Engaging the private health sector in communicable disease prevention and management and the national immunization programme, Pakistan 2020

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Abstract

Background: In Pakistan, where the burden of communicable diseases is high, the private sector accounts for 62% of health care provision. Understanding its role in health provision can result in effectively engaging the private sector to achieve universal health coverage.

Methods: This study reviewed existing literature on policies, regulations and experiences in private health sector engagement. Policy-level experts were interviewed about formulation of national health policies and plans. Using a structured questionnaire, a sample of private providers were assessed for their awareness of and engagement in communicable diseases programmes.

Results: While private-sector initiatives exist to improve coverage for care, including programme-specific schemes, Pakistan did not have a national policy for structural engagement of the private sector, and regulations were limited. Policy-level experts perceive the private sector as market-driven and poorly regulated. Of the private providers interviewed, 39% were aware of or had been trained in procedures or guidelines, and 23% of the respondents were monitored on performance by the government.

Conclusion: Engagement of the private sector in health care provision focuses on regulation and lacks a broader, conducive environment to develop a joint coverage plan. The Ministry of Health could provide an overall vision for the public and private sectors to operate in a complementary manner to achieve universal health coverage, including for communicable diseases.

Keywords: Private sector, communicable diseases, Pakistan, universal health coverage

NI reviewed the literature, designed the data collection instruments, and conducted all interviews. HS, GM and YH conceptualized the work. AS and NA contributed to the triangulation and validation of the result from their experience as part of the health system development team in the WHO country office of Pakistan. NI and GM drafted the manuscript. All authors contributed to the editing and approved the final version. Conflict of interest for all authors: None

Background

The UN Sustainable Development Goals emphasize the need for partnerships to attain SDG3 (good health and well-being), including the universal health coverage (UHC) target *(1)*. With this in mind, health systems need to find effective ways to engage the private sector. In 2021, the Global Health Observatory (GHO) estimated that the private sector provided 40–62% of all health care services in WHO regions, and that out-of-pocket expenditure comprised 19–40% of current health expenditures *(2)*.

In 2018, the WHO Eastern Mediterranean Region (EMR) prioritized the expansion of universal health coverage as part of the regional Health for All by All vision *(3)*. In 2019, GHO estimated that the private sector accounted for 62% of health care provision in this region *(2)*. However, the private sector contribution most often took place in the absence of collaborative planning, which limited opportunities to address population health needs and achieve financial health protection.

GHO also estimated that out-of-pocket expenditures in the region accounted for 36.2% of the current health expenditure, the second highest among all WHO regions *(2)*. In 2018, WHO endorsed a framework for effective

engagement with the private health sector, with the aim of expanding service coverage for UHC. The framework recommended a 5-element strategy for engagement that included developing a policy framework with a financial strategy; identifying strategic purchasing options; securing regulatory mechanisms; improving the quality of care; and setting up a monitoring and reporting mechanism.

Pakistan, with a 2020 population of 220.9 million, is the most populated country in EMR. Its National Health Vision 2016-2025 prioritized universal health coverage. According to the 2019-2020 Pakistan social and living standard survey, private medical providers ensured 58% of the consultations (55% in rural areas and 63% in urban areas) *(4)*. The 2017-2018 survey reported that out-of-pocket health expenditure in the country accounted for 51.7% of the total health expenditure, 81% of which was spent in the private sector *(5)*.

In 2019, communicable diseases and reproductive, mother and neonatal child health accounted for 49.9% of the burden of disease in Pakistan *(5)*. Many of the private outpatient visits were for communicable diseases. There is therefore a need to review the private-sector contribution to the provision of communicable disease services and optimize this engagement, as outlined in the WHO framework for action.

This paper describes private-sector initiatives for communicable diseases in Pakistan and the context in which they operate. We expect that our recommendations would support the Ministry of Health in strengthening this engagement to achieve universal health coverage.

Methodology

We reviewed available initiatives and context, including policies, regulations and challenges from both the policy experts' and private-sector side. We used a mix of methods, including document review, key informant interviews and questionnaire-based interviews. The document review provided a description of available initiatives. Interviews with policy-makers revealed their perspective on this engagement, while interviews with private-sector providers clarified their engagement and adherence to national guidelines. We triangulated data generated from the three sources to validate the results and contextualize this private-sector engagement.

Document review

The literature was reviewed using relevant search terms in both PubMed and Google Scholar search engines. We included papers published between 1990 and 2020. Next, we examined national health accounts data and published findings from surveys on the share of services provided through the private sector. We also reviewed policy documents related to private-sector engagement in the health sector at national and provincial levels as well as existing laws, enactments and regulations that organized the work of the private sector.

Key informant interviews

Ten policy-level experts were selected for interview based on their engagement in policy formulation at the national level. We used an open-ended, semi-structured questionnaire with supplementary questions to map the views of respondents about engagement of the private sector in formulating national health policies and plans, and to explore possible mechanisms to facilitate such engagement.

Interviews with private providers

We selected 30 private health care providers distributed across preventive and curative health care services at the national and subnational levels in Punjab and Khyber Pakhtunkhwa provinces. We contacted participants by phone due to COVID-19 restrictions. We excluded private health care providers with dual practice in the public and private sectors to avoid bias related to their engagement in public programmes. We used a close-ended structured questionnaire that addressed awareness of and adherence to national communicable diseases guidelines on HIV, tuberculosis, malaria, COVID-19, and hepatitis B and C.

Data analysis

We described the patterns of engagement of the private providers. From the key informant interviews, we extracted common themes generated from the transcripts. From the questionnaire-based interviews, we

estimated the proportion of engagement in different aspects of engagement for diverse communicable diseases and expressed it as a percentage. We then triangulated the elements from the document reviews, stakeholders interview and provider interviews to determine whether the engagement of the private sector for communicable diseases was consistent with the WHO regional framework. This provided a cross-validation of the results and contextualized private-sector engagement in achieving universal health coverage.

Results

The study identified two types of initiatives: initiatives to improve coverage; and disease-specific initiatives.

National-level initiatives to improve coverage

Two major initiatives to improve coverage for a package of care in Pakistan were identified. The first is the People's Primary Health Care Initiative 2006 (PPHI), where front-line government basic health units contracted a government-sponsored non-governmental organization (NGO) *(6)*.

The second initiative, the Sehat Sahulat Programme (SSP) launched in 2016 and aimed to attain universal health coverage in Pakistan. SSP partnered with the private health sector by enrolling private health facilities in service provision, with the aim to improve access by the underserved population to good quality medical services, with the assistance of a micro health insurance scheme. The priority package of SSP covers chronic infectious diseases, including HIV and hepatitis *(7)*, and covers only inpatient health services.

Provincial-level initiatives to improve coverage

In Khyber Pakhtunkhwa, in addition to the PPHI that covered 17 districts and that ended in 2016 *(8)*, we identified two initiatives. First, the Multi Donor Trust Fund initiative (2012-2015) allowed provincial health authorities to outsource secondary health care services to national and international NGOs in six underserved districts. This initiative ended with no formal evaluation *(9)*.

A second initiative aimed to revitalize and improve primary healthcare in the Battagram district of Khyber Pakhtunkhwa (2008-2011). The initiative was based on a tripartite collaboration between the provincial government, the World Bank and an international NGO. The project ended in 2011 due to lack of funding *(8)*.

In Sindh, in addition to the PPHI that covered 22 districts *(10)*, we identified two initiatives. First, the health authority contracted an NGO for the management of poorly functioning rural health centres and secondary care in nine districts to expand access to the underserved population *(11)*. Second, the Indus Health Network in 2015 managed public hospitals and primary care clinics with a focus on the rural and migratory population of Pakistan.

In Baluchistan, in addition to the PPHI that covered 23 districts *(12)*, three major initiatives operated with international NGOs through a formal agreement with the government. These initiatives extended access to services in 90 basic health units and four district hospitals *(13)*.

In Punjab, PPHI covered 12 districts *(14)*. As a sequel of the PPHI, in 2017, Punjab Health Facilities Management Company (a not-for-profit company) was established to manage provincial health care facilities in 14 districts *(15)*. In 2020, Punjab province was in the process of outsourcing four secondary healthcare hospitals to an international trust.

Disease-specific initiatives

We identified four initiatives, related to tuberculosis, HIV, immunization and COVID-19. The government purchased HIV services from NGOs through performance-based contracts in 2003–2008 *(16)*.

Since 2014, the National TB Control Programme (NTP) has engaged the private health sector in the provision of TB services, including the private medical sector, through major NGOs. The 2019 NTP annual report noted

that the private non-NTP providers contributed to the notification of 42% of the cases, compared with 22% in 2015. Collaboration efforts also included expanding TB laboratories in the private health sector *(17)*.

In 2018, the national immunization programme signed a memorandum of understanding with the private health facilities to deliver quality immunization services according to the national vaccination schedule *(18)*. The memorandum of understanding allowed provision of vaccines to private providers while they, in turn, would share reports and data on vaccines doses, surveillance and adverse events on a monthly basis.

In 2020, the government used private health facilities and equipment on loan for treatment of COVID-19 cases as well as for enhancing daily testing capacity. This was accomplished through formal agreements negotiated with private laboratories to offer free or subsidized COVID-19 tests to the public.

National policy, laws and regulations

In 2010, Pakistan issued an act on public-private partnership that aimed to promote inclusive social and economic development through three mechanisms: provision of infrastructure; mobilization of private financing for public initiatives; and facilitation of investment by the private sector. There was no focus on health issues *(19)*, nor was there a health-specific national policy with a defined financial strategy for private health sector engagement in Pakistan.

The national health vision 2016-2025 pointed to the lack of private-sector regulation and the weak capacity to contract out services in Pakistan as challenges for equitable access to services *(20)*. Four acts subsequently established healthcare commissions in Islamabad Capital Territory, Khyber Pakhtunkhwa, Sindh and Punjab provinces, with the goal of regulating the public and private health sectors. The government mandated the commissions with registration, licensing and accreditation of both public- and private-sector health facilities.

Another key enactment related to communicable diseases and immunization: the West Pakistan Epidemic Diseases Act (1958) *(21)* provides for measures in times of epidemic and delegation of authority to provincial government.

Key informant interviews

Key informant interviews pointed to the limitations of the regulatory framework for private-sector engagement. Most respondents mentioned the lack of regulation or mechanisms to engage the private sector in the planning and provision of communicable diseases services. They also pointed to the private sector's lack of interest in reporting on communicable diseases in the absence of a regulatory requirement and government oversight. Some key informants indicated that poor-quality private service was a major concern, especially in rural settings.

The private health sector approach aims to maximize profitability, focusing on specialized care with limited activities in primary and preventive care. Consequently, respondents expressed concern that the private sector was not addressing the population's health needs.

Interviews of private providers

Among the 30 providers interviewed, the proportion of respondents with some of the national guidelines on communicable diseases ranged from 47% for hepatitis B testing guidelines to 80% for HIV testing guidelines (see Table 1).

The proportion of respondents who had copies of communicable disease guidelines ranged between 13% for HIV testing and 53% for hepatitis B. The implementation status of these guidelines differed by disease. The proportion of providers who reported partial implementation of the guidelines ranged from 33% for HIV to 67% for tuberculosis, dengue fever and malaria, and 87% for COVID-19.

Of the respondents, 23% had been monitored on performance by the health authorities and 39% received training on communicable diseases procedures and guidelines.

Table 1: Private provider awareness and implementation of communicable disease guidelines, Pakistan 2020

Intervention	Reference to national guidelines				Level of implementation			
Testing persons with signs/ symptoms of:	**Some awareness**	**No awareness**	**Have a copy of guidelines**	**Total**	**Never**	**Sometimes**	**On daily basis**	**Total**
HIV infection	24 (80%)	2 (7%)	4 (13%)	30	20 (67%)	10 (33%)	0 (0%)	30
Malaria, tuberculosis, dengue fever	23 (77%)	0 (0%)	7 (23%)	30	5 (16%)	20 (67%)	5 (16%)	30
COVID-19	22 (74%)	2 (7%)	6 (19%)	30	4 (13%)	26 (87%)	0%	30
Hepatitis C infection	21 (71%)	0 (0%)	9 (29%)	30	2 (7%)	11 (36%)	17 (57%)	30
Hepatitis B Infection	14 (47%)	0 (0%)	16 (53%)	30	1 (3%)	21 (71%)	8 (27%)	30

Discussion

Two types of initiatives engaged the private health sector in Pakistan, either to improve coverage of health services or to focus on programme-specific interventions, for example for tuberculosis diagnosis or vaccination coverage. Horizontal initiatives for a package of care offered an opportunity to expand coverage, including for communicable diseases, but they were not based on a national policy with a defined financial strategy.

The private sector focused on specialized care, particularly in urban areas, with less interest in prevention and health promotion. Pakistan policy on public-private partnership defined the general scope of partnership and recognized the need for sector-specific policies to accommodate the needs of individual sectors. However, there was no national policy to engage the private sector towards achieving universal health coverage according to the WHO regional framework.

Pakistan regulations for the private sector covered registration, licensing and accreditation. However, the government did not regulate the geographical distribution or coverage of the private sector for preventive and curative services towards achieving universal health coverage. According to WHO, private-sector regulations and related financial policy should steer mixed delivery of health services in the public interest *(22)*.

Pakistan's policy framework limited opportunities to partner with the private sector to make substantial progress towards achieving universal health coverage. Only half of the population in Pakistan has access to essential health services *(23)*.

In Tunisia, the government adopted a robust legal and regulatory norm that addresses population needs and frames licensing *(24)*. The coverage of essential services in Tunisia exceeded 67, according to the World Bank universal health coverage index *(25)*. In contrast, the regulatory norm in Pakistan is insufficient. In the absence of expansion, it could not steer mixed delivery of health services to ensure universal coverage with a clear oversight role, incentives for performance and enforcement mechanisms.

In the absence of a regulatory framework in Pakistan, private doctors had no reason to report on communicable notifiable diseases or to adhere to communicable disease guidelines. Disease- or programme-specific initiatives, such as in the case of tuberculosis or immunization, better address this point. This could be due to focused interventions, better communication or availability of incentives (e.g. training, provision of free of charge vaccines to the private providers, provision of external funding through the Global Fund for AIDS, TB and Malaria). This underlines the importance of creating incentives for engaging private doctors.

Lessons learnt from six countries that have successfully engaged the private sector highlight motivation and incentives as the first principle for organizing the private sector *(26)*. Initiatives to purchase selected services from the private sector could be broadened from immunization and tuberculosis to address more key interventions.

Limitations

This report is subject to some limitations. Only a few publications exist focusing on private-sector engagement for communicable diseases. As such, we extracted the points relevant to our review from other references related to engagement of the private sector in health care in general.

The report did not look at the purchasing mechanisms for private services. It focused on describing existing initiatives for engagement that could improve coverage of communicable disease services regardless of purchasing mechanisms. In addition, we interviewed only 10 key informants at the national level and 30 private providers for the questionnaire-based interview. This limited our capacity to generalize our findings. However, the alignment with the findings of the policy experts' interviews and the findings of the documents pointed to a consistent picture of the situation.

Conclusion

Our review led to three conclusions. First, the lack of a national policy for private health sector engagement hinders the systematic engagement of the private sector in Pakistan. Beyond ad hoc examples of success, the country struggles to engage private health services in communicable diseases control within universal health coverage.

Regulations that organize provision of services by the private sector are limited and do not fit in a comprehensive governance vision. In addition, the lack of an appropriate set of incentives for the private sector limits its engagement, including for reporting of communicable diseases.

In light of these conclusions, the Ministry of Health and provincial health authorities may want to increase their capacity for stewardship. They may want to formulate a national policy, with a defined strategy with the involvement of all stakeholders, with active market management and district-level workplans. Mapping existing private providers across the country in terms of distribution and scope of services and providing targets on primary health care services (including communicable diseases and immunization related care) could inform this strategy.

Further, the health authorities need to review the regulations to ensure that they provide a legal basis for the vision of public-private partnership towards universal health coverage and to strengthen the role of the private sector in communicable disease prevention and health promotion activities.

Health authorities need to explore and put in place the right motivations that, along with regulations, can optimize private-sector engagement in communicable disease control, adherence to guidelines and reporting. Implementation of these recommendations could lead to progress in private-sector engagement according to the WHO recommended principle, which could constitute a key contribution towards communicable disease control and achieving health for all by all.

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