

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

The Advisory Group on the Governance of the Private Sector for Universal Health Coverage

Health Systems Governance and Financing Department,
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- [Landscape Analysis: Engagement with the Private Health Sector in the Journey towards Universal Health Coverage](#)
- [Private Sector Utilization: Insights from Standard Survey Data](#)
- [International Organizations and the Engagement of Private Healthcare Providers](#)
- [Measuring the Size of the Private Sector: Metrics and Recommendations](#)
- [Principles for Engaging the Private Sector in Universal Health Coverage](#)
- [Private Sector Accountability for Service Delivery in the Context of Universal Health Coverage](#)
- [Engaging the Private Health Sector to Advance Universal Health Coverage: A Case Study from the WHO Regional Office for Eastern Mediterranean Region](#)

FOREWORD

The finalization of this strategy comes at a difficult time for WHO and the world, having to address COVID-19 in the context of an ever-evolving understanding of the science, systems and political resolve needed for its containment. Some member states have questioned the WHO's response, authority and even its neutrality. For member states, public health responses have been a negotiated and sometimes contested arena as governments grapple with the economic fallout of the pandemic alongside its human toll. The WHO's ability to work transnationally and inter-sectorally has been called into question as governments look inwards and assemble response strategies.

While the context is not optimal for releasing a new WHO strategy, many of the fundamental issues that member states are grappling with are due to the *lack* of strategy for private sector engagement within mixed health systems. Many lower- and middle-income countries (LMICs) have a large and growing contingent of private sector health service delivery actors that have historically been weakly governed and poorly coordinated. Now more than ever, LMICs need a whole-of-government and whole-of-society approach as they immerse in the battle against COVID-19. The private sector can and should be engaged in this battle.

This strategy seeks to redress a critical health system governance gap for the effective engagement of the private health service delivery sector in the context of Universal Health Coverage. Current events have further served to reinforce the need for private sector engagement as part of global, regional, and national health security and have exposed the limitations of not having a strategy or the corresponding resources necessary for effectively engaging with the private sector. Previous private sector engagement has largely been vertically driven, often focused on specific diseases or conditions. In contrast, this strategy mounts a

health systems response to private sector engagement. While there is a tendency to focus on the poorly behaved within the private sector in the time of COVID-19 – the refusal to treat patients or price gouging have been documented in some contexts – similar poor behaviors have also been documented within the public sector, e.g. withholding of personal protective equipment (PPE) or diversion of resources. In times of crisis, real solutions do no benefit from divisive tactics, but arise through a collective response, one that places the “public” at the center of the public health response.

Robust governance of the health system – the whole health service delivery system – is good for both the private sector and the public sector, but most importantly, it is good for the health outcomes of the population. It is improvement of health outcomes under universal health coverage that drives us to take this bold step to release this strategy not despite the current context, but because of it.

Respectfully submitted,
(DC)

July 2020
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EXECUTIVE SUMMARY

The 2030 Sustainable Development Goals (SDG) emphasize partnership to attain health related goals and Universal Health Coverage (UHC). Although World Health Organization (WHO)’s member states have adopted the SDG agenda, they will not be able to achieve these goals through public sector service delivery alone. The private health sector has evolved to be a prominent provider of health service delivery across regions and different wealth quintiles. Innovations are thriving in the private health sector and call for a new approach to governing health systems so as to ensure that both the public and private sector can contribute.

The WHO has the potential to play a pivotal role in supporting UHC through private health sector service delivery governance. A resolution to engage the private sector in providing essential health services was adopted in the 63rd World Health Assembly (WHA). Since then, WHO has made progress towards recognizing and engaging the private health sector, but a more system-wide shift is necessary to catalyze action for UHC. Leveraging on work to date, WHO will support member states to strengthen governance of mixed health systems and assure alignment of the private sector for UHC, to promote equity, access, quality and financial protection for the population.

The Advisory Group on the Governance of the Private Sector for UHC recommends a strategy for the WHO that will support a new way of doing business for health system governance.

The strategy outlines six governance behaviors critical to private sector health service delivery governance.

1. **Build understanding** - Collection and analysis of data to align priorities for action.
2. **Foster relations** - Working together to achieve shared objectives in a new way of doing business.
3. **Enable stakeholders** - Institutional framework that empowers actors.
4. **Align structures** - Organizational structures to align with policy objectives.

5. **Nurture trust** - Mutual trust amongst all actors as reliable participants.
6. **Deliver strategy** - Agreed sense of direction and articulation of roles and responsibilities.

This strategy serves as a guide for WHO and member states at various levels of engagement to promote a new way of doing business *with* the private sector. The proposed strategy builds upon WHO's mandate and normative work on health systems strengthening, governance and financing.

To catalyze strategic action, four priorities are put forward by the Advisory Group to the WHO.

1. Convene to build political will
2. Embed governance behaviors
3. Set norms and assure accountability
4. Support learning and technical guidance

Following the dissemination of this strategy, the Advisory Group will evaluate different approaches for implementation to support this new vision.

INTRODUCTION

This strategy is focused on governance to support effective private sector engagement for UHC. The strategy document is intended to set the norms and goals for private sector engagement and provide evidenced support for WHO and member states to invest appropriate resources in private sector health service delivery governance. For the strategy to be effective, it requires WHO to support member states to move toward real action and engagement with the private sector. The success of the strategy requires behavior change both within the WHO and for member states.

It is important to recognize that each member state is at a different point in their UHC journey; there will be different expertise to tap into, and there must be an appropriate amount of time dedicated to stakeholders building trust before there can be any results.

CRITICAL DEFINITION

Private sector engagement is the meaningful inclusion of private providers for service delivery in mixed health systems.¹ Private sector engagement requires that governments focus on governance of the whole health system – both private and public – to ensure quality of care and financial protection for patients, irrespective of where they seek care.² It requires that the private sector aligns with public sector health goals and commits to working to support the government agenda. This strategy report focuses on private health sector service delivery, herein referred to as the private sector.

¹ Suchman L et al. Public-private partnerships in practice: collaborating to improve health finance policy in Ghana and Kenya. *Health Policy and Planning*, 33, 2018, 777–785.

² Shroff ZC et al. Moving towards universal health coverage: engaging non-state providers. *International Journal for Equity in Health* (2018) 17:135.

COUNTRY SPOTLIGHT: PRIVATE SECTOR PARTICIPATION IN THE GERMAN HEALTH SYSTEM

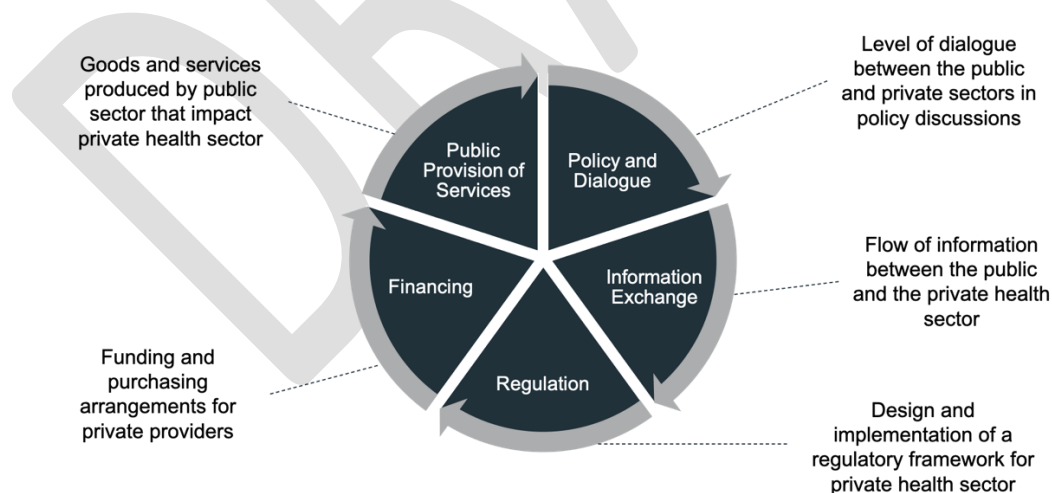
Private providers in Germany operate within the public health system and treat both statutorily and privately insured patients. They are reimbursed a fee for service based on a fee schedule agreed upon by the Federal Association of Sickness Funds and the private sector representatives. The patients have the freedom to choose where they want to be treated, whereas the decision-making powers of the health system are shared between the public and the private sector. The private providers also receive an incentive to ensure quality of medical care. These efforts to engage the private health sector is reflected in the quality of service provided by the German health system. In comparison to the public sector, the private health sector in Germany has:

- 64% higher investment per case – More state-of-the art treatment
- 9% fewer quality issues
- 3.1% faster admission rate
- 10% lower still birth rate

Source: Cyrus Roeder F, Yanick L. 2012. The private sector within a public health care system: the German example. Montreal Economic Institute, MEI Economic Note

Effective engagement requires interaction between the public health system and the private sector, the intersection of public financing and private service provision, and a strong regulatory environment including policy, legal, organizational and institutional frameworks. These can be summarized into five engagement domains.³

Figure 1. Key Domains of Engagement



³ International Finance Corporation. 2011. Healthy Partnerships: How Governments Can Engage the Private Sector to Improve Health in Africa. Washington D.C.: World Bank.

METHODOLOGY

Advisory Group

At the behest of Health Systems Governance and Financing department of the WHO and supported by Impact for Health, the Advisory Group on the Governance of the Private Sector for UHC was convened by the late Dr. Peter Salama in February of 2019 to act as an advisory body to the WHO to develop and implement governance and regulatory arrangements for managing private sector health service delivery for UHC.

The group was formed with the primary goal of providing advice and recommendations on regulation and engagement with the private sector in the context of the WHO Thirteenth General Programme of Work 2019-2023⁴ goal of 1 billion more people benefiting from UHC, and in particular outcome 1.1.4 of this goal – “Countries enabled to ensure effective health governance”.

The advisory group was selected for their expertise in different elements of private sector engagement and now reports to the interim Executive Director of the Division of Universal Health Coverage/Life Course at the World Health Organization, Dr. Mark Jacobs.

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Strategy Report

Through a Strategy Report, the Advisory Group formulated its recommendations on private sector engagement to meet UHC goals in a clear, compelling and actionable way for member states. The group worked to develop a draft strategy over the course of ten months in 2019 and through consultation requests during the first six months of 2020.

The draft strategy for consultation accepted feedback and comments for 25 weeks, from January 1st to June 24th 2020. The strategy was emailed directly to all health systems directors by Dr. Agnes Soucat to request their input and comments. A SurveyMonkey was created and individual stakeholder interviews were conducted to collect feedback. The questions asked during consultation were primarily focused on addressing the goals, objectives, governance behaviors, and tools involved in the strategy. The strategy document was posted on the WHO website and shared through WHO channels with a request for survey feedback. All survey responses were downloaded, analyzed and synthesized into key revisions for the strategy. Suggestions from formal responses, for example International Federation of Pharmaceutical

⁴ World Health Organization. 2019. Thirteenth General Programme of Work 2019-2023. <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf?ua=1>

Manufacturers & Associations, were incorporated where possible. Stakeholder interview meetings were recorded, and key insights received were taken on board.

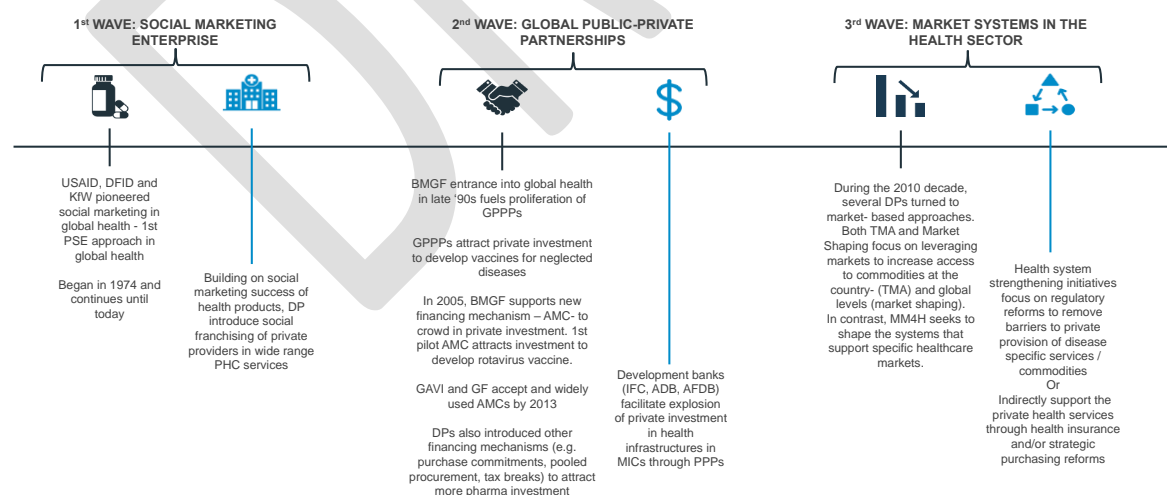
Due to the outbreak of COVID-19 in March 2020, WHO was unable to do in-person regional consultation meetings. However, WHO managed to have virtual meetings with all six regions, the Regional Offices for Africa, the Americas, South-East Asia, Europe, the Eastern Mediterranean and Western Pacific. While there was limited feedback from private sector stakeholders, the Advisory Group believes the consultation was large enough to draw relevant information.

CONTEXT & RATIONALE

History of private sector engagement

Private sector engagement in global health started with private sector participation in large vertical health programs. These later evolved into broader based “market shaping” interventions. Early private sector initiatives such as social marketing applied the principles of marketing to social goals and were employed in a range of contexts, from condoms in India to seat belt campaigns in the USA.⁵ Other initiatives were focused on trans-national private sector engagement, embodied in global private-public-partnerships (GPPPs) such as those established to develop new vaccines. While some initiatives such as social franchising worked with and through private sector healthcare providers, many worked at a global or national level. These forms of private sector engagement can be classified in three major waves: social marketing, GPPPs, and market systems in the health sector (Figure 2). Successive waves of private sector engagement have tended to be “*ad hoc and opportunistic*” in response to country needs, global health priorities and new actors in the global health community.⁶

Figure 2. Brief History of Global Health Initiatives to Engage the Private Sector⁷



Acronyms: US Agency for International Development (USAID), Department for International Development (DFID), Bill & Melinda Gates Foundation (BMGF), Global Public-Private Partnerships (GPPP), Advance Market Commitment (AMC), Global Financing

⁵ Honeyman, SW, Historical Highlights of Social Marketing 1969 – 2000, Population Services International.

https://www.shopsplusproject.org/sites/default/files/resources/5009_file_Historical_Highlightshonemanp3.pdf

⁶ Hellowell M and O'Hanlon, B. 2020, International organizations and the engagement of private healthcare providers: A Background Report for The Advisory Group on the Governance of the Private Sector for UHC. Geneva: World Health Organization, page 10.

⁷ Hellowell M and O'Hanlon, B. 2020, International organizations and the engagement of private healthcare providers: A Background Report for The Advisory Group on the Governance of the Private Sector for UHC. Geneva: World Health Organization.

In the context of the 2030 Agenda for Sustainable Development, there is now a pressing need for strategically engaging private sector service delivery to achieve health system strengthening objectives, UHC and other SDG health-related goals. Key factors fueling the growth of the private sector include the perception that the public sector offers low-quality care compared to the private sector⁸, a shortfall in public health facilities in some rural and peri-urban locations and the public sector's limited ability to respond to rapid urbanization and other changing demographics.⁹ As a result, a large private sector exists in many countries across health service areas, including primary care, hospitals, diagnostics, specialist therapeutics and curative services, and pharmaceutical supply chains.¹⁰

Private sector demand

Given the demand for private sector service delivery, ministries of health need to steward a mixed health system, not just the public sector. The pursuit of UHC requires countries to take ownership of healthcare, irrespective of where a person seeks care.¹¹ The demand for private sector service delivery is well established, especially for primary health care services and for the poor and underserved globally.^{12,13} All of the WHO regions include a private sector and in almost all regions it is accessed by all socioeconomic groups. Consumers may also seek services outside of the health system, such as through informal static, itinerant or digital dispensers of health products and services. These forms of care challenge traditional boundaries of health systems, precisely because they are often unbounded or unrecognized by stewards.¹⁴

A background report commissioned for this strategy analyzed private sector utilization from standard survey data. Insights confirmed earlier studies that show the private sector remains a dominant source of outpatient care in many countries, particularly in the African, Eastern Mediterranean and South-east Asia regions, and provides significant inpatient care across the same parts of the world.¹⁵

- The Eastern Mediterranean region has the greatest reliance on the private sector. Weighted regional results indicate that 53% of inpatient and 66% of outpatient care takes place in the for-profit private sector. This data is heavily influenced by Egypt and Pakistan.
- In the African region, 35% of those who seek outpatient care go to the for-profit private sector, while 17% seek care at shops, faith healers and other informal providers. Overall, 26% of care seeking is done in the formal private sector (e.g. medical clinics

⁸ Das, J, Hammer, J and Leonard, K. The Quality of Medical Advice in Low-Income Countries, *Journal of Economic Perspectives* 22 (2) (2008): 93–114.

⁹ Elsey H, Agyepong I, Huque R, et al. Rethinking health systems in the context of urbanisation: challenges from four rapidly urbanising low-income and middle-income countries, *BMJ Global Health* (2019);4:e001501.

¹⁰ Hollowell M and O'Hanlon, B. 2020, International organizations and the engagement of private healthcare providers: A Background Report for The Advisory Group on the Governance of the Private Sector for UHC. Geneva: World Health Organization.

¹¹ Hallo De Wolf A, Toebes B. Assessing private sector involvement in health care and universal health coverage in light of the right to health. *Health Hum Rights*. 2016;18:79–92

¹² Grepin, K, 2016. Private Sector: An important but not dominant provider of key health services in low- and middle-income countries. *Health Affairs* 35, no.7 (2016):1214-1221.

¹³ Patouillard, E, Goodman, C, Hanson, K and A Mills, 2007. Can working with the private for-profit sector improve utilization of quality health services by the poor? A systematic review of the literature. *International Journal for Equity in Health*, 6:17 doi:10.1186/1475-9276-6.

¹⁴ Appleford, G., 2019. Private Sector Accountability for Service Delivery in the Context of Universal Health Care. World Health Organization.

¹⁵ Montagu, D and Chakraborty, N. 2019, Private Sector Utilization: Insights from Standard Survey Data. Geneva: World Health Organization.

and nursing homes), with an additional 10% with informal providers. The greatest proportion of private sector care seeking occurs in Nigeria (52%), while in Cameroon, Uganda and Benin, greater than 40% of care is sought in the private sector.

Policy and Regulation Challenges

As the private sector continues to grow and evolve, especially with the advent of digital health, these dynamics create policy challenges, especially given the historical reliance on regulation as the main form of private sector engagement.

Digital Health Regulation Challenges: In 2019, CBInsights identified 150 promising private digital health start-ups working to transform the healthcare industry with new models of primary care and emerging technology solutions for providers.¹⁶ The combination of a rapid increase in access to the internet, low-cost diagnostic technologies and evidence-based treatment guidelines is creating opportunities for improving healthcare. As global organizations are making substantial investments in digital health, new partnerships are emerging between the health and communications sectors as well as between governments and the private sector.¹⁷ Different parts of government, 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 the more affluent.

In the past decade, there has been an increase in innovative companies that are working to improve the movement of health products from the manufacturer to the consumer. A report for the Gates Foundation looked at trends in health product distribution and found that the potential for e-commerce direct-to-consumer services may improve coverage of priority health products, while removing the connection to health providers.¹⁸ Traditional categories of information are blending as product-focused companies begin to expand offerings to include service delivery.¹⁹ Artificial intelligence (AI)-driven chatbots and telemedicine are being delivered in partnership with public payers in diverse settings such as the UK, Canada, and Rwanda. Online/offline hybrids are bringing medicines and dispensing advice direct-to-consumer, often in partnership with insurers.

Self-Care Regulation Challenges: Self-care tools and platforms that respond to consumer needs are evolving, allowing many consumers unprecedented access to information, and improving options for their lives and health. Critical products are becoming less provider-mediated through self-care²⁰ and task-sharing to de-medicalize services is gaining traction globally. Care for HIV-patients is being decentralized, powered by technology, allowing patients to actively take control of their own health and bypass the systems they would otherwise have to go through.

COVID-19 Legislation Challenges: As COVID-19 spreads throughout the globe, member states have been unsure how best to include the private sector in national response efforts. The private sector lacks certain resources and capacity needed for it to be an effective partner. In many contexts, resource-based planning cannot take place as critical data on private sector health resources and capacity is not held by the government. Emergency legislation,

¹⁶ CB Insights. Annual cohort of Digital Health 150. October 2019

¹⁷ Roland J, Bhattacharya-Craven A, Hardesty C, Fitzgerald E, Varma N, Aufegger L, Orlović M, Nicholson D. Health Returns: The Role of Private Providers in Delivering Universal Health Coverage. Doha, Qatar: World Innovation Summit for Health, 2018

¹⁸ Hansen Staples M, Eldridge C. Innovation in Health Product Distribution in Sub-Saharan Africa. Adapted version of slide deck (external) presented at: Bill and Melinda Gates Foundation; 2019 Aug 6; Seattle, WA.

¹⁹ Hansen Staples M, Eldridge C. Innovation in Health Product Distribution in Sub-Saharan Africa. Adapted version of slide deck (external) presented at: Bill and Melinda Gates Foundation; 2019 Aug 6; Seattle, WA.

²⁰ Hansen Staples M, Eldridge C. Innovation in Health Product Distribution in Sub-Saharan Africa. Adapted version of slide deck (external) presented at: Bill and Melinda Gates Foundation; 2019 Aug 6; Seattle, WA.

compounded by weak systems and regulation, can limit the private sector's role. Private sector businesses have also been exposed to significant financial losses, but governments lack clear criteria for providing support. Governments are unsure of whether, or how best to, finance private sector health businesses during the pandemic.

Governments are struggling to handle these challenges and look to a neutral convener like the WHO to champion the governance of private sector service delivery.

Governments engaging the private sector

There are government examples, both national and local, of successful engagement of private sector actors in health service delivery. Learning from these examples is critical.

Pharmacy chains, like *Farmacias Similares*, in Mexico have helped increase access to high quality generics through affordable prices.²¹ In Uganda, the Public Private Partnership for Health (PPPH) policy is operational and a PPPH health sector working group chaired by the Uganda Healthcare Federation (UHF) is the recognized Secretariat for the private sector that includes manufacturers and service providers within the country.²² South Africa has a well-documented Presidential Health Compact supported by the WHO country office that involved the private sector in its drafting and specifically mentions engagement with the private sector as a primary focus area for health improvement.²³ The Tuberculosis Private Provider Mix (TB-PPM) success story in India saw a vertical health program leveraging the private sector to affect health system change.²⁴ The rapid expansion of skilled attendance at delivery through the private midwife initiative in Indonesia²⁵ and near-seamless integration of public and private primary and in-patient care in Thailand²⁶ are also examples of engaging the private sector. Country level initiatives such as these provide critical learning to guide WHO's work in this area.

The COVID-19 era saw a proliferation of private sector engagement among countries.

- In the United Kingdom, the NHS assumed management of all private inpatient facilities for COVID-19 patients and other treatments. This merger resulted in an additional 8,000 hospital beds, 1,200 additional ventilators, 10,000 nurses, 700 doctors and over 8,000 other clinical staff.²⁷
- The Spanish government nationalized all the private hospitals to combat the spread of the virus.²⁸

²¹ Chu, Michael, and Regina Garcia-Cuellar. "Farmacias Similares: Private and Public Health Care for the Base of the Pyramid in Mexico." Harvard Business School Case 307-092, January 2007. (Revised April 2011.)

²² Barbara O'Hanlon et al. Exploring Partnership Opportunities to achieve universal health access. 2016 Uganda private sector assessment in health. 2017. 19. Primary health care systems (PRIMASYS): case study from Thailand, abridged version. Geneva: World Health Organization; 2017

²³ WHO supported "Presidential Health Compact" is launched. World Health Organization. 2019. (<https://www.afro.who.int/news/who-supported-presidential-health-compact-launched> accessed on 13 December 2019).

²⁴ Ministry of Health with Family Welfare. Revised National Tuberculosis Control Programme. National Strategic plan for Tuberculosis 2017-25 Elimination by 2025. March 2017.

²⁵ World Health Organization. MLHW Country Case Studies. Indonesia Case study, (https://www.who.int/workforcealliance/knowledge/resources/MLHWCountryCaseStudies_annex10_Indonesia.pdf) accessed on 13 December 2019

²⁶ Primary health care systems (PRIMASYS): case study from Thailand, abridged version. Geneva: World Health Organization; 2017

²⁷ DailyMail.com. Private hospitals that have been taken over by the NHS in fight against coronavirus at the cost of hundreds of millions of pounds are 'sinfully empty' - leaving hundreds of the country's top doctors 'bored' and 'twiddling their thumbs' (<https://www.dailymail.co.uk/news/article-8233207/Private-hospitals-taken-NHS-fight-against-coronavirus-left-sinfully-empty.html>) accessed on 24 June 2020

²⁸ Business Insider. Spain has nationalized all of its private hospitals as the country goes into coronavirus lockdown (<https://www.businessinsider.com/coronavirus-spain-nationalises-private-hospitals-emergency-covid-19-lockdown-2020-3>) accessed on 24 June 2020

- Lombardy, Italy began engaging private providers at the point of the initial surge in demand. The engagement provided an additional 407 intensive care beds and 4,570 inpatient beds to support the response.²⁹
- The Healthcare Federation of Liberia (HFL) and the Ministry of Health of Liberia worked together to launch and scale-up trainings to private sector providers across Montserrado County to address COVID-19.³⁰
- In South Africa, the cost of PCR-tests for COVID-19 dropped from R1400 to R850 (US \$80 to \$50) as a result of collective bargaining between the government and private labs.³¹
- State and local governments in Chhattisgarh and Maharashtra in India contracted private hospitals in their region to increase capacity.³²
- Australian Government partnership with private health sector secured an additional 30,000 hospital beds and 105,000 nurses and staff, to help fight the COVID-19 pandemic.³³

Concerns related to private sector engagement

Despite the importance of the private sector to health service delivery, often critical concerns – both evidence-based and otherwise – remain unaddressed. Many concerns are evidenced, such as the highly heterogeneous and fragmented nature of the private health sector and highly variable quality of care offered by the private sector.³⁴ The private sector is also difficult to evaluate owing to different information systems³⁵ and poor self-regulation.³⁶ In addition to these evidenced concerns, health services in the private sector are considered to be expensive, driven by commercialization and exploitative behaviors which are at odds with UHC objectives. The public sector may feel threatened by private sector engagement, concerned that this may divert public resources or undermine primary care. These concerns need to be addressed as ignoring them may subject consumers to an unacceptably high risk of poor quality of care and catastrophic expenditure.

Siloed private sector engagement within the WHO

²⁹ UHC2030. All hands on deck: mobilizing the private sector for the COVID-19 response (<https://www.uhc2030.org/blog-news-events/uhc2030-blog/all-hands-on-deck-mobilising-the-private-sector-for-the-covid-19-response-555347/>) accessed on 26 June 2020

³⁰ Medium.com. Health Policy Plus. A Coordinated Public-Private Sector Response in Liberia to COVID-19

(<https://medium.com/@HealthPolicyPlus/a-coordinated-public-private-sector-response-in-liberia-to-covid-19-253123f2be3f>) accessed on 24 June 2020

³¹ UHC2030. All hands on deck: mobilizing the private sector for the COVID-19 response (<https://www.uhc2030.org/blog-news-events/uhc2030-blog/all-hands-on-deck-mobilising-the-private-sector-for-the-covid-19-response-555347/>) accessed on 26 June 2020

³² UHC2030. All hands on deck: mobilizing the private sector for the COVID-19 response (<https://www.uhc2030.org/blog-news-events/uhc2030-blog/all-hands-on-deck-mobilising-the-private-sector-for-the-covid-19-response-555347/>) accessed on 26 June 2020.

³³ Ministers Department of Health. Australian Government partnership with private health sector secures 30,000 hospital beds and 105,000 nurses and staff, to help fight COVID-19 pandemic (<https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/australian-government-partnership-with-private-health-sector-secures-30000-hospital-beds-and-105000-nurses-and-staff-to-help-fight-covid-19-pandemic>) accessed on 24 June 2020

³⁴ Mackintosh, M, Channon, A, Karan, A, Selvaraj, S, Zhao, H and E. Cavagnero, 2016. What is the private sector? Understanding private provision in the health systems of low-income and middle-income countries. The Lancet [http://dx.doi.org/10.1016/S0140-6736\(16\)00342-1](http://dx.doi.org/10.1016/S0140-6736(16)00342-1)

35 Kruk, ME, Gage, AD, Arsenault, C, Jordan, K, Leslie, HH, Roder-DeWan, S, Adeyi, O, Barker, P, Daelmans, B, Doubova, SV, English, M, García Elorrio, E, Guanaïs, F, Gureje, O, Hirschhorn, LR, Jiang, L, Kelley, E, Tekle Lemango, E, Liljestrand, J, Malata, A, Marchant, T, Matsoso, MP, Meara, JG, Mohanan, M, Ndiaye, Y, Norheim, OF, Reddy, KS, Rowe, AK, Salomon, JA, Thapa, G, Twum-Danso, N, and M. Pate, 2018. High-quality health systems in the Sustainable Development Goals era: time for a revolution. The Lancet Global Health Commission. www.thelancet.com/lancetgh Vol 6 November 2018.

³⁶ Hellowell, M. and B. O'Hanlon, 2018. Managing Markets for Health (MM4H) Training Course, University of Edinburgh and the Global Financing Facility, <https://edge.edx.org/courses/course-v1:UniversityofEdinburgh+MM4H101+2018T1/about>.

Over the years, WHO has made progress towards recognizing and engaging the private sector, but support has been siloed within WHO teams. A more harmonized, system-wide approach is now required. The guide for national TB programs in 2006 was one of the initial works by WHO on the topic of engaging private providers.³⁷ The 63rd WHA in 2010 adopted the resolution of strengthening the capacity of governments to constructively engage the private sector in providing essential health services (WHA 63.27).³⁸ Since then, various departments within the WHO have been actively involved in engaging the private sector on specific issues. The technical series on primary health care with a separate focus on the role of the private sector³⁹ and the roadmap towards scaling up the engagement of all care providers in TB Prevention and Care⁴⁰ are a few of many examples. There has also been WHO regional engagement with the private sector. For example, in 2018, 22 member states from the Eastern Mediterranean Region endorsed a framework for private sector engagement for UHC.⁴¹

While vertical program teams and regional offices at WHO have had much internal momentum in their programmatic initiatives, an opportunity for WHO HQ exists to provide system-level guidance and solutions using a more synchronized approach. Increased interest in engaging the private sector is a key opportunity for WHO to leverage to meet UHC goals.

Governance Strategy

A strategy on governance of the private sector is necessary for WHO because need is high, demand is growing, and support is critical for achieving UHC. Creating the necessary favorable political economy within member states requires the support of a trusted partner such as the WHO. Increased demand for private sector engagement and the evolution of the private sector as a prominent player for health service delivery have highlighted the need for a new way of doing business. This strategy uses a governance framework focused on achieving six critical behaviors to support health system stakeholders engage in a new and more effective way of doing business.

“It is time for the WHO and its member states collectively to develop some new sensory organs so that they become better at evaluating what’s actually happening on the ground.”⁴²

Opportunity

WHO is well placed as a neutral convener, but it must overcome critical hurdles. While WHO has the potential to play a pivotal role in supporting UHC through private sector health service delivery governance, the advisory group identified several hurdles that it must overcome given its historical approach.

³⁷ Engaging all health care providers in TB control: guidance on implementing public–private mix approaches. Geneva: World Health Organization; 2006

³⁸ Resolution WHA 63.27/EM/RC57/10. Resolutions and decisions of regional interest adopted by the 63rd World Health Assembly. Agenda Item 7(a). 2010;

³⁹ The Private Sector, Universal Health coverage and Primary Health care: Technical series on Primary Health Care. Geneva: World Health Organization; 2018

⁴⁰ Public–private mix for TB prevention and care: a roadmap. Geneva: World Health Organization; 2018.

⁴¹ Regional Committee for the Eastern Mediterranean. Sixty-fifth session: Private sector engagement for advancing Universal Health Coverage. October 2018;

⁴² Expert opinion in Hellowell M and O’Hanlon, B. 2020, International organizations and the engagement of private healthcare providers: A Background Report for The Advisory Group on the Governance of the Private Sector for UHC. Geneva: World Health Organization.

- Lack of track record: WHO is perceived to be a stakeholder organization representing the interests of ministries of health. There is no strong record of effective engagement with non-state providers.⁴³
- Lack of capacity: WHO lacks the internal capacity to support private sector engagement⁴⁴ and needs to develop aptitude for going beyond the role of regulation and governance advocacy.
- Lack of trust: Historically, private sector actors as well as donors do not perceive WHO as a private sector supporter, expert, or partner in this work.⁴⁵
- Lack of evidence and tools: The literature identifies gaps in knowledge and evidence on the private sector. Neither the WHO headquarters nor its regional offices have an agreed-on set of talking points that summarize evidence, policy options, and WHO positions, to address local or regional needs for private sector engagement.⁴⁶

These hurdles warrant a new way of doing governance globally, regionally and at the country level. This necessitates a vision and mission that is inclusive of the private sector to support the journey towards UHC.

STRATEGIC FRAMEWORK

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 to engage the private sector in health care service delivery.

Governance behaviors

Governance behaviors drive the mission and vision of a new way of stewarding mixed health systems. These are based upon the sub-functions defined by the WHO that constitute effective health stewardship.⁴⁷ Stewardship encompasses the whole health system, including actors from the private and public sectors. National ministries of health are the “steward of stewards”⁴⁸, in recognition that other arms of government, including devolved structures, have a role in stewarding the health system.⁴⁹

Behaviors require governments and private sector health actors to “Build Understanding”, “Foster Relations”, “Enable Stakeholders”, “Align Structures”, “Nurture Trust”, and “Deliver Strategy” to achieve UHC. Behavior change goes beyond traditional tools and checklists - these behaviors represent a fundamental shift to do business in a new way.

1. Build Understanding | Generating intelligence

The provision of reliable and up-to-date information on current and future trends in health and health system performance: this includes identifying important contextual factors and actors,

⁴³ Private Sector Governance Advisory Group. Pre-Workshop Input. 2019.

⁴⁴ Private Sector Governance Advisory Group. Pre-Workshop Input. 2019.

⁴⁵ Private Sector Governance Advisory Group. Pre-Workshop Input. 2019.

⁴⁶ David Clarke et al. The Private sector and Universal Health coverage. Bull World Health Organ 2019;97:434–435; Quotes are from the interviews conducted in June/July 2019 by the Advisory Group with different experts and Ministry of Health officials to explore demand for WHO support in private sector governance.

⁴⁷ Travis, P, Egger, D, Davies, P and A. Mechbal, 2002. Towards better stewardship: concepts and critical issues. Evidence and Information for Policy World Health Organization, Geneva.

⁴⁸ Ibid.

⁴⁹ Appleford, G., 2019. Private Sector Accountability for Service Delivery in the Context of Universal Health Care. World Health Organization.

documentation of the perceptions of different stakeholders on problems, and identifying policy options.

2. Foster Relations | Building and sustaining partnerships and coalitions

To be fully effective and create positive change, relationships must be built and maintained to complement other, more formal ways of exerting influence through regulation, legislation and similar means.

3. Enable Stakeholders | Ensuring formal tools for implementation including use of 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.

4. Align Structures | 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 ability to guide the behavior of different actors, “coalition building”, and ensuring fit between policy and organizational structure and culture.

5. Nurture Trust | 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.

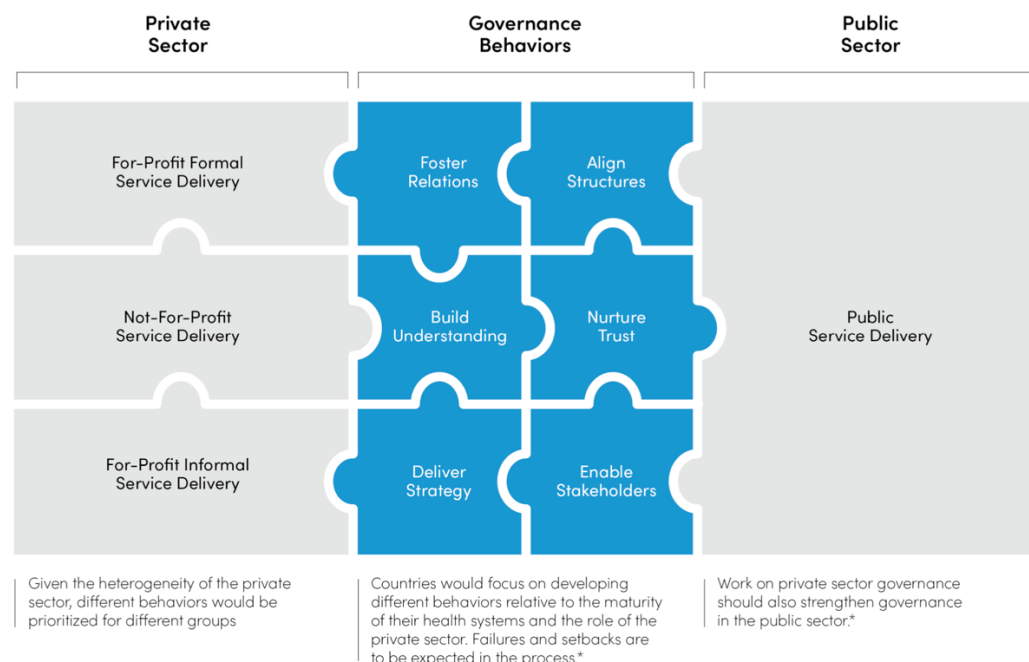
6. Deliver Strategy | Formulating strategic policy direction

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.

THEORY OF CHANGE

The proposed theory of change (Figure 3) for new ways of doing governance envisions a system that aligns the heterogeneous private sector service delivery to public sector service delivery. This is driven by the six governance behaviors described above. It is important to note that no hierarchy exists between these behaviors and none of the behaviors act in isolation. The priority of the behaviors would depend on the type of private sector that is dominant within a given country, the maturity of the country’s health system and the stage of growth of the private sector. Failures and setbacks are to be expected in this process but work on private sector governance is also expected to strengthen governance in the public sector.

Figure 3. Advisory Group Proposed Theory of Change



The governance behaviors operate with traditional tools of government. Effective engagement between the government and the private health sector occurs in five main domains of 1) policy and dialogue, 2) information exchange, 3) regulation, 4) financing and 5) public provision of services.⁵⁰ These domains are implemented through five traditional sets of tools of government including:

- economic regulations such as business licensing, market entry, price floors/ceiling, import restrictions, capital rates, tax relief, certificate of need, subsidized credit/loan, and guarantees
- social regulations such as facility and human resource licensing and quality assurance /accreditation
- Patient information such as raising awareness on quality, informing patients of their rights, publishing permitted prices
- Supply-side financing such as clinical/support service contracts, non-clinical service contracts, outsourcing contracts, direct grants and/or subsidized inputs for specific services, transactional PPPs
- Demand-side financing such as health insurance, vouchers/insurance combined with service contracts.⁵¹

There is no one-to-one correspondence of the governance behaviors to the tools, rather, the governance behaviors are necessary to support effective implementation of these tools for engagement of the private sector. A background report commissioned for this strategy found that despite a generally high recognition of private sector's role in achieving population health

⁵⁰ The International Bank for Reconstruction and Development / The World Bank (2011) *Healthy Partnerships. How governments can engage the private sector to improve health in Africa*. Washington, DC. doi: 10/1596. 978-0-8213-8472-5

⁵¹ Global Financing Facility. Session #9. Government Tools to Engage the Private Health Sector and Strategic Thinking on Private Health Sector Role in Ethiopia.

goals, specific policies on private sector engagement remained uncommon. Even in those countries with high usage of the private sector, many of the tools of government are not being used.⁵² Strengthening the governance behaviors is expected to increase the effective use of these tools for better engagement of the private health sector.

GOALS

Build Understanding

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.

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 identifying problems and designing a strategy for change.

For member states to build understanding between all actors in the healthcare system, there must be clear agreement on the experiences of different socio-economic groups in using private providers, how private providers can improve users' access, challenges that private providers face, and institutions available for influencing provider performance. Intelligence should come from studies conducted that include a multiplicity of perspectives on the system. This behavior is critical to support the implementation of change and generate learning about effective strategies for improving the performance of mixed health systems.

Country Spotlight:

India launches COVID-19 notification guidelines for the private health sector

To strengthen the containment measures of COVID-19, the Ministry of Health and Family Welfare in India released new guidelines for private health institutions, including AYUSH practitioners to notify the concerned district surveillance unit about COVID-19 affected persons. The private practitioners were provided with the respective state helpline numbers and email ID to simplify this process.

Philippines enterprise architecture includes private providers

The Philippine Department of Health (DOH) developed an Enterprise Architecture (DOH EA) to manage health information from the entire Philippine health sector across the nation. The DOH instituted a standard set of indicators to aid data collection and a single data warehouse to store the data. The DOH EA promotes information sharing among various entities such as customer–patient, national government agencies, private organizations and other stakeholders.

Sources: Guidelines for notifying COVID-19 affected persons by Private Institutions. <https://www.mohfw.gov.in/pdf/GuidelinesfornotifyingCOVID-19affectedpersonsbyPrivateInstitutions.pdf> accessed on 06 April 2020. Dayrit MM et al. Health systems in Transition: The Philippines Health system review. Asia Pacific Observatory on Health Systems and Policies. 2018

⁵² Hung, Y.W., Kinton, J., & Eldridge, C. (2020). *Private health sector engagement in the journey towards Universal Health Coverage: Landscape Analysis*. Geneva: World Health Organization. Unpublished manuscript.

Foster Relations

Goal: Enable actors to work openly, sustainably, and effectively together, with trust, to achieve shared objectives in a new way of doing business.

Objectives:

1. Models prototyped for public-private dialogue and coordination platforms, steered by member states and WHO.
2. Existing convening mechanisms at national, regional and global levels are leveraged for increased engagement.
3. Selected member states have institutionalized mechanisms for developing, managing and monitoring shared mixed health system objectives.

Joint understanding and collective objectives necessitate strong working relationships and empowered stakeholders. Much of the relationship work depends on having clear communication channels in place. A background report commissioned for this strategy highlighted the critical need for the private sector to be engaged in meaningful dialogue, referencing the experiences of high-income countries having a long tradition of working with the private sector through established, formal mechanisms to tackle difficult issues.⁵³ Regular communication that builds trust and foments working relationships will allow stakeholders to co-create policies, strategies, co-design, and co-implement market interventions. Fostering relations allows stakeholders to move beyond simply understanding one another, to being able to work together.

“It’s really about getting those incentives, rules and regulations in place to have a win-win for all actors across the board and really align all incentives towards public health goals. So, that it’s in people’s interest, whether you’re making a profit or not, to contribute to public health goals.”⁵⁴

Country Spotlight:

Kenya Healthcare Federation supports the government of Kenya’s response to COVID-19

The Kenya Healthcare Federation (KHF), a representative body of private health sector in Kenya, initiated a ‘KHF COVID-19 Response Team’ to facilitate a whole-of-society approach to the COVID-19 response. The team works closely with Government and the Kenyan Private Sector Association (KEPSA) and other health actors.

Price setting in Thailand under Universal Coverage Scheme

The Universal Coverage Scheme (UCS) in Thailand purchases health services from providers through the National Health Security Office (NHSO). While primary health care is reimbursed through capitation payments, inpatient care is purchased through collective negotiations of Diagnosis-related Group (DRG) payments. The negotiation of these prices is carried out by a working group comprising of public and private providers.

Sources: Kenya Healthcare Federation. <http://khf.co.ke/#covidnews>. Barber SL, Lorenzoni L, Ong P. Price setting and price regulation in health care: lessons for advancing Universal Health Coverage. Geneva: World Health Organization, Organization for Economic Co-operation and Development; 2019.

⁵³ Expert opinion in Hellowell, M, O’Hanlon, 2020, Principles for Engaging the Private Sector in Universal Health Coverage: A Background Report for The Advisory Group on the Governance of the Private Sector for UHC. Geneva: World Health Organization.

⁵⁴ Expert opinion in Appleford, G., 2019. Private Sector Accountability for Service Delivery in the Context of Universal Health Care. World Health Organization.

Enable Stakeholders

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

Objectives:

1. All actors agree with roles and are provided with enabling capacities and authority to deliver on their role.
2. Government has enough capacity to play a regulatory role and engage effectively with stakeholders.

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

“WHO can leverage its resources as well as those developed by other partners to assist member states to engage the private health sector.”⁵⁵

Country Spotlight:

Empanelment of private hospitals in India to continue care for non-COVID-19 patients

The National Health Authority (NHA) of India launched a new mechanism called Hospital Empanelment Module (HEM) Lite under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojan (AB-PMJAY). The scheme empanels private hospitals on a temporary basis to continue care for patients suffering from cancer, cardiac issues and diabetes to strengthen the supply of care for beneficiaries of AB-PMJAY.

Training private pharmacies in Vietnam to deliver health services

PATH partnered with the Department of Health (DOH) in Vietnam in a new initiative to provide high quality health services, including providing reproductive health services for youth and identifying possible tuberculosis cases. Training and reference materials were developed by PATH and DOH. A referral system was established between the private pharmacies and local health facilities through referral slips or coupons and regular workshops were organized to promote healthcare networks.

Sources: NHA launches empanelment for private hospitals to provide treatment under AB-PMJAY. April 2020. <https://health.economictimes.indiatimes.com/news/policy/nha-launches-empanelment-for-private-hospitals-to-provide-treatment-under-ab-pmjay/75094234>. Accessed on 15 May 2020.
Building Pharmacy capacity in Vietnam. Improving Knowledge and skills in primary health care. PATH. August 2012.

⁵⁵ Hellowell M and O’Hanlon, B. 2020, International organizations and the engagement of private healthcare providers: A Background Report for The Advisory Group on the Governance of the Private Sector for UHC. Geneva: World Health Organization.

Align Structures

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

Objectives:

1. Design effective institutional structures and an enabling eco-system for inclusion of the private sector.
2. Develop government guidelines that facilitate and optimize stakeholder representation.
3. Establish a legal framework that is mutually recognized by stakeholders.

Institutional frameworks for UHC are often developed with only the public sector in mind.⁵⁶ To correct for this, government sets (or should set) the vision about what good care under UHC should look like, through the establishment of normative frameworks and guidelines for standards of care, access to care and the financing of care for a mixed health system. Government also needs to set the framework and tempo for progressive realization of UHC ambitions, “the how”.⁵⁷

To this end, the organization of health structures (public, private, and civil society) must reflect and deliver on established policies for UHC. To do so effectively, actors must agree upon an optimal structure to avoid overlap, clearly separate functions and ensure that communication channels are established between the functions.

“Major policy decisions in any country should not be made without coordination, consultation with those who end up having to implement and those who have a stake in the matter.”⁵⁸

Country Spotlight:

Bangladesh permits private labs to test for COVID-19

In the early days of the COVID-19 outbreak in Bangladesh, the Directorate General of Health Services (DGHS) prohibited private laboratories from testing for COVID-19. However, as the cases began to rise, DGHS relaxed its restrictions and permitted private hospitals as well as private laboratories to test for suspected cases thus increasing the testing facilities in the country.

One-stop desk in the Afghanistan MoPH for Private Sector

As part of a stewardship initiative by the Ministry of Public Health (MoPH) in Afghanistan, the Directorate of Private Sector Coordination (DSPC) established a transparent and accessible ‘Information & Communication Desk for Private Sector’ in 2015. This desk has helped in overcoming the structural barriers in licensing of health facilities and served as a one-stop door for the entire process.

Sources: No private hospitals will be allowed to test for coronavirus. The Business Standard. March 2020. <https://tbsnews.net/bangladesh/health/no-private-hospitals-will-be-allowed-test-coronavirus-57784>. Accessed on 15 May 2020.

New labs installed for Covid-19 testing. Dhaka Tribune. April 2020. <https://www.dhakatribune.com/health/coronavirus/2020/04/15/coronavirus-bangladesh-plans-multi-sector-initiative-to-expand-testing> accessed on 15 May 2020.

Cross HE et al. Government stewardship of the for-profit private health sector in Afghanistan. Health Policy and Planning, 32, 2017, 338–348. doi: 10.1093/heapol/czw130.

⁵⁶ Independent Accountability Panel for Every Woman, Every Child, Every Adolescent. 2018 report: Private sector: who is accountable? for women’s, children’s and adolescents’ health Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

⁵⁷ Appleford, G., 2019. Private Sector Accountability for Service Delivery in the Context of Universal Health Care. World Health Organization.

⁵⁸ Expert opinion in Appleford, G., 2019. Private Sector Accountability for Service Delivery in the Context of Universal Health Care. World Health Organization.

Nurture Trust

Goal: Mutual trust exists amongst all actors as accountable agents in a mixed health system.

Objectives:

1. Package learning and advice on how to design and implement accountability systems.
2. Develop diagnostic tools for the private sector and accountability environments in mixed health systems.
3. Support member states with the development of transformative accountability agendas, based upon social compacts between sectors, grounded in diagnosis and dialogue.
4. Undertake research to understand the contextual factors that promote or hinder accountability environments in mixed health systems.

Health actors from both sectors should be accountable to the delivery of health care to improve or maintain health outcomes and avoid unnecessary or ineffective care; furthermore, as a normative system, the efforts of both sectors should establish a foundation of trust between consumer and health care provider, and be valued.⁵⁹ These relations are often characterized by

asymmetries of power and information whereby consumers of health care services

are reliant upon the professionalism and ethics of health actors and the institutions from which they seek care. In turn, health actors – from both sectors - must also trust the health system and may also suffer from asymmetries of power and information as they may not be empowered to act on their intent to improve or maintain health, to do no harm.⁶⁰

More detailed contextual diagnosis is needed at a country level to address accountability systems, and not just the symptoms of poor accountability. Irrespective of context, accountability cultures are also needed. Change is – or should be – a constant feature in efforts to strengthen accountability.⁶¹ This will help lay the foundation for greater trust between health sectors, actors, and consumers.

Country Spotlight:

Nigeria CDC guidelines for COVID-19 testing in private labs

The Nigeria Centre for Disease Control (NCDC) formulated guidelines for integrating the private sector into COVID-19 testing. The guideline outlines the mechanism of engagement between the state and interested private laboratories. These private laboratories are required to have valid registration, properly trained staff and necessary equipment. In addition, they should abide by the roles of public health laboratories and fulfill a set of criteria drawn by the NCDC.

Australian Institute of Health and Welfare data on private hospital pricing in Australia

In Australia, a selection of private hospitals volunteer to participate in the National Cost Data Collection undertaken by the Independent Hospital Pricing Agency. Along with this report on activity-based costing from participating hospitals, the federal Department of Health also collects data from all private hospitals on the details of each admission on DRG. These data on cost and quality are published by the Australian Institute for Health and Welfare for the public.

Sources: COVID-19: NCDC issues guidelines for private labs. Punchng. May 2020. <https://punchng.com/breaking-covid-19-ncdc-issues-guidelines-for-private-labs/> accessed on 15 May 2020. Barber SL, Lorenzoni L, Ong P. Price setting and price regulation in health care: lessons for advancing Universal Health Coverage. Geneva: World Health Organization, Organization for Economic Co-operation and Development; 2019.

⁵⁹ Kruk, ME, Gage, AD, Arsenault, C, Jordan, K, Leslie, HH, Roder-DeWan, S, Adeyi, O, Barker, P, Daelmans, B, Doubova, SV, English, M, García Elorrio, E, Guanais, F, Gureje, O, Hirschhorn, LR, Jiang, L, Kelley, E, Tekle Lemango, E, Liljestrand, J, Malata, A, Marchant, T, Matsoso, MP, Meara, JG, Mohanan, M, Ndiaye, Y, Norheim, OF, Reddy, KS, Rowe, AK, Salomon, JA, Thapa, G, Twum-Danso, N, and M. Pate, 2018. High-quality health systems in the Sustainable Development Goals era: time for a revolution. The Lancet Global Health Commission. www.thelancet.com/lancetgh Vol 6 November 2018.

⁶⁰ Appleford, G., 2019. Private Sector Accountability for Service Delivery in the Context of Universal Health Care. World Health Organization.

⁶¹ Ibid.

Deliver Strategy

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

Objectives:

1. Develop and implement a mixed health systems strategy.
2. Adapt and refine the strategy based on implementation.

Delivering strategy requires clarity of purpose and alignment of the private sector with the direction and vision of UHC. Government needs to set strategic direction, and design interventions that harness the private sector for UHC. 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.

Country Spotlight:

Private sector and MOH in Liberia collaborate in response to COVID-19

The focus of operation for the Healthcare Federation of Liberia (HFL) in the first month since its official launch in February 2020, has been the coordination of an effective private sector response to COVID-19 by working alongside the Ministry of Health (MOH) and the National Public Health Institute of Liberia. With their support, HFL launched a training program for all private providers on case management and emergency response protocols during COVID-19. In the national strategic plan for COVID-19, the MOH also highlighted its plan to integrate private sector and encouraged their participation in the COVID-19 response.

Private sector consulted to develop Nigerian National Health Policy

The Federal Ministry of Health (FMOH) in Nigeria instituted the 2016 National Health Policy (NHP) after building consensus among stakeholders. Under the guidance of FMOH, representatives of the private health sector were part of a technical working group (TWG). The TWG convened twice over a period of two years, analyzed the progress made since the 2004 NHP, adopted a theme for NHP 2016 and produced the standard draft of the current NHP.

Sources: A Coordinated Public-Private Sector Response in Liberia to COVID-19. Medium. April 2020. <https://medium.com/@HealthPolicyPlus/a-coordinated-public-private-sector-response-in-liberia-to-covid-19-253123f2be3f> accessed on 15 May 2020.

Federal Ministry of Health. National Health policy 2016: Promoting the health of Nigerians to accelerate socio economic development. Nigeria. 2016

PRIORITIES FOR ACTION

To catalyze strategic action, four priorities are put forward by the Advisory Group to the WHO. Priorities are in no chronological order nor do any of them take precedence over the others. While each priority stands alone, they are mutually reinforcing and intended to be implemented together. Illustrative activities are included to expand the understanding of the priority. COVID-19 has pressure-tested national health systems, and further highlighted the importance of private sector engagement, and the need for a new way of doing business for the WHO and member states. As such, the formulation of these priorities recognizes the importance of health security, globally and nationally, underpinned by system-level change. These priorities further underline the importance of building capacity within WHO, governments, and the private health sector itself to work effectively together to address health security needs.

1. Convene to build political will

Use WHO's convening power to build political will for governance of mixed health systems. A process to identify champions at all levels of WHO should be undertaken, so as to mainstream private sector engagement within the organization. WHO should also establish strategic partnerships with development partners to coordinate and curate guidance and technical support for private sector engagement. At national and regional levels, WHO should organize stakeholder forums with private sector organizations to elevate the dialogue around governance of mixed health systems. A similar forum should be organized with transnational actors.

2. Embed governance behaviors

Embed the six governance behaviors by defining clear roles and responsibilities to take the work forward. This should include the development of a resolution at WHA that defines WHO's role in the governance of mixed health systems at central, regional, and country levels. The WHO should also establish a mixed health system unit or directorate to coordinate private sector engagement activities internally. This should also articulate the level of support that the WHO HQ will provide to regions and member states. At regional and country level, the WHO should establish a cadre of private sector engagement specialists.

3. Set norms and assure accountability

Set global norms – rules and policy – around the governance of mixed health systems. Convene high level technical working groups to set norms on the governance of mixed health systems and establish global indicators for monitoring accountability. As recommended in a report developed for the strategy, a central repository should also be set up to collect and curate country and regional level data for regular reporting and greater transparency.⁶² At WHO regional and country level, WHO should support the establishment of national governance systems, backed by appropriate laws and enforcement mechanisms for national and transnational stakeholders. WHO should also support the development of implementation plans and set indicators of good practice for governance of mixed health systems.

4. Support learning and technical guidance

Set the agenda on learning around governance of mixed health systems and ensure that technical guidance is of high quality and aligned with the governance behaviors. This should include the development of a typology of private sector engagement models to promote understanding and action; documentation and sharing of learning on good practices and

⁶² Chakraborty, N, Sprockett A and S Baba, 2019, Measuring the Size of the Private Sector: Metrics and Recommendations. Prepared by Insight Metrics for the World Health Organization.

success stories within and between regions; and quality assurance of tools, policy and technical assistance to support governance of the private sector. The WHO could also encourage academic institutions and independent research organizations to formulate curriculum around governance of mixed health systems that will explore new organizational arrangements for increased access to safe, effective, and affordable health services and challenges to governance, including transnational companies and digital health. At regional and country level, WHO should coordinate the provision of technical advice by partners.

TIMELINE FOR ACTION AND METRICS OF SUCCESS

Metrics of success and expected outcomes have been identified for the strategy and follow key process steps. These are expected to be further refined as the WHO works through the priorities and illustrative activities.

At the end of five years, it is expected that:

- I. The WHO will have acted as a facilitator to bring together stakeholders and partners in a joint dialogue of governance of mixed health systems.
- II. The WHO will have created a path forward using the governance behaviors as a guide for member states.
- III. The WHO will have set norms and established systems for member states to assure accountability among all actors in the health system.
- IV. The WHO will have provided member states and partners with learning and technical guidance on best practices for governance of a mixed-health system.

Within 7 years, the WHO should hone in on the following metrics of success:

Convene to build political will

1. Champions at WHO and external network of partners identified to build advocacy.
2. Established collaboration agreements with development partners.
3. Stakeholder forums organized to elevate dialogue around governance of mixed health systems.

Embed governance behaviors

1. Established cadres of PSE specialists at country and regional levels.
2. Development of a WHA resolution.
3. Established mixed health system unit within WHO.

Set norms and assure accountability

1. Working groups convened to set norms.
2. Central repository created to curate country and regional level data.
3. Implementation plan and indicators created for good governance of mixed health systems.
4. Established national governance backed by laws, enforcement authority and organizational units.

Support learning and technical guidance

1. Learning on good practices and success/failure stories supported between countries in the region & between regions.
2. Quality of tools, policy and technical assistance assured.

3. Simplified categorization of engagement models established.
4. Curriculum formulated for academic institutions and independent research organizations.

CONCLUSION

The strategy to govern mixed health systems leverages the WHO's comparative advantage to build consensus around the means and strategies to engage the private sector in health service delivery.

Upon fully executing this strategy, the WHO will have guided and supported member states in the strengthening of governance behaviors to assure private and public actors work together to drive UHC in ways that promote equity, access, quality and financial protection for the population and collectively deliver on the realization of UHC.