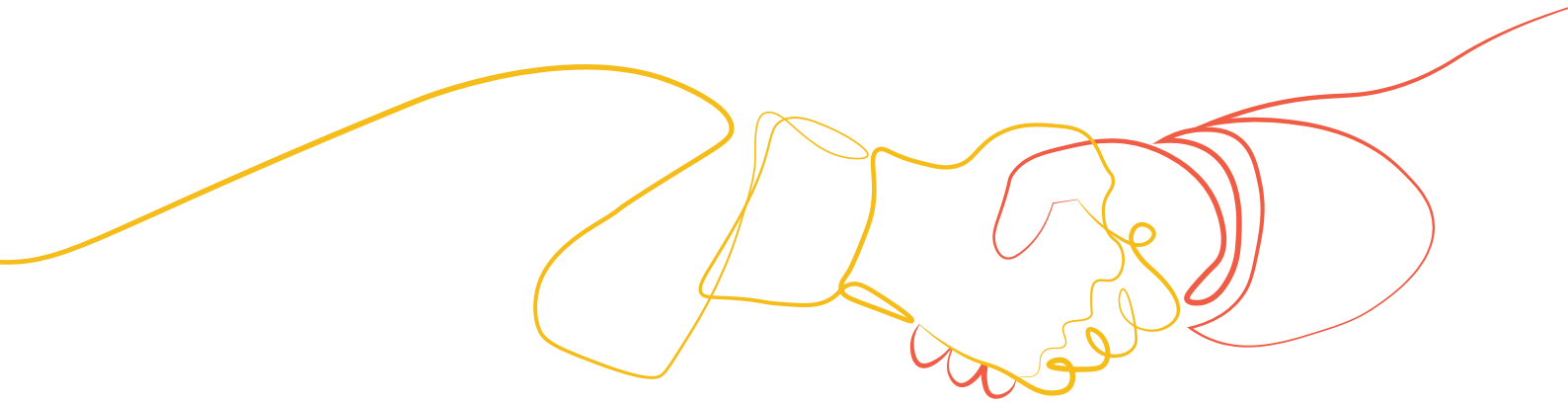

POSITION PAPER

engaging the private health sector to advance universal health coverage and health security in the Eastern Mediterranean Region

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Private Health Sector Engagement

I. Background

The Eastern Mediterranean Region (EMR) includes 22 countries and territories, home to almost 9% of the world's population. The region is characterized by low health spending – less than 2% of global health expenditure in 2018. *(1)* In 2017, the regional average of the Universal Health Coverage Service Coverage Index stood at 57 out of 100, compared to a global average of 66. *(2)* Domestic private expenditure on health has been estimated at 61.4% of current health expenditure, with stark variations between EMR countries depending on income levels. *(3)* In 2018, the average out-of-pocket expenditure in the Region's low-income countries was 72.3%,[a] compared to 13.9% in high-income countries. *(4)*

II. Scope and objectives

In the context of service provision, the private health sector includes "individuals and organizations that are neither owned nor directly controlled by government and which are involved in provision of health services. It can be classified into subcategories as 'for-profit' and 'not-for-profit', formal and informal, domestic and international." *(5)* Unless otherwise stated, the scope of the private health sector in this document is limited to for-profit, formal service providers.

The objective of this position paper is to explain the WHO Regional Office for the Eastern Mediterranean's (EMRO) approach to engaging the private health in advancing universal health care and health security. It is directed to policy makers, and all actors concerned with private health sector engagement.

III. The scale of private providers in the Region

Health systems in the Region are mixed, with a strong and growing private health sector, particularly in low- and middle-income countries. A recent assessment estimated that the for-profit private health sector was sought for the provision of 53% of inpatient services and 66% of outpatient services in the Region. *(3)* Data from regional assessments attribute this skewed care-seeking behaviour, despite out-of-pocket payments, to clinical and non-clinical factors. Clinical factors include perceived superior treatment outcomes, patient safety, and more specialized services available in the private health sector compared to the public sector. Non-clinical factors include patient experience, as manifested in the belief that private providers are more responsive, accessible, friendly, and trusted. Private facilities are also thought to be better equipped, and usually offer shorter waiting times.

The private, for-profit health sector has seen constant growth in the last decades across most of the Region. In Tunisia, the number of private clinics has almost quadrupled in the last 30 years. *(6)* In Iraq, the number of private pharmacies doubled between 2015 and 2019.[b] In Oman, the number of private sector hospital beds increased four-fold between 2005 and 2017, compared to a 10% increase in the public sector. *(7)* In Saudi Arabia, the total number of private hospitals rose from 145 to 164 between 2015 and 2019. *(8)*

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IV. The need for private sector engagement (PSE)

PSE in service delivery is defined as "the meaningful inclusion of private providers for service delivery in mixed health systems". *(9)* PSE can cover collaborations in the provision of health services, pharmaceutical and medical products, financial products, health workforce capacity building, information technology, infrastructure, and support services.

PSE in service delivery is defined as *"the meaningful providers for service delivery in mixed health systems"*

Engaging with the private sector can take multiple forms, including dialogue, information sharing, participatory governance, and partnerships. Given its significant and growing role in health care provision, and the influence of different engagement modalities on **access, equity, quality** and the **efficiency** of health services, PHS engagement is increasingly seen as an essential tool in achieving global health goals. *(10-13)* Such positive impact is generally attributed to the impetus of partnerships in leveraging the managerial efficiency and innovation of the private health sector and encouraging competition and alignment of market incentives towards public health goals.

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V. Challenges facing PSE in the Region

In an assessment conducted by EMRO, multiple challenges facing PSE were identified. They can be categorized into informational, governance, and communication challenges.

1- Informational challenges

Lack of data on the size, distribution, types of services and performance of the private health sector in most countries of the Region hinders planning for PSE and evidence-based decision making.

The information gap has been attributed to limited data capturing, processing, and sharing between sectors. Record retention varies from total absence in private lower-tier facilities to being paper-based or electronic at secondary- or tertiary-level hospitals. At facilities where data is captured, there is no standardized recording, processing or analysis so it can be shared with the relevant authorities for decision-making.

2- Governance challenges

Private health sector governance depends mainly on national policies related to the private sector and PSE. They include the presence and enforcement of a regulatory system, the institutional capacity of public health authorities, and experience with PHS engagement, including public-private partnerships. *(14)*

Examining the Region from the perspective of the Framework for assessing governance of the health system in developing countries *(15)* suggests shortcomings with respect to key governance principles in the following areas:

a- **Strategic vision:**

Despite the emphasis on the role of the private health sector in most 2030 health visions complementary tactical implementation plans for PSE are often absent due to limited resources and the poor capacity of governments to design effective strategies, frameworks, and plans for PSE.

b- **Participation:**

Many private health sector regulatory shortcomings can be traced back to the exclusion of the private sector from health sector planning. The representation of the private health sector was found to be minimal or non-existent in the development of clinical guidelines, standards, and policies in a majority of countries in the Region. Where the private health sector is involved in policymaking, it was reported that involvement is unsystematic, unstructured, and that little weight is given to the input of private health sector representatives.

Many private health sector regulatory shortcomings can be traced back to the exclusion of the private sector from health sector planning

The laws in some countries, such as Iraq and Libya where the state is the sole responsible entity for population health, further limit PSE opportunities in health. Such exclusion deprives national health systems of the benefits of participatory governance, impacting the effective implementation of plans and strategies, the managing of expectations, voluntary compliance, and regulatory legitimacy. *(16,17)*

c- **Information and accountability:**

The lack of formal modalities for monitoring the quality of health services and poor accountability of private providers are among the results of limited oversight. Despite the general perception that the quality of health services provided by the private health sector is better than that of the public sector, there is limited evidence to support this perception. *(14)*

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The main barriers against effective regulation can be classified as political, administrative, and data-related constraints. Political constraints include policy capture, i.e., the influence of lobbyists on national regulatory bodies and personnel. Administrative constraints include the costs of establishing and maintaining strong monitoring systems. Data-related constraints refer to the impact of information gaps on regulation. Such lack of information limits the ability of the regulatory system to respond to emerging threats and improve existing regulations. *(18)*

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The suboptimal governance and regulatory environment has resulted in the growth of private health sectors with limited national policy direction and unregulated services. The challenges have further compounded the landscape of health service provision by directing the private health sector to engage in low-risk, high-profit health care services, in curative rather than promotive or preventive services, in secondary rather primary care, and in the urban bias of private facilities.

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3- Coordination challenges

Inadequate communication and coordination between the public and the private sector and among private sector organizations in technology acquisition and service delivery is noticeable among most Member States.

There is currently no mechanism for knowledge transfer between sectors in a majority of countries in the Region. Communication, when it exists, is mostly top-down and one-way, which limits its value and effectiveness. A lack of trust between both parties and the unequal power dynamic stand in the way of creating a platform for effective communication for better engagement.

VI. The cost of inaction

The lack of effective engagement of the private sector deprives countries of opportunities to improve the access, equity, quality and efficiency of health services and poses significant risks of reversing progress in many public health domains.

In 2019, hundreds of children aged two months to eight years were infected with HIV as a result of unsafe injection practices and a failure to abide by blood transfusion standards in formal and informal private facilities. ***(19)***

The challenges have become more visible during the COVID-19 pandemic. In Jordan and Lebanon, insufficient coordination between the government and the private sector resulted in the duplication of some services while leaving important shortcomings in service provision unaddressed.

In Jordan, the delayed involvement of the private health sector in COVID-19 response was found to be due to limited information about the sector. In Tunisia, limited information about the private health sector hindered the mapping of available national resources at the outset of the pandemic. Emergency legislation, coupled with existing regulations, limited the role of the sector in Iraq, Jordan, and Libya.

The private health sector did not have the inputs necessary for it to play a role as an effective partner in the COVID-19 response in Pakistan, Palestine and Tunisia due to uncertainty about the availability and allocation of needed supplies and the exclusion of private sector health professionals from COVID-related training.

Governments were also unsure about the reimbursement modalities for engaging the private sector in health service provision during the pandemic. Funding mechanisms between the private and public sectors were lacking in Iraq, Jordan, Tunisia, and Pakistan.

While the private health sector is considered a key partner in the realization of universal health care and health security through mobilizing resources for health, addressing inequities in access and utilizing quality health services, to date it has not been possible to formulate an evidence-based Regional strategy for harnessing the potential contribution of the private health sector towards the achievement of public health goals.

VII. EMRO's efforts to scale-up effective PSE

Multiple commitments have been made to advance PSE for universal health care, both globally and in the Region. They include World Health Assembly resolution WHA63.27, Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services, and the Regional resolution EM/RC65/R.3 which endorsed a framework for private sector engagement for advancing universal health coverage. *(20,21)*
The framework comprises five key strategies:

a. Developing policy frameworks
b. Implementing strategic purchasing
c. Improving quality of services in the private health sector
d. Ensuring effective enforcement of regulatory mechanisms in the private health sector
e. Developing monitoring and reporting mechanisms for private health sector providers

The resolution urged Member States to: integrate effective engagement with the private sector for service delivery into national policy, strategies and plans; strengthen the capacity of ministries of health to design, manage, monitor and assess effective engagement with private sector providers; encourage contracting private health sector providers; set appropriate quality standards for all service providers; and establish health information systems for private providers that are linked with existing national health information systems.*(20)*

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Though the endorsement of the resolution and framework represented a significant milestone towards effective PSE in the Region, concerns were raised about the distinction between objectives, strategies, and tools during the operationalization stage of the framework. The framework also fell short in addressing different private sector actors, and did not clearly acknowledge the sector as a partner that is filling gaps in service provision.

Accordingly, EMRO adopted a four-pillared approach to PSE in which all domains run parallel. The pillars are: **assess, govern, engage** and **learn.**

A- Assess

Conducting an assessment of the scale and contribution of the private sector to health care services is the first step towards effective engagement. Through assessment, identifying gaps and opportunities becomes possible, and reaching a common understanding of the situation becomes plausible.

The private health sector operates within a larger macroenvironment, and assessment cannot be conducted in a vacuum. This phase typically involves the assessment of health system governance, health financing, service provision and resource generation, with an emphasis on the impact of each building block on the private health sector relative to the public sector. National health information systems are encouraged to gather data from both private and public providers on a regular basis and at different levels. In addition, health authorities are expected to invest in the development of robust monitoring and evaluation mechanisms. Through generating empirical evidence on the effectiveness of existing PSE projects it will be possible to scale-up successful modalities and learn from those that failed to deliver the intended outcomes. It is also recommended that system-level analysis be conducted to enable policy makers to identify the most appropriate directions and actions for PSE.

This high-level assessment is typically followed by a small-scale landscaping exercise in which private sector actors relevant to a specific health problem are mapped, their capacities and interest in collaboration assessed, and the most promising actors for PSE prioritized. The scope of the landscaping exercise in terms of the level of detail and geographic focus will depend on the identified issue, end use of the analysis, and availability of resources.

B- Govern

Based on assessment findings, national governance strategies and frameworks for the private health sector and PSE need to be developed or revisited, along with their respective regulatory measures. Effective governance of the private health sector requires a whole-of-system approach to the co-development of processes, frameworks, protocols, and guidelines for standards of care, access to care and the financing of care for both the public and private sectors.

Effective regulation also entails viewing the private health sector as a partner rather than an investor that needs to be regulated. The presence of strong leadership and management, as well as a supportive political environment, have been shown to be instrumental in the translation of policy into practice and in ensuring engagement complies with national operational standards. *(17)*

The success and sustainability of PSE largely depend on this pillar. It requires building the capacity and expertise of regulatory staff to manage concerned actors according to the policies set, and strong political support. In this regard, authorities are reminded of the different modes of regulation, including incentive-based regulation and self-regulation, that can elicit positive behavioural change.

Each regulatory type comes with risks and benefits. For example, competition and market incentives encourage innovation. The need for providers to protect their competitive edge, however, could compromise the overall quality of services because knowledge and information are not shared. *(22)* The choice of model for health system policy setting, financing and oversight of service provision, is highly contextual, and depends on the required changes in behaviour.

C - Engage

Engaging the private sector entails moving from ad hoc interactions to systematic collaboration. This requires clear communication channels and equally empowered stakeholders who can work towards a common goal through formal and informal channels.

The engagement domains outlined by the International Finance Corporation are as follows: *(23)*

1. **Policy and dialogue:**
level of dialogue between the state and non-state actors in policy discussions

2. **Information exchange:**
flow of information between both health sectors

3. **Regulation:**
design and implementation of a robust regulatory framework for the private health sector

4. **Financing:**
funding of, and purchasing arrangements from private providers

5. **Public provision of services:**
the direct provision of health services by the public sector can either complement or compete with the private sector depending on the environment the allocation creates. This may include public sector provision of the infrastructure needed for the private sector to be able to operate (e.g., utilities such as water, electricity etc.), the availability of health technologies at private providers, and the presence of an inter-sectoral referral system.

The first step in initiating the process involves engaging in **public-private dialogue** to share ideas, discuss areas of concern, coordinate and build relationships. Such dialogue offers a chance to recognize the private sector as an equal partner, and promotes accountability. It can take many forms. It can be regular or ad hoc, formal or informal, focused or broad, permanent or time-bound.

Ensuring the proper, unbiased representation of private sector actors is a key step in ensuring the success of public-private dialogue.

In the next stage, both sectors can collaborate in low-risk activities to establish trust and lay the foundation for further involvement. Such collaboration may be in the areas of information sharing, designing policies and coordination in implementing of small-scale activities.

Formal long-term contractual engagement may then take place through public-private partnership (PPP) to address gaps in the health system.

PPP is a contractual arrangement in which the public sector contracts the private sector for the provision of a public service, including but not limited to research and development, and clinical and non-clinical services. *(24)*

The success and sustainability of PSE depends on maintaining effective communication among stakeholders; following health sector-specific PPP policies (when relevant); clarity over the roles of the different actors, and having systems in place to design and manage different PSE modalities and hold all actors accountable. In this regard, health authorities are recommended to establish a PSE division/unit to create multi-sectoral coordination mechanisms for all health actors, including the facilitation of regular multi-sectoral dialogue, and the regulation and performance monitoring of all providers.

D - Learn

PSE is a dynamic process that requires continuous tailoring to address emerging needs, and changing markets and political situations.

It is important to establish a positive feedback mechanism between sectors, constantly revisiting the engagement modalities and refining them in a way that ensures activities align with the vision of the health system.

VIII. PSE considerations

In order to ensure success and minimize risks, before starting the process of PSE it is important to ensure the preparedness of the health system for such collaboration.

Key considerations when planning PSE in service provision include:

1- Strengthening the public sector: the private sector is meant to complement rather than replace the public sector. Countries cannot afford for their entire population to seek services at private facilities once PPPs are in place. It is imperative governments invest in quality services and infrastructure at public facilities to enable them to compete with private providers. This may be achieved through decentralization, public provider autonomy, and developing performance-based payment mechanisms.

2- Acknowledging the differences: the private sector has different operational models and mandates. Unlike the public sector, the private sector is interested in personalized care and is accountable to its shareholders. The private sector is also autonomous, heterogenous, and needs to be encouraged to collaborate with governments. Offering incentives such as advanced market commitments can help in spurring interest in such engagement.

3- Forward thinking: despite the immediate benefits that come with programmatic interventions, it is advisable to follow a horizontal approach to engagement, thus avoiding the difficult-to-undo repercussions of more fragmented approaches.

4- Creating an enabling eco-system: enablers for PSE include organizing the private health sector into representative associations to facilitate dialogue and coordination, creating a platform for communication and information exchange, resource mobilization to

sustain PSE efforts and incentivization modalities, unifying private health sector governing institutions to harmonize processes and regulations, and avoiding long bureaucratic procedures that hinder investments.

5- **Service delivery levers:** multiple levers can help in the efficient engagement of the private health sector in service provision. They include a viable and rational priority benefits package, mobilizing private insurers to develop complementary service packages, rapid processing of claims and timely payment of private health sector dues, and coordination with development partners to support PSE in the provision of services in underserved areas.

6- **Learn from similar contexts**: EMR countries are at different stages when it comes to PSE. It is important to be mindful of these differences when considering the replication of regional experiences.

7- **Leveraging the opportunities presented by COVID:** the challenges posed by the pandemic have foregrounded the importance of community and stakeholder engagement in containing public health threats, reducing the strain on the public sector, and effective risk communication. Engaging the private health sector for health security could be a gateway to further collaboration.

Below are some ways to consider PSE across the four domains – **prepare, prevent, detect,** and **respond** – of emergency preparedness and response. *(25)*

A- Prepare

governments are encouraged to develop policies that facilitate whole-of-society response in order to support emergency preparedness, response and recovery.*(26)*

The private health sector may contribute to risk assessment to inform the development of relevant contingency plans. Expanding the capacity and strength of the health system can also take place through encouraging private health sector investments, effective partnerships, and risk sharing. Collaboration with the private health sector can be framed as part of the business continuity plans of private providers. Such positioning can foster collaboration towards common goals by creating a business case for health system resilience and emergency preparedness.

B- Prevent

PSE in prevention efforts can take the form of training private health sector providers on risk mitigation modalities and the development and adoption of safe clinical practices.

C- Detect

having intersectoral surveillance, detection, and reporting systems across all providers in place for early threat detection and containment can lay the ground for a nationwide, integrated health information system.

D- Respond

the need for early involvement of the private health sector in response planning and mobilizing and rationalizing resources across sectors to ensure the maintenance and access to essential health services is one of the key lessons learned during the pandemic.

Adopting a whole-of-system approach enables the system to reduce the effect of health emergencies by limiting the areas of impact and preventing spillover of damage across different functions of the system.

Capitalizing on such learned lessons can be used to catalyze the policy and regulatory changes necessary for effective PSE.

IX. CONCLUSION

Acknowledging the need for collaboration with the private health sector in terms of delivering universal health coverage and health security is the first step towards effective PSE. Multiple opportunities for effective collaboration exist in the Region, including: the existence of political will; donor interest and some institutional capacities, frameworks, and laws for inter-sectoral partnerships.

EMRO will continue to support Member States in their efforts to secure health for all, by all through streamlining PSE across the three strategic priorities of vision 2023: expanding universal health coverage; addressing health emergencies, and promoting healthier populations.*(27)*

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