP), primarily via the injectable CAB-LA, at 14 community pharmacies using National Department of Health-trained teams that have reached 754 individuals. Though the scale is small, it similarly demonstrates the power of engaging community pharmacies.

Common themes

Across the presenters, a few common themes emerged which were further reinforced through audience participation:

- For government actors, with the mandate to strengthen the DHS, such partnering should be driven by need ('problem and patient'), strategy and clear principles - not the offer of a partnership.
- Trust is important to partnering and comes from open communication over time. That communication can break down inaccurate perceptions and support improved patient care.
- Intrinsic value is needed to find the win-win; the example from Dutoit Agri shows that the company wanted to reduce time off work taken by employees, but ultimately, they are getting good care. This creates value for the company, DHS (through reduced burden on existing facilities), and the clients served.
- Rural communities may particularly benefit from partnering as it can help bring care closer to those who need it.
- Data integration is a real challenge to efficiency, but it is vital and experience during COVID demonstrates that it can be done.
- Sustainability should not be an afterthought. It is important to consider it from the start, keeping strategy, funding cycles, and sustained interest in mind.
- There is a long history of public-private partnering showing that while there are challenges, there is huge potential for impact – the benefits far outweigh the challenges. Public-private partnering can and does work to strengthen the health system.

Closing reflections

Partnering requires multiple layers of action across the system, working across concentric circles, to identify a shared commitment to serving the population and its health. To strengthen the DHS, both provincial and national engagement is needed to build harmony. Today's webinar demonstrates strong examples of public-private partnering, but it also highlights the need to improve information sharing across sectors and geographies.

> "Experiences are there, capabilities are there, resources are there, it is all about how we bring to bring those together to learn from each other, partner with each other and serve the population of this country."

The webinar ended with a reminder to add SALADLearning@gmail.com to your contacts to receive updates on upcoming webinars, including the next event planned for early December. Webinar attendees are also encouraged to visit the SALAD Repository to access all previous webinars.