Engaging the private health service delivery sector through governance in mixed health systems

DRAFT Roadmap for Consultation
from the Advisory Group on the Governance of the Private Sector for UHC

The Health Systems Governance and Financing Department, World Health Organization HQ
December 2019
DRAFT

Acknowledgements
The overall coordination of the production of this document was led by David Clarke with the assistance of Aurelie Paviza, both from the Health Governance and Financing Department (HGF) of WHO HQ. This work was carried out under the direction and supervision of Dr. Agnes Soucat, Director HGF, and Dr Pete Salama, Executive Director Universal Health Coverage (Life course). The production of this document was facilitated by Ms. Cynthia Eldridge, Ms. Samantha Horrocks and Dr. Joel Shyam Klinton from Impact for Health.

Citation suggestion
Executive Summary | The Advisory Group on the Governance of the Private Sector for UHC recommends a roadmap for the WHO that supports a new way of doing business for governance that integrates the private sector in mixed health systems.

Vision | A well-governed health system in which public and private actors collectively deliver on the realization of UHC.

Mission | To facilitate a new way of governing mixed health systems by building consensus around the means and strategies of engaging the private health sector in health care service delivery.

Theory of Change | WHO has the potential to play a pivotal role in supporting UHC through private health sector service delivery governance given its focus on health and equity. Leveraging this, WHO should focus on supporting member states to strengthen the governance behaviors that will assure the private sector and public sector are aligned to be able to work together to strengthen a health system that delivers UHC to promote equity, access, quality and financial protection for the population.

Goals | The six key governance behaviors critical to aligning private health sector service delivery with health system goals include: build understanding, deliver strategy, enable stakeholders, foster relations, align structures, and nurture trust.

Recommendation | WHO should solicit input and guidance from member states on this roadmap, recognizing that this approach means a new way of doing business for both WHO internally and member states. WHO should explore new ways to deliver on this roadmap.
Consultation | The Advisory Group has advised WHO to consult with stakeholders at the regional and country level to address the following questions to help evolve this roadmap.

1. Will the stated goals and objectives in the roadmap support efforts towards UHC by improving private sector engagement through strengthened governance?

2. Are there other activities that would support these objectives more effectively? Within these activities, are there specific tools that should be developed to support the adoption of these behaviors? If yes, what tools do you think should developed as a priority?

3. In which ways could WHO most effectively and efficiently catalyze action to achieve the goals set out in the roadmap?

Kindly provide feedback. An online survey form is available here https://www.surveymonkey.com/r/58W2GYQ

In person briefings and consultations will be conducted in early 2020. Please direct any inquiries to David Clarke at clarked@who.int.
Methodology | The Advisory Group selected for their expertise in different elements of private sector engagement drafted the roadmap between Q2 and Q4 2019. This version for consultation will be developed into a final version in 2020.

At the behest of WHO and supported by Impact for Health, the Advisory Group formulated its recommendations on private health sector engagement to meet UHC goals in a way that responded to member states’ needs in a clear, compelling and actionable way through a roadmap. In 2020, the Advisory Group will work to recommend an approach that catalyzes action against the roadmap.

<table>
<thead>
<tr>
<th>Q2 2019</th>
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<th>Q4 2019</th>
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<tr>
<td>• 1 teleconference</td>
<td>• Face to face meeting</td>
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<td></td>
<td>• Consultations</td>
<td>• Consultations</td>
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<tr>
<td></td>
<td>• 2 teleconferences</td>
<td>• 2 teleconferences</td>
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</table>
Roadmap Outline

- Rationale
- Vision, Mission & Theory of Change
- Goals
- Recommendations
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- Rationale
- Vision, Mission & Theory of Change
- Goals
- Recommendations
Rationale | Why is a roadmap on governance of private health sector delivery necessary for WHO now? From different perspectives, need is high, demand is growing, and support is critical for achieving UHC.

Demands of Universal Health Coverage
UHC seeks to improve equity, access and financial protection for health care. Pursuit of UHC means that countries take ownership of healthcare – irrespective of the disease or where the person seeks care.¹

Demand from the population
Whether poor or rich, urban or rural, male or female, people seek care from the private sector for many different sicknesses and for many different reasons

Demand from private health service delivery sector
As a critical stakeholder in realizing UHC, the private health service delivery sector needs a convener with the public sector. It can not just try to work around the government to do what it thinks is right

Demand from governments
Governments are encountering real challenges in working with private sector. Simply strengthening the public sector doesn’t make the private go away. Evidence on what works is limited. Creating favorable a political economy is difficult.

Demand within WHO regions
Responses to the private health service delivery governance have been isolated initiative, like in the EMRO region, and accomplished with limited support.

Demand from WHO headquarters
A traditional focus on the public sector and working with the MOH has left WHO with the challenge of adapting to the needs of UHC

Demand from development partners
Development partners have funded multiple private sector engagement initiatives over the years, but scale has been challenging

Demand from development partners
…which means all stakeholders within UHC need to engage with the private sector

…which means the people’s governments need to deal with the private sector

…which means the private health service delivery needs to come to the table

…which means that governments can benefit from working with a trusted partner like WHO.

…which means that guidance from WHO headquarters will help to catalyze action.

…which means that WHO needs to invest in evolving its function and form to better support UHC

…which means working with WHO could help increase the impact of their investments.

Quotes from consultation on demand conducted in 2019

“WHO can be a repository of information and good practices. There is no evidence about the impact and role of the private sector. WHO can provide more data. WHO can mobilize the expertise from the global community.”

“Country representatives asked WHO to facilitate dialogue at country level. The dialogue is important to recognize everyone’s role and build a vision for the future where all stakeholders are involved.”

“There is a gap in normative guidance for PSE. There is a role for WHO to play, however, this would require deeper understanding of PSE needs and perspectives.”

“Governments lack indicators and do not have the tools to collect data to do assessment of the private sector. They don’t know how important the private sector is for UHC.”

“Technical people sought out technical guidance from WHO. Sensitized policy makers want a call for action from WHO to build political support. Non-sensitized policy makers did not seek support.”

“Country representatives asked WHO to facilitate dialogue at country level. The dialogue is important to recognize everyone’s role and build a vision for the future where all stakeholders are involved.”

This roadmap uses a governance framework focused on achieving six critical behaviors to help health system stakeholders meet the need, address the demand, and support in a new way of doing business.

| Demand of Universal Health Coverage | UHC seeks to improve equity, access and financial protection for health care. Pursuit of UHC means that countries take ownership of healthcare – irrespective of the disease or where the person seeks care. | …which means all stakeholders within UHC need to engage with the private sector |
| Demand from the population | Whether poor or rich, urban or rural, male or female, people seek care from the private sector for many different sicknesses and for many different reasons. | …which means the people’s governments need to deal with the private sector |
| Demand from private health service delivery sector | As a critical stakeholder in realizing UHC, the private health service delivery sector needs a convener with the public sector. It can not just try to work around the government to do what it thinks is right. | …which means the private health service delivery needs to come to the table |
| Demand from governments | Governments are encountering real challenges in working with private sector. Simply strengthening the public sector doesn’t make the private go away. Evidence on what works is limited. Creating favorable a political economy is difficult. | …which means that governments can benefit from working with a trusted partner like WHO. |
| Demand within WHO regions | Responses to the private health service delivery governance have been isolated initiative, like in the EMRO region, and accomplished with limited support. | …which means that guidance from WHO headquarters will help to catalyze action. |
| Demand from WHO headquarters | A traditional focus on the public sector and working with the MOH has left WHO with the challenge of adapting to the needs of UHC… | …which means that WHO needs to invest in evolving its function and form to better support UHC |
| Demand from development partners | Development partners have funded multiple private sector engagement initiatives over the years, but scale has been challenging… | …which means working with WHO could help increase the impact of their investments. |

Governance behaviors

1. building understanding
2. delivering strategy
3. enabling stakeholders
4. fostering relations
5. aligning structures
6. nurturing trust
Rationale | The demand for private health sector service delivery is well established – especially for primary health care services and for the poor and underserved globally.

Outpatient and Ambulatory services - EMRO

<table>
<thead>
<tr>
<th>Public Sector</th>
<th>Private Sector</th>
</tr>
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<tbody>
<tr>
<td>40%</td>
<td>60%</td>
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</table>

Health services utilized by poorest quintile - EMRO

<table>
<thead>
<tr>
<th>Public Sector</th>
<th>Private Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>41%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Primary Care services in 15 out of 32 OECD countries is predominantly in private sector.

OECD | The private sector is as predominant as the public sector in delivery of primary care in OECD countries.

Private Sector | 81%
Public Sector | 19%

Initial presentation of disease symptom in SEARO

<table>
<thead>
<tr>
<th>Public Sector</th>
<th>Private Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>19%</td>
<td>81%</td>
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</tbody>
</table>

Source of Outpatient Health Care by Wealth Quintile - AFRO

Source of Inpatient Health Care by Wealth Quintile - SEARO

The private sector is a major source of outpatient and inpatient health care for the rich as well as the poor.

Challenge | Private health sector service delivery continues to grow and change, especially with the advent of digital health, which is challenging a historical focus on regulation. To remain relevant to governments, the WHO must offer guidance and support.

✓ There are 150 promising private digital health startups working to transform the healthcare industry with new models of primary care to emerging tech solutions for providers.

✓ The combination of rapidly increasing access to the internet, low-cost diagnostic technologies, and evidence-based treatment guidelines are creating big opportunities for improving healthcare.

✓ Big internet platforms are making very substantial investments in digital health.

✓ New partnerships are emerging between the health and communications sectors and between government and the private sector.

✓ Governments (not just Ministries of Health) have an important role in ensuring that digital health meets the population’s needs, rather than those of specific interest groups or of only the more affluent.

A recent report for the Bill & Melinda Gates Foundation looked at trends in health product distribution and found that:

✓ Private sector is changing the way health products are delivered to providers and consumers.

✓ The potential for e-commerce direct-to-consumer services may improve coverage of priority health products, while removing the connection to the provider.

✓ Traditional categories of information are blending as product-focused companies begin to expand offerings to include service delivery.
Challenge | Despite the importance of the private health service delivery sector, often critical concerns – both evidence-based and otherwise – remain unaddressed.

The private health service delivery sector is... 

- focused on cherry picking and only serving high socio-economic groups; preferentially serves urban and populated areas.
- expensive and exploitative behaviors are common\(^\text{11}\) (price gouging, corruption, unnecessary surgeries, tests).
- driven by privatization of medical education, which has led to commercialization of medical practice, "medicine is a business or industry" not a public good.
- highly heterogenous and fragmented and very difficult to engage\(^\text{11}\)
- poor or highly variable in quality of care; and health outcomes are worse\(^\text{12}\)
- difficult to evaluate or survey as the data and information systems are not easy to work with,\(^\text{13}\)
- is hopeless at self regulation,\(^\text{14}\)
- favorable towards tertiary, hospital care, increasingly monopolized by large, super-specialty hospitals; thereby undermining primary health care\(^\text{15}\)

Private health service delivery sector engagement will...

- further medicalize healthcare and undermine the agenda to address social determinants and non-health sectors.
- mean ignoring commercial/corporate determinants of ill-health such as alcohol, tobacco, ultra-processed foods, sugar industry, etc. 
- mean insurance-based models of UHC will be promoted at the expense of funding primary healthcare and other public health programs.

**Not addressing private health sector service delivery means subjecting the population to unacceptably high risk for poor quality of care and catastrophic expenditure**\(^\text{17}\).

**Sources:**
Some governments – both OECD and LMIC – successfully engage the private health sector for service delivery. Learning from these examples is critical.

In Uganda, the Private Partnership for Health (PPPH) policy is operational and a PPPH health sector working group chaired by the Uganda Healthcare Federation (UHF) which is the recognised Secretariat for the private sector healthcare providers that include manufacturers, healthcare providers at all levels spread over the entire country. UHF is also the agency that is now working with WHO, The World Bank and Makerere School of Public Health to support Ministry of Health in the development of the UHC roadmap.

In South Africa, a well documented presidential health compact supported by the WHO country office that involved the private sector as a primary focus area for health improvement.

Near-seamless integration of public and private primary and in-patient care in Thailand.

In Indonesia, the rapid expansion of trained provider attendance at delivery with the private midwife initiative.

Sources:
Over the years, WHO has made progress towards recognizing and engaging the private sector, but support has been siloed within internal WHO teams. A more harmonized, system-wide approach is now required.

<table>
<thead>
<tr>
<th>Internal WHO Teams</th>
<th>Challenge faced in private sector work</th>
<th>Key opportunity identified</th>
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<tbody>
<tr>
<td>Essential Medicine</td>
<td>Lack of capacity in rural areas</td>
<td>Understand delivery models within regulatory framework</td>
</tr>
<tr>
<td>Health Financing</td>
<td>Weak governance leading to weak purchasing</td>
<td>Clear definition of spending flows, market structure and governing mechanisms</td>
</tr>
<tr>
<td>Health Workforce</td>
<td>Education, Employment and Engagement of private providers</td>
<td>Institutional framework and capacity building</td>
</tr>
<tr>
<td>Immunization</td>
<td>Lack of data and example of best practice</td>
<td>Collect and analyze existing data</td>
</tr>
<tr>
<td>Malaria</td>
<td>Lack of resources to support Private Sector for National strategy</td>
<td>National forums for policies and investment</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>Lack of engagement with private sector in policy development and accountability</td>
<td>Private sector to be part of policy making and be recognized</td>
</tr>
<tr>
<td>Primary Health Care</td>
<td>Poor access to quality and affordable primary care</td>
<td>Build support &amp; assess capacity to engage, gather intel on private sector</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>Lack of access to quality health services</td>
<td>Provide technical support to both sectors to operationalize solutions</td>
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WHO has the potential to play a pivotal role in supporting UHC through private health sector service delivery governance, but it must overcome critical hurdles.

**Lack of Track Record**
WHO doesn't have a track record of supporting or working with the private sector.

**Lack of Capacity**
WHO doesn't have the internal capacity to deal with the private sector.

**Lack of Trust**
Private sector does not perceive WHO as supportive of private sector nor as PS experts.

Donors do not see WHO as the go-to partner to work with the private sector.

**Lack of Evidence and Tools**
WHO HQ, regional offices do not have an agreed-on set of talking points that summarize evidence, policy options, and WHO positions, from which to themselves work in addressing local or regional needs.

“WHO is perceived to be a stakeholder organization representing the interests of Ministries of Health.”

“WHO needs to develop capacity for private sector engagement going beyond just regulation and governance advocacy role.”

“Non-state providers do not see WHO as understanding private enterprise.”

“Governance of the private sector is not clearly defined.”

This roadmap paves the way for WHO to play this pivotal role, surmount these hurdles and define a new way of doing business is needed within WHO to support a new way of doing governance globally, regionally and at the country level.
Vision and Mission  | A new way of doing governance for private health service delivery sector for WHO and stakeholders

**Vision**

A well-governed health system in which public and private actors collectively deliver on the realization of UHC.

**Mission**

To facilitate a new way of governing mixed health systems by building consensus around the means and strategies of engaging the private sector in health care service delivery.
Theory of Change | WHO needs to support the strengthening of governance behaviors to assure the private sector and public sector work together to drive UHC in ways that promote equity, access, quality and financial protection for the population.

None of the behaviors acts in isolation and no hierarchy exists between the behaviors.

Countries would focus on developing different behaviors relative to the maturity of their health systems and the role of the private sector. Failures and set back are to be expected in the process.

Given the heterogeneity of the private sector, different behaviors would be prioritized for different groups.

All stakeholders in the system – not just the government – need to drive the system.

Work on private sector governance should also strengthen governance in the public sector.

DRAFT
Roadmap Outline

- Background
- Vision, Mission & Theory of Change
- Goals
- Recommendations
## Results Framework

The vision and mission are driven by the adoption of the governance behaviors. For each of the behaviors, a goal was set for the roadmap. Implementation against these goals will test the proposed theory of change.

<table>
<thead>
<tr>
<th>Goals/Outcomes</th>
<th>Governance Behaviors</th>
<th>Mission</th>
<th>Vision</th>
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<tbody>
<tr>
<td>Come to a shared understanding and appreciation of the need for improved health governance through collection and analysis of data that allows alignment of priorities for action.</td>
<td><strong>Build understanding</strong></td>
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<tr>
<td>An agreed sense of direction, articulation of roles &amp; responsibilities, and openness to change for a mixed health system that includes the private sector.</td>
<td><strong>Deliver strategy</strong></td>
<td>To facilitate a new way of governing mixed health systems by building consensus around the means and strategies of engaging the private sector in health care service delivery.</td>
<td>A well-governed health system in which public and private actors collectively deliver on the realization of UHC.</td>
</tr>
<tr>
<td>An institutional framework that recognizes the autonomy of actors, creates decision-making space and builds capacity to work together.</td>
<td><strong>Enable stakeholders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where actors are working openly and effectively (with trust and sustainability) together to achieve shared objectives in a new way of doing business.</td>
<td><strong>Foster relations</strong></td>
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<td></td>
</tr>
<tr>
<td>Relevant stakeholder groups are structured/reorganized and work to actively align with policy.</td>
<td><strong>Align structures</strong></td>
<td></td>
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</tr>
<tr>
<td>Mutual trust exists amongst all actors as accountable participants in a mixed health system.</td>
<td><strong>Nurture trust</strong></td>
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</table>
**Goal**

Come to a shared understanding and appreciation of the need for improved health governance through collection and analysis of data that allows alignment of priorities for action.

**OVERVIEW**

**Key Insight**
Building understanding will need clear agreement on the experiences of different socio-economic groups in using private providers, the way that private providers can improve users’ access, the challenges that private providers face in providing that access, and institutions available for influencing provider performance. Intelligence will come from studies conducted from a multiplicity of perspectives on the system.

**Definition**
Generation of Intelligence. It is the provision of reliable and up-to-date information on current and future trends in health and health system performance. It includes identifying important contextual factors and actors, documentation of the perceptions of different stakeholders on problems that require regulatory intervention and identifying policy options. This could improve performance and avoid undesirable outcomes based on national and international evidence and experience.

**OBJECTIVES**

- To promote commitment and ownership of the objectives for health governance interventions and the roles and responsibilities of different stakeholders in achieving these objectives.
- To create a shared understanding of the situation of the health system for the purpose of solving problems and designing a strategy for change.

**SPOTLIGHT**

**India’s TB Program**

In the past 3 years, new data has helped inform India’s TB program: more than doubling previous estimates of care provision within the country and helping adjust financing allocations for care and oversights, while improving plans for long term data collection.

**Goal** An agreed sense of direction, articulation of roles & responsibilities, and openness to change for a mixed health system that includes the private sector.

**OVERVIEW**

**Key Insight** The health system decision makers need to know “where they are going” to be able to make efficient use of finite resources — finance, human resources, etc. One of the more critical elements of the strategy includes the openness to change to recognize a health system that includes the private sector.

**Definition** Formulating Strategic Policy Direction – The articulation of health system goals and objectives, clear definition of roles, identification of policy instruments and institutional arrangements, outline of feasible strategies, guidance for prioritizing health expenditures, and outline of arrangements to monitor performance.

**OBJECTIVES**

- A consultative process that includes the private sector in national strategy
- A system to allocate (and update) representation into a participatory process

**SPOTLIGHT**

Private Sector Strategies and Action Plans in East African Countries

Several East Africa countries have developed, through consultative processes, private sector engagement/private sector strategies/private sector action plans (e.g. Malawi, Tanzania, Uganda, Ethiopia).

Goal  An institutional framework that recognizes the autonomy of actors, creates decision-making space and builds capacity to work together.

OVERVIEW

Key Insight  Governments and other stakeholders (including third party agents) must have the capacity—resources, expertise and staff—by which to manage (policies, tools and incentives) all the different actors. Setting the rules means defining what each of the actors must do, how they must do it, by whom and for whom.

Definition  Ensuring Formal Tools for Implementation including powers, incentives and sanctions—Good governance involves ensuring that the actors have the powers to do their jobs, and to ensure that others do theirs.

OBJECTIVES

• All actors agree with roles and provided with enabling capacities and authority to deliver on their role
• Government has enough capacity to play a regulatory role and engage effectively with stakeholders
• WHO has developed, adopted and disseminated guiding principles and frameworks

SPOTLIGHT

South Africa Presidential Health Compact

Few countries that have the necessary systems, capacity, experience in place to enable stakeholders, especially in the private sector. A few examples with emerging experience include India, South Africa, Philippines, Thailand. These countries demonstrate this governance behavior and use supporting tools. South Africa has a well documented presidential health compact supported by the WHO country office that involved the PS in its drafting and specifically mentions engagement with the PS as a primary focus area for health improvement[20].
Behavior | **Foster Relations**

**Goal:** Where actors are working openly and effectively (with trust and sustainability) together to achieve shared objectives in a new way of doing business.

**OVERVIEW**

**Key Insight**  A clear strategic direction and empowered stakeholders still need strong relationship to make change happen. A fully encompassing ecosystem needs to be developed through a charrette (the word charrette may refer to any collaborative session in which a group of designers drafts a solution to an issue).

Much of the relationship work depends on having clear communication channels in place.

**Definition**  Building and sustaining partnerships and coalitions – To be fully effective and create positive change, other actors and relationships must be built and maintained to complement other, more formal, ways of exerting influence through regulation, legislation and similar means.

**OBJECTIVES**

- Models prototyped for public-private dialogue and coordination platforms, steered by member states and WHO
- Routine convening mechanisms at national, regional and global levels are leveraged for increased engagement
- Prioritized number of member states have institutionalized mechanisms for developing, managing and monitoring shared mixed health system objectives

**SPOTLIGHT**

**Thai Hospital Accreditation Board**

The Thai Hospital Accreditation Board was created with an initial grant from WHO in 1997. This quasi-independent organization covers accreditation of both public and private hospitals. A Thai equivalent of the Joint Commission International. The accreditation approach has fostered strong relationship between the public and private sector through greater transparency.

Goal: Relevant stakeholder groups are structured/reorganized and work to actively align with policy.

OVERVIEW

Key Insight  The organization of the health structures (both public, private and civil society) must reflect and deliver on the policies that have been established. To do so effectively, actors must be convened to determine the structure to avoid overlap, clearly separate the functions and ensure that communication channels are established between the functions. It requires a new way of doing business.

Definition  Ensuring a fit between policy objectives and organizational structure and culture - Ensuring the implementation of policies designed to achieve health system goals. This includes having and exercising the powers to guide the behavior of different actors, ‘coalition building’, and ensuring fit between policy and organizational structure and culture.

OBJECTIVES

- A harmonious and effective institutional structures and enabling eco-system are supported
- Government has consultatively set guidelines for organizations to maximize relevant representation
- Framework has been legally established with consensus from actors

SPOTLIGHT

Emerging examples in Philippines, Afghanistan, Ghana and Australia

In many countries the private sector is organized through medical associations (individuals), hospital associations (facilities), syndicates, etc. However, formalized and structured relationships between the public sector and private sector (hospitals) also exist under the social health insurance and purchasing arrangements in countries like Chile, Brazil. For vertical programs like TB control, HIV/ AIDS and MNCH, there are forums / associations (of specialist doctors) that act as nodal contracting agency with the public sector in countries like India and Indonesia. In countries like Philippines, Afghanistan, Ghana, Australia formal structures exist within ministries of health for Private Sector Engagement. However, in countries like India some provinces have created Private Sector Engagement units (mainly supported by development partners under HSDP) but there is no federal level structures.

Source: 35. Inputs from Advisory group member Venkat Raman. November 2019
Goal: Mutual trust exists amongst all actors as accountable participants in a mixed health system.

OVERVIEW

Key Insight
Accountability systems need to be put in place to foster trust in relationship. The starting point is often a high level of dis-trust. A ground swell is needed to change this. To be trustworthy, we need to understand if accountable actions are possible by both parties in the relationship. This requires shared goals, the means to work together, strong leadership, organizational culture to facilitate the trusting relationship.

Definition
Ensuring Formal Tools for Implementation including powers, incentives and sanctions – Good governance involves ensuring that the actors have the powers to do their jobs, and to ensure that others do theirs.

OBJECTIVES

- Consensus on shared metrics on accountability reached
- Process and mechanism to collect and report metrics agreed
- All actors are openly and regularly sharing data/info on an agreed set of metrics

SPOTLIGHT

Uganda Healthcare Federation

Uganda Healthcare Federation (UHF) is an umbrella body that brings together all the private sector actors to harmonize service delivery, regulate the operations and promote good governance and accountability of the health sector. UHF is comprised of all the medical bureaus, private for profits providers, professional bodies including the Uganda medical and Dental Practitioners’ Council, Uganda medical Association, Uganda Allied Health Professionals Council, Uganda midwives and nurses’ council, insurance companies, health training institutions and other bodies such as Uganda manufacturers association; medical technologies and civil society. Through the PPPH node, a PPPH strategy was developed and an online registration portal has been launched to foster regulation and accountability for the stakeholders. This will enhance capacity building, regulate the market prices and mode of operation, but also direct appropriate business areas for the private sector where public system is still remote19.
Recommendation

WHO seeks to catalyze change in a way that meets countries where they are and supports them in their respective pathway towards to UHC. **WHO should support member countries to evolve their governance approach to ensure that the private health sector is positioned to ensure the best health outcomes for the population.**

Every country will have different objectives with respect to their private sector engagement. WHO respects these different objectives.

**Contexts of focus for WHO**

- **Restrict:** Govt. attempts to "crowd" out bad private sector behavior
- **Grow:** Govt. encourages the private health sector to expand to increase access and/or size of overall health sector
- **Transfer:** Govt. shifts from delivering to purchasing services
- **Harness:** Govt. channels private health sector activities to perform specific activities / functions

Role of the private sector service delivery

- Overrun by poor regulated private health sector service delivery with poor quality, high costs and poor equity (India, Egypt)
- Private and public sectors working together with single payer but struggling with equity and quality (Kenya, Indonesia)
- Public sector dominated service delivery (Malawi, Tanzania)

Strength of governance

Recommendation | In 2020, the advisory group will analyze different approaches for catalyzing action for the roadmap. Research and learning will be key to implementation.
**Recommendation**  |  Of the different approaches, a coaching facility could be best placed to develop the tools and support needed to respond to the global and country demands.

**VISION**  |  Helping improve the health of the population by strengthening health systems through better integration of the private health sector.

**MISSION**  |  To strengthen interested governments’ capacity to work with the private health sector to achieve public health goals.

**OVERVIEW**
The coaching facility approach recognizes the demand for hands-on, tailored support overtime that builds and empowers, rather than just doing. It could support developing-country clients through building regional support by brokering knowledge, serving as an agent for change, providing strategic advice, and offering technical implementation support for engagement strategies. It could drive evidence and analysis used by WHO and others for a community of practice that uses virtual training, global convening, global standard setting, and data collection & evidence warehouse.

**Governance Structures**
- Regional technical advisory boards to provide strategic advice and technical direction.
- A council composed of representatives from contributing donors to oversee facility's management and operations.
- An operational unit to responsible for the facility's daily operation, financial management and, primarily, technical activities.

**Illustrative Support**
- Conduct private-sector assessments and offer recommendations for improving the role of the private sector.
- Review policies and regulations and recommend policy actions to expand private-sector contributions to health system performance, sustainability, and other goals.
- Establish and facilitate consultative forums to foster greater communication, cooperation, and collaboration between public and private stakeholders.
- Collect data to analyze and better understand the private health sector.

**DRAFT FINANCIAL REQUIREMENTS**

**START-UP FUNDS**
It’s estimated that the launch of the coaching facility will require **US $5 million**. These seed funds will cover the cost of recruiting four-six staff in the operational unit with the primary responsibility of laying the groundwork for the future of the coaching facility.

**FOUR YEARS OF OPERATIONS**
In addition to the seed funds, the coaching facility will need an estimated **US $20 million over four years** to establish itself and launch country-support activities. With an estimated 16 country-support tasks per year will cost **US $5 million per year**.
Critical Definitions | Discussions around challenges and opportunities revealed a persistent lack of conceptual clarity around key terms despite decades of work and investment in these areas. This roadmap is focused on governance of private sector service delivery which support more effective private sector engagement.

**PRIVATE SECTOR**

The private sector refers to all non-state actors involved in health: profit and not-for-profit, formal and informal, domestic and international. This includes Service Providers (Formal, Informal), Training and Educational Institutions, Manufacturers of Equipment, Pharmaceuticals and Pharmacies, Support service providers and contractors, and technology/interface agencies. In general, they are not fully dependent on budgetary or financial support from the government or outside the direct operational control of the Government.

**SERVICE DELIVERY**

The private sector’s involvement in health systems is significant in scale and scope encompassing:
- health related services,
- medicines and medical products,
- financial products,
- training for the health workforce,
- information technology,
- infrastructure
- support services

**ENGAGEMENT**

Private sector engagement denotes a partnership between the public and private sectors to achieve a specified goal. There are three broad categories of private sector engagement:
1. Including private actors in the development of public health policy and the development of ownership and contracting arrangements
2. Influencing private sector behavior through regulatory and financing policy tools.
3. Assigning “private attributes” to public sector organizations

**GOVERNANCE**

Governance is seen as the capacity to formulate and implement sound policies. Some people view governance as almost synonymous with the function of stewardship.

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For each governance behavior, the roadmap presents the definition, rationale and evidence for the importance of the behavior to private sector service delivery, details on the goals, objectives as well as illustrative activities.

**Governance behavior**

**Definition adapted from Travis 2002 paper**

**Rationale**
In building understanding, it will be important to demonstrate the magnitude of the role of the private sector to explain why MOH and other actors need to engage with it.

Common understanding will support consensus on the potential benefits of engaging more effectively with private actors and the problems that government interventions can tackle and potential short- and long-term risks that require policy attention.

It will be important for local experts to have the capacity to generate country-level understanding and continue to support the implementation of change and generate learning about effective strategies for improving the performance of a pluralistic health system.

**Spotlight**
In the past 3 years, new data policies helped inform India’s TB program. More than doubling the scale of previous estimates of care provision helped adjust allocations for improving plans for long term.

**Country level case study or story to illustrate the importance of this behavior.**

**Insight from the Advisory Group on the strategic priority**

**Goals and objectives for the behavior**

**Illustrative that can be filled out in collaboration with regions and countries.**

Critical stakeholders have been included:
- Public sector include the MOH and other ministries
- Private sector includes formal, informal, for-profit, not-for-profit, and more.
- WHO regional offices
- WHO headquarters level with different vertical teams
- Donors (multi, bilat, and private foundations) and UN agencies
**Behavior | Build Understanding**

**Definition |** Generation of Intelligence. Providing reliable and up-to-date information on current and future trends in health and health system performance, important contextual factors and actors, documentation of the perceptions of different stakeholders on problems requiring regulatory intervention, identification of policy options to improve performance and avoid undesirable outcomes based on national and international evidence and experience.

**Rationale**

In building understanding, it will be important to demonstrate the magnitude of the role of the private sector to explain why WHO and other actors need to engage with it.

Common understanding will support consensus on the potential benefits of engaging more effectively with private actors and the problems that government interventions can tackle and potential short- and long-term risks that require policy attention.

It will be important to ensure that local experts have the capacity to generate country-level understanding and continue to support the implementation of change and generate learning about effective strategies for improving the performance of a pluralistic health system.

**Spotlight**

In the past 3 years, new data has helped inform India’s TB program: more than doubling previous estimates of care provision within the country and helping adjust financing allocations for care and oversights, while improving plans for long term data collection.

The New York Times

‘True Scale’ of India’s Tuberculosis Problem: 2.8 Million New Cases

The number of privately treated tuberculosis cases in India: an estimation from drug sales data
**Behavior | Build Understanding**

**Insight |** Building understanding will need clear agreement on the experiences of different socio-economic groups in using private providers, the way that private providers can improve users’ access, the challenges that private providers face in providing that access, and institutions available for influencing provider performance. Intelligence will come from studies conducted from a multiplicity of perspectives on the system.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>1. Come to a shared understanding and appreciation of the need for improved health governance through collection and analysis of data that allows alignment of priorities for action</th>
</tr>
</thead>
</table>
| OBJECTIVES | 1. To promote commitment and ownership of the objectives for health governance interventions and the roles and responsibilities of different stakeholders in achieving these objectives.  
2. To create a shared understanding of the situation of the health system for the purpose of solving problems and designing a strategy for change. |
| ILLUSTRATIVE ACTIVITIES | **COUNTRY** | **PUBLIC** | Understand/acknowledge the private sector. Be able to draw on examples of effective governance of the private sector from other countries to inform national responses and interventions. |
| | **PRIVATE** | Build understanding of the public health objectives and public sector needs at the country level |
| | **WORLD HEALTH ORGANIZATION** | **REGIONAL** | Analysis of country and inter country dynamics (cross border and multi-country institutions) |
| | **GLOBAL** | Develop cross country learnings and best practices including the private sector Series in the WHO bulletin to make the case for service delivery governance that includes the private sector. Build towards data reporting system |
| | **DONOR & UN AGENCIES** | **GLOBAL** | Landscape private sector actors, activities, successes and failures |

**DRAFT**
Behavior | **Deliver Strategy**

**Definition** | Formulating Strategic Policy Direction – The articulation of health system goals and objectives, clear definition of roles, identification of policy instruments and institutional arrangements, outline of feasible strategies, guidance for prioritizing health expenditures, and outline of arrangements to monitor performance.

**Rationale**

“We need to know where we are going and how to involve other actors”. Delivering strategy is important because systems need direction to know where they are going from the start. To define where they are going, other actors need to be involved in the process.

Government (beyond MOH including trade, industry, finances, and economic development), in partnership with private sector actors, needs to jointly agree on strategic directions, to jointly identify policies and funding needed to support these directions, and co-designs strategies (interventions) that harness the private sector for UHC. This may not mean a dedicated private sector engagement strategy.

Private sector needs this stable strategy direction in order to support its own investment. “Having a stable direction allows actors to commit, invest and act”.

**Spotlight**

Several East Africa countries have developed, through consultative processes, private sector engagement/private sector strategies/private sector action plans (e.g. Malawi, Tanzania, Uganda, Ethiopia)
### Behavior | Deliver Strategy

**Insight |** The health system decision makers need to know “where they are going” to be able to make efficient use of finite resources – finance, human resources, etc. One of the more critical elements of the strategy includes the openness to change to recognize a health system that includes the private sector.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>1. An agreed sense of direction, articulation of roles &amp; responsibilities, and openness to change for a mixed health system that includes the private sector.</th>
</tr>
</thead>
</table>
| OBJECTIVES | 1. A consultative process that includes the private sector in national strategy  
2. A system to allocate (and update) representation into a participatory process |
| ILLUSTRATIVE ACTIVITIES |  
**COUNTRY**  
**PUBLIC** | Provide guidance on policy formation that considers the private sector  
**PRIVATE** | Offer a clear vision for what it can do and offer commitments |
| **WORLD HEALTH ORGANIZATION** |  
**REGIONAL** | Put in place WHO HQ framework and strategy on service delivery governance including the private sector  
**GLOBAL** | Support and harmonize the integration of private sector approaches and work into different streams within WHO through: clear vision and plan, strong management support, budget allocation, strong communications plan & key messages |
| **DONOR & UN AGENCIES** |  
**GLOBAL** | Develop a harmonization strategy that ensure political commitment |
Behavior | Enable Stakeholders

**Definition** | Ensuring Formal Tools for Implementation including powers, incentives and sanctions – Good governance involves ensuring that the actors have the powers to do their jobs, and to ensure that others do theirs.

**Rationale**

No "blue print" or "terms of engagement" to guide countries on how to govern/steward all stakeholders in health system.

All relevant actors need to have authority (political, legal) supporting their rule in the health system.

All actors must have the capacity and incentives (defined as expertise, tools, experience and financing) to perform their respective role in governing the health sector.

**Spotlight**

Few countries that have the necessary systems, capacity, experience in place to enable stakeholders, especially in the private sector. A few examples with emerging experience include India, South Africa, Philippines, Thailand. These countries demonstrate this governance behavior and use supporting tools. For example, India is gaining experience in strategic purchasing but has limited public private dialogue experience. Uganda has excellent public private dialogue and policy framework but more limited strategic purchasing capabilities to undertake PPPs¹.

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Sources: 1. Personal communication from Barbara O’Hanlon. October 2019.
**Behavior | Enable Stakeholders**

**Insight** | Governments and other stakeholders (including third party agents) must have the capacity – resources, expertise and staff – by which to manage (policies, tools and incentives) all the different actors. Setting the rules means defining what each of the actors must do, how they must do it, by whom and for whom.

<table>
<thead>
<tr>
<th>GOAL</th>
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<tbody>
<tr>
<td>1. An institutional framework that recognizes the autonomy of actors, creates decision-making space and builds capacity to work together.</td>
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<table>
<thead>
<tr>
<th>OBJECTIVES</th>
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<tbody>
<tr>
<td>1. All actors agree with roles and provided with enabling capacities and authority to deliver on their role</td>
</tr>
<tr>
<td>2. Government has enough capacity to play a regulatory role and engage effectively with stakeholders</td>
</tr>
<tr>
<td>3. WHO has developed, adopted and disseminated guiding principles and frameworks</td>
</tr>
</tbody>
</table>

| ILLUSTRATIVE ACTIVITIES |
| --- | --- |
| **COUNTRY** | **PUBLIC** |
|  | Support the development of legal/policy frameworks for public-private engagement |
|  | Build public sector capacity to administer/coordinate agreements with private sector |
|  | **PRIVATE** |
|  | Technical and policy support for establishment of groups that can represent the private sector to government including building capacity for group membership |
| **WORLD HEALTH ORGANIZATION** | **REGIONAL** |
|  | Develop and share cross country best practice |
| **GLOBAL** |
|  | Produce guidance on developing policies and/or legal frameworks that enable private sector engagement by the public sector |
|  | Document and share good practice on effective public-private dialogue |
| **DONOR & UN AGENCIES** | **GLOBAL** |
|  | Financially support establishment of groups that can represent the private sector to government including building capacity for group membership |
Behavior | **Foster Relations**

**Definition** | Building and sustaining partnerships and coalitions – To be fully effective and create positive change, other actors and relationships must be built and maintained to complement other, more formal, ways of exerting influence through regulation, legislation and similar means.

**Rationale**

Intentional processes and structures are needed to foster public private dialogue and constant communication that will build trust and form working relationships to co-create policies and strategies and co-design and co-implement market interventions. The goal is to move beyond just understanding to working together.

Governments, on their own, may have limited capacity to manage mixed health systems. It will be essential to bring together all actors who can contribute to this including regulatory agencies concerned with health system performance and with audit, non-government health service delivery organisations, a variety of intermediary organisations, organisations specialising in research and policy advice, civil society groups and representatives of different types of users of health systems. Over time, they will need to construct these new relationships to support a new way of doing business.

**Spotlight**

The Thai Hospital Accreditation Board was created with an initial grant from WHO in 1997. This quasi-independent organization covers accreditation of both public and private hospitals. A Thai equivalent of the Joint Commission International. The accreditation approach has fostered strong relationship between the public and private sector through greater transparency.1

Insight | A clear strategic direction and empowered stakeholders still need strong relationship to make change happen. A fully encompassing ecosystem needs to be developed through a charrette*. Much of the relationship work depends on having clear communication channels in place.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>1. Where actors are working openly and effectively (with trust and sustainability) together to achieve shared objectives in a new way of doing business.</th>
</tr>
</thead>
</table>
| OBJECTIVES | 1. Models prototyped for public-private dialogue and coordination platforms, steered by member states and WHO  
2. Routine convening mechanisms at national, regional and global levels are leveraged for increased engagement  
3. Prioritized number of member states have institutionalized mechanisms for developing, managing and monitoring shared mixed health system objectives |

**ILLUSTRATIVE ACTIVITIES**

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>PUBLIC</th>
<th>PRIVATE</th>
<th>REGIONAL</th>
<th>GLOBAL</th>
<th>DONOR &amp; UN AGENCIES</th>
<th>GLOBAL</th>
</tr>
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<tbody>
<tr>
<td><strong>WORLD HEALTH ORGANIZATION</strong></td>
<td>Engage the private sector in dialogue to develop responses to health challenges.</td>
<td>Participate or develop coordinated private sector groups to engage a wider section of the private sector.</td>
<td>Support regional offices to develop and implement a regional framework and strategy (EMRO documentation, champions, peer-to-peer support)</td>
<td>Develop guidance and skills for WHO to act as an intermediary and convener for the different stakeholders within the global health system.</td>
<td>Champion interagency support for private sector engagement</td>
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</tr>
</tbody>
</table>

**Definition of Charrette:** A meeting in which all stakeholders in a project attempt to resolve conflicts and map solution.
Behavior | **Align Structures**

**Definition** | Ensuring a fit between policy objectives and organizational structure and culture - Ensuring the implementation of policies designed to achieve health system goals. This includes having and exercising the powers to guide the behavior of different actors, 'coalition building', and ensuring fit between policy and organizational structure and culture.

**Rationale**

Coalition building is needed among different care levels of private providers to formally negotiate and implement service delivery objectives, enhance value for money and oversight, and avoid duplication.

Unless there is clarity in the relative roles, responsibilities, accountabilities and powers of governments, WHO, and public and private sector providers, in the execution of policy, then there will be duplication, dis-incentivization, disruption, lack of coordination and communication, and poor performance in the delivery of healthcare in a mixed health system.

Organizational structures are needed to implement consultative policy processes and implementation as well as market interventions harnessing the private sector. WHO and development partners are able to play an important role.

**Spotlight**

In many countries the private sector is organized through medical associations (individuals), hospital associations (facilities), syndicates, etc. However, formalized and structured relationships between the public sector and private sector (hospitals) also exist under the social health insurance and purchasing arrangements in countries like Chile, Brazil.

For vertical programs like TB control, HIV/ AIDS and MNCH, there are forums / associations (of specialist doctors) that act as nodal contracting agency with the public sector in countries like India and Indonesia.

In countries like Philippines, Afghanistan, Ghana, Australia formal structures exist within ministries of health for Private Sector Engagement. However, in countries like India some provinces have created Private Sector Engagement units (mainly supported by development partners under HSDP) but there is no federal level structures.
Behavior | **Align Structures**

**Insight** | The organization of the health structures (both public, private and civil society) must reflect and deliver on the policies that have been established. To do so effectively, actors must be convened to determine the structure to avoid overlap, clearly separate the functions and ensure that communication channels are established between the functions. It requires a new way of doing business.

| **GOAL** | 1. Relevant stakeholder groups are structured/reorganized and work to actively align with policy. |
| **OBJECTIVES** | 1. A harmonious and effective institutional structures and enabling eco-system are supported |
| | 2. Government has consultatively set guidelines for organizations to maximize relevant representation |
| | 3. Framework has been legally established with consensus from actors |

| **ILLUSTRATIVE ACTIVITIES** | **PUBLIC** |
| **COUNTRY** | Establish organizational units, institutional structures and systems within ministries of health and other appropriate ministries to initiate and manage formal relationship/collaboration with the private sector as envisaged in country’s policy. Build capacity for facilitating formal dialogue, structuring of relationship, and define governance framework for such relationships. |
| **PRIVATE** | Build formal networks of private providers (and aggregators of individual care providers); Create formal forums for interaction/collaboration with the public sector towards achieving service delivery objectives within defined governance framework. |
| **WORLD HEALTH ORGANIZATION** | **REGIONAL** |
| | Shape eco-system including stakeholder consensus on the role of private health sector in UHC, develop a broad governance framework for private health structure engagement in the region, facilitate cross country learnings through information exchange and facilitate exchange of officials/managers of public and private sector for cross country learning. |
| | **GLOBAL** |
| | Document case studies of best practices, models of organizational structures and institutional framework, and dissemination/exchange of information. Organize capacity building in administrative reforms through experts from institutes of public governance. |
| | **DONOR & UN AGENCIES** |
| | Pool expertise, resources and country experiences in building technical and managerial capacity of the ministries of health in building organizational structures and institutional framework for formal collaboration. Help build coalitions and networks of private health sector (with support from private sector and public sector) in member states. |
Behavior | **Nurture Trust**

**Definition** | Ensuring accountability - Ensuring that all health system actors (public and private, providers, players, producers of other resources, stewards) are held accountable for their actions for the population.

**Rationale**

Successful collaborative work is built on good relationships which in turn are built on trust. Sharing information and opinions helps to build accountability in the system and create a culture to learn and adapt to private sector.

In many contexts, to build trust, the private sector needs to be held accountable for its actions with respect to integrity issues and socially responsible practices. Conversely, the private sector is often left out of debates and when they are brought in, the conversations are not sustained and partnerships are only for a season and often at the behest of governments.

**Spotlight**

Uganda Healthcare Federation (UHF) is an umbrella body that brings together all the private sector actors to harmonize service delivery, regulate the operations and promote good governance and accountability of the health sector. UHF is comprised of all the medical bureaus, private for profits providers, professional bodies including the Uganda medical and Dental Practitioners’ Council, Uganda medical Association, Uganda Allied Health Professionals Council, Uganda midwives and nurses’ council, insurance companies, health training institutions and other bodies such as Uganda manufacturers association; medical technologies and civil society.

Through the PPPH node, a PPPH strategy was developed and an online registration portal has been launched to foster regulation and accountability for the stakeholders. This will enhance capacity building, regulate the market prices and mode of operation, but also direct appropriate business areas for the private sector where public system is still remote.

*Source: Inputs from advisory group member Robinah Kitungi, November 2019.*
**Behavior | Nurture Trust**

**Insight** | Accountability systems need to be put in place to foster trust in relationship. The starting point is often a high level of dis-trust. A ground swell is needed to change this. To be trustworthy, we need to understand if accountable actions are possible by both parties in the relationship. This requires shared goals, the means to work together, strong leadership, organizational culture to facilitate the trusting relationship.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>1. Mutual trust exists amongst all actors as accountable participants in a mixed health system</th>
</tr>
</thead>
</table>
| OBJECTIVES | 1. Consensus on shared metrics on accountability reached  
2. Process and mechanism to collect and report metrics agreed  
3. All actors are openly and regularly sharing data/info on an agreed set of metrics |

<table>
<thead>
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</table>

Explain role of non-state providers (civil society perspective)  
Host forums for developing shared goals  
Support cross country learnings  
Lessons from partnerships in health and other sectors