The Health Systems Governance
and Financing Department, World
Health Organization

WHO | IMPACT FOR HEALTH

Strategy
Report

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

UNIVERSAL HEALTH COVERAGE

PUBLIC

PRIVATE

OBJECTIVES | We hope to cover two main objectives during today's meeting

1

Introduce WHO's strategy
on mixed health
systems governance

Discuss how this work can amplify the impact of
priority programs

25 minutes

2

Identify potential global technical leadership projects
in which to apply the WHO governance approach

Align priority programs where there is country buy-in

30 minutes

METHODS | **We we be using Mentimeter to hear your feedback, suggestions, and to align on potential areas of collaboration**
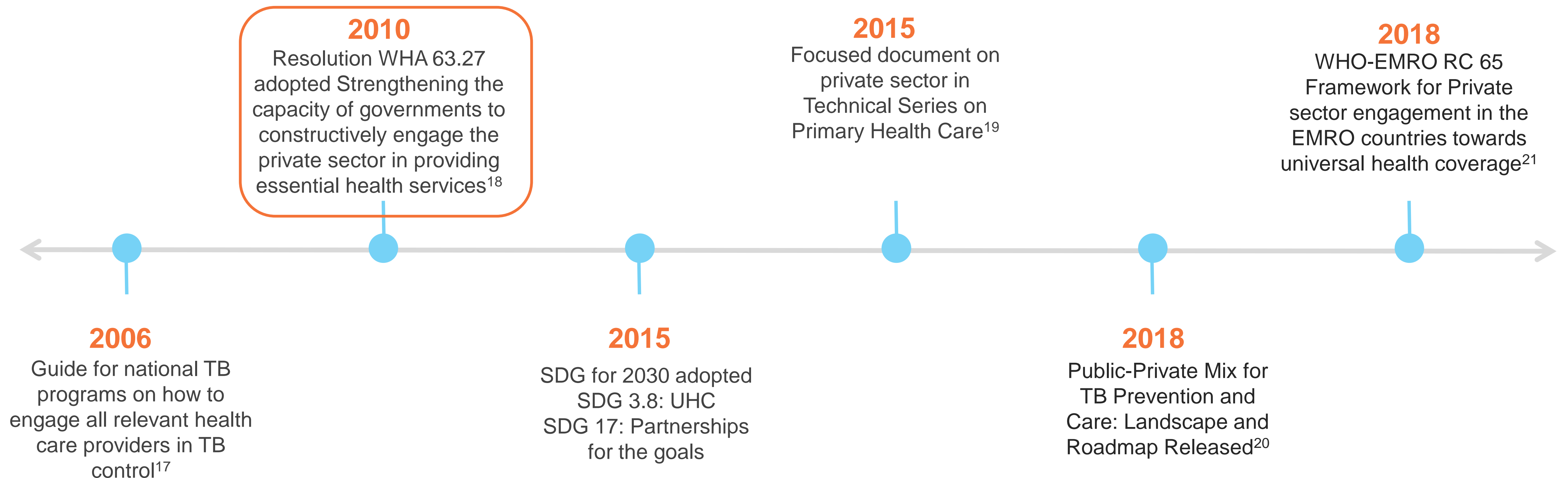
Mentimeter

Visit www.menti.com

Code: XX XX XX

MENTIMETER QUESTION

What is your name and organization?

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

2010
Resolution WHA 63.27 adopted Strengthening the capacity of governments to constructively engage the private sector in providing essential health services[18]

2015
Focused document on private sector in Technical Series on Primary Health Care[19]

2018
WHO-EMRO RC 65 Framework for Private sector engagement in the EMRO countries towards universal health coverage[21]

2006
Guide for national TB programs on how to engage all relevant health care providers in TB control[17]

2015
SDG for 2030 adopted
SDG 3.8: UHC
SDG 17: Partnerships for the goals

2018
Public-Private Mix for TB Prevention and Care: Landscape and Roadmap Released[20]

RATIONALE | WHO should support member states to evolve their governance approach to steward service delivery of both public and private providers and ensuring the best health outcomes for the population

Every country is starting from a different point for private sector engagement given the role of the private sector and the strength of their governance approach and systems.

Contexts of focus for WHO

Role of the private sector service delivery

Overrun by poor regulated private health sector service delivery with poor quality, high costs and poor equity

Private service delivery purchased by the government

Private and public sectors working together with single payer but struggling with equity and quality

Public sector dominated service delivery

Strength of governance

INTERNAL PSE GROUP | Private sector engagement work is prevalent across a long list of WHO units

1. Health systems governance and financing
2. Child health and development
3. Maternal, child, and newborn health
4. Social determinants of health
5. Integrated service delivery
6. UHC2030
7. Immunization
8. Malaria
9. Tuberculosis
10. Global NCD platform
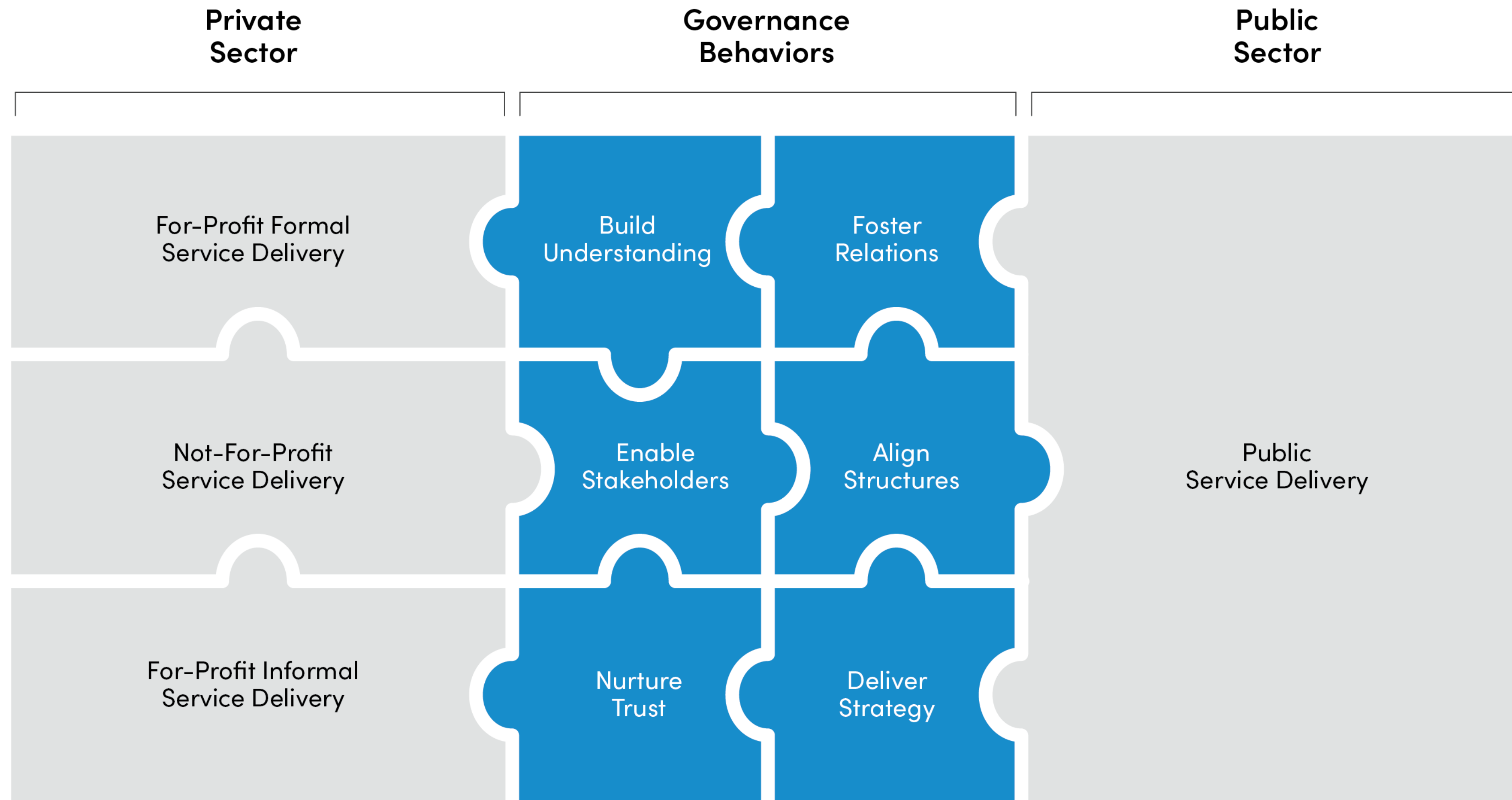11. Be healthy, be mobile
12. And more!

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

HOW | Building consensus around the means and strategies of engaging the private sector in health care service delivery

HOW | By supporting the strengthening of governance behaviors to assure the private and public sector work together to drive UHC in ways that promote equity, access, quality and financial protection for the population

Private Sector

Governance Behaviors

Public Sector

Private Sector	Governance Behaviors	Public Sector
For-Profit Formal Service Delivery	Build Understanding — Foster Relations	
Not-For-Profit Service Delivery	Enable Stakeholders — Align Structures	Public Service Delivery
For-Profit Informal Service Delivery	Nurture Trust — Deliver Strategy	

* none of the behaviors act in isolation and no hierarchy exists between the behaviors

** All stakeholders in the system – not just the government – need to drive the system
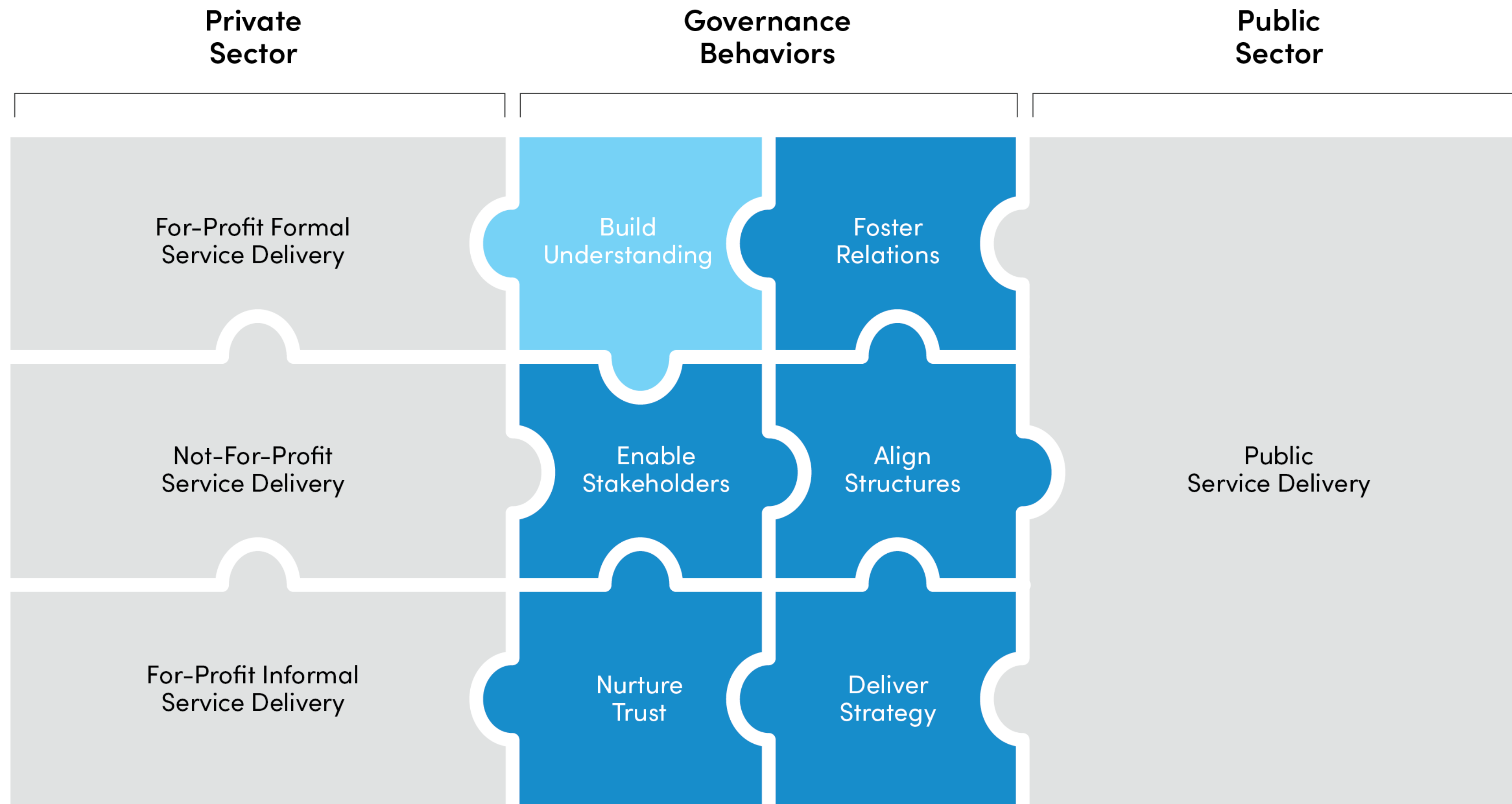
= Universal Health Coverage

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

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

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

HOW | By supporting the strengthening of governance behaviors to assure the private and public sector work together to drive UHC in ways that promote equity, access, quality and financial protection for the population

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Foster Relations

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Align Structures

Public Service Delivery

For-Profit Informal Service Delivery

Nurture Trust

Deliver Strategy

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USAID
- Private Sector Assessments (PSA) *Assessment to Action*
- Private Sector Counts

Others have followed
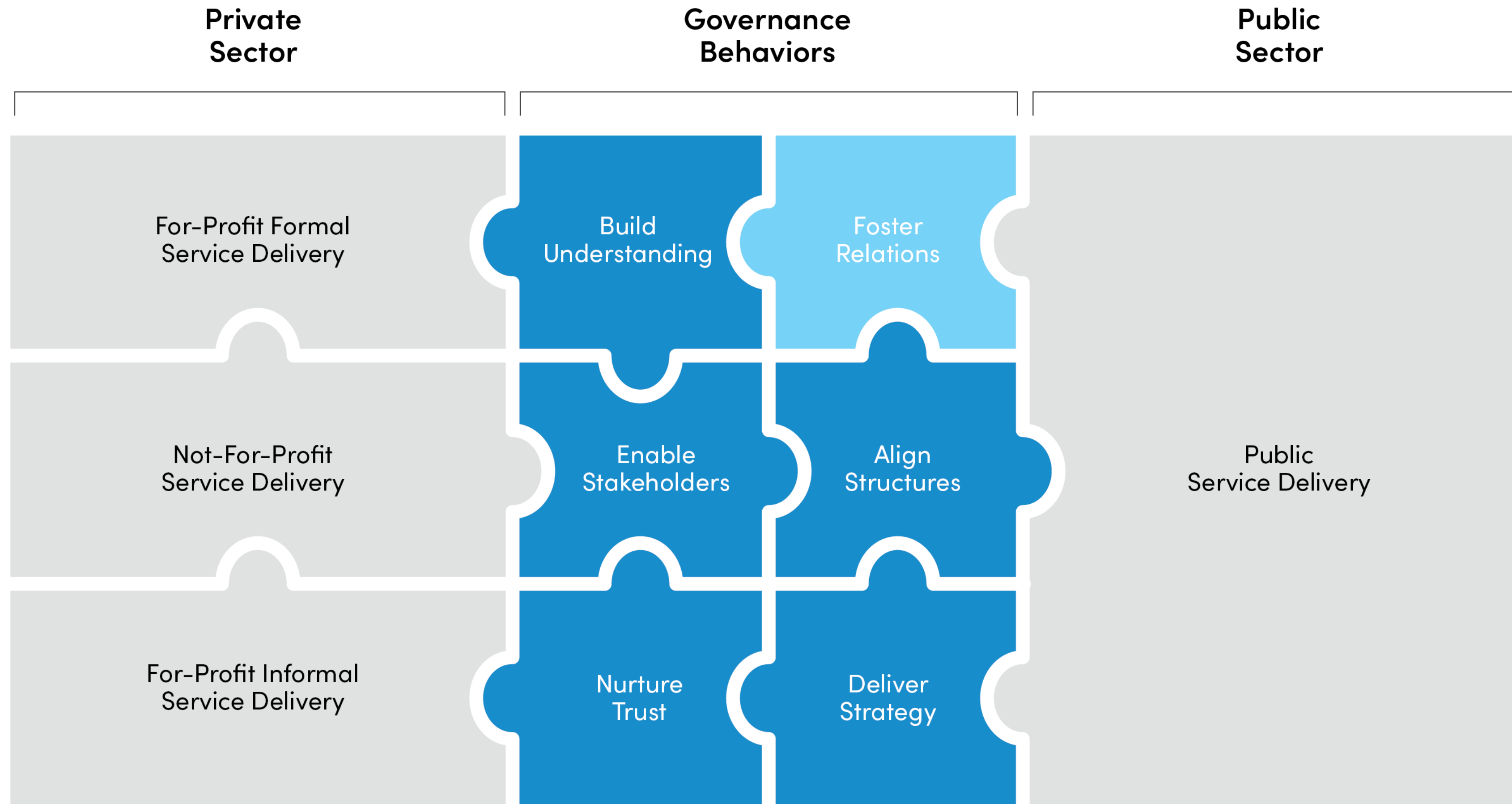- USAID/World Bank PSAs
- World Bank CPSD reports
- IFC's market scoping

11

HOW | By supporting the strengthening of governance behaviors to assure the private and public sector work together to drive UHC in ways that promote equity, access, quality and financial protection for the population

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Service Delivery

Not-For-Profit
Service Delivery

For-Profit Informal
Service Delivery

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Foster Relations

Enable Stakeholders

Align Structures

Nurture Trust

Deliver Strategy
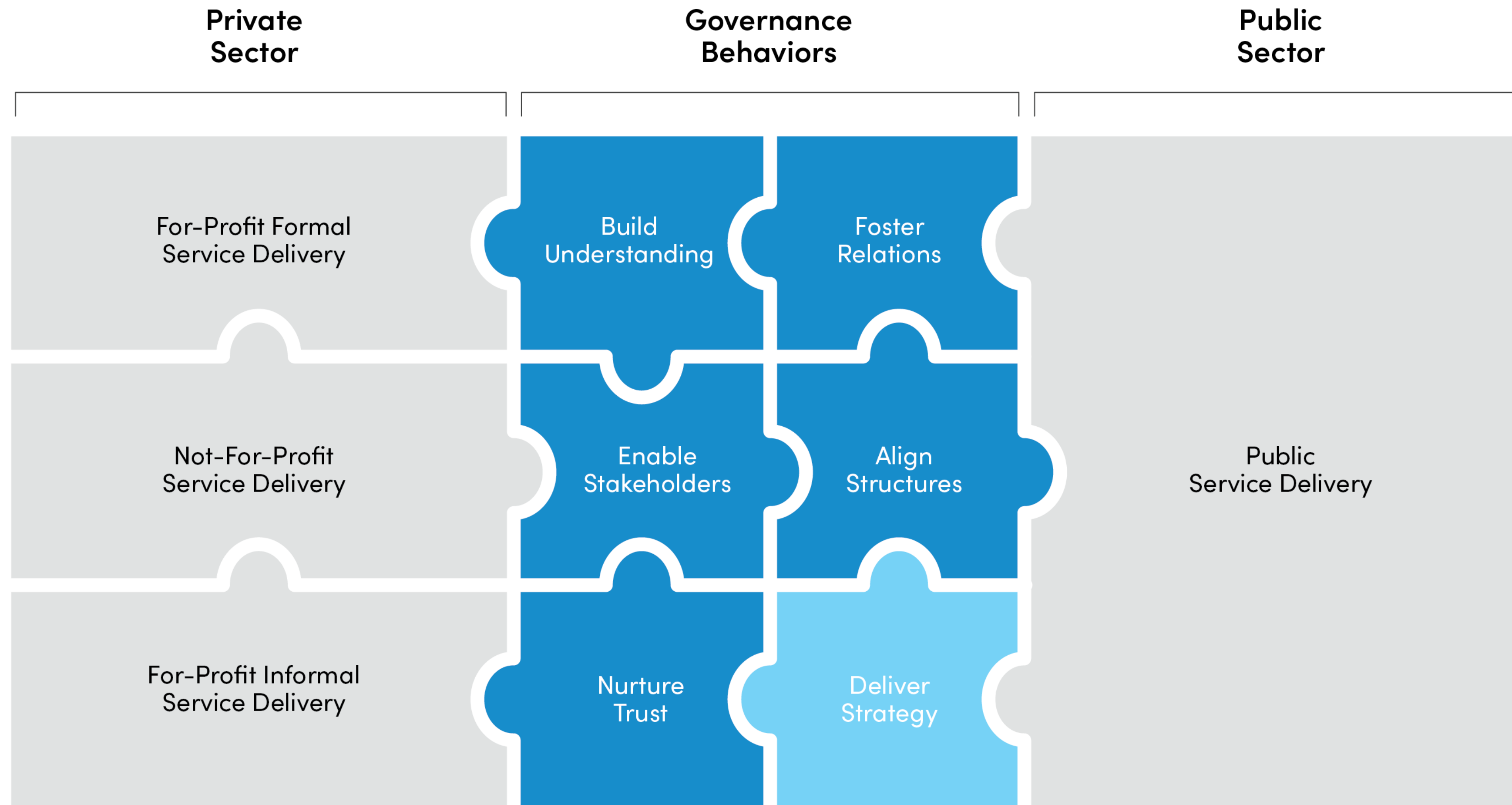
Public Service Delivery

Country Example:
Myanmar

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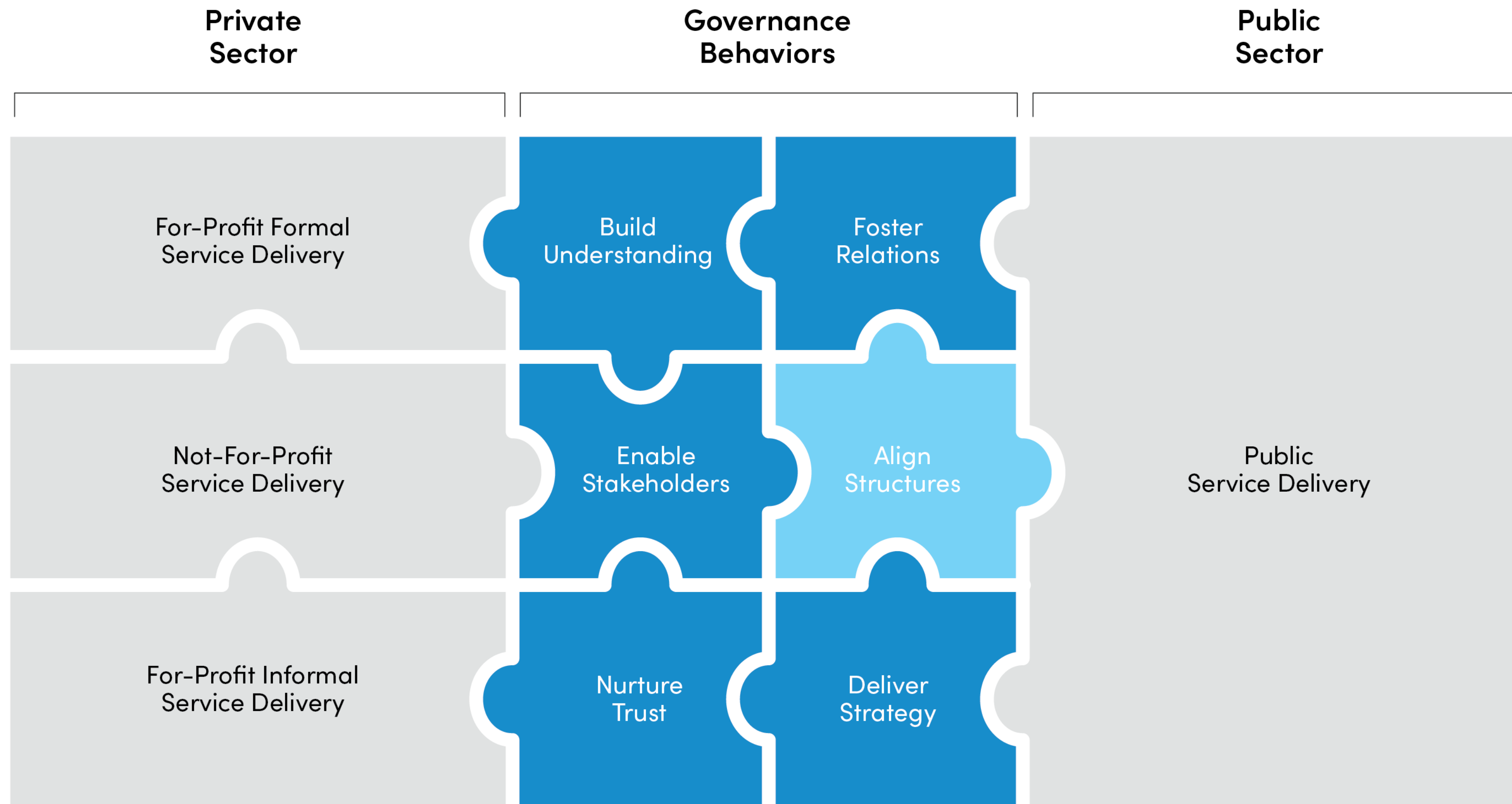
Public Service Delivery

Country Example: Uganda

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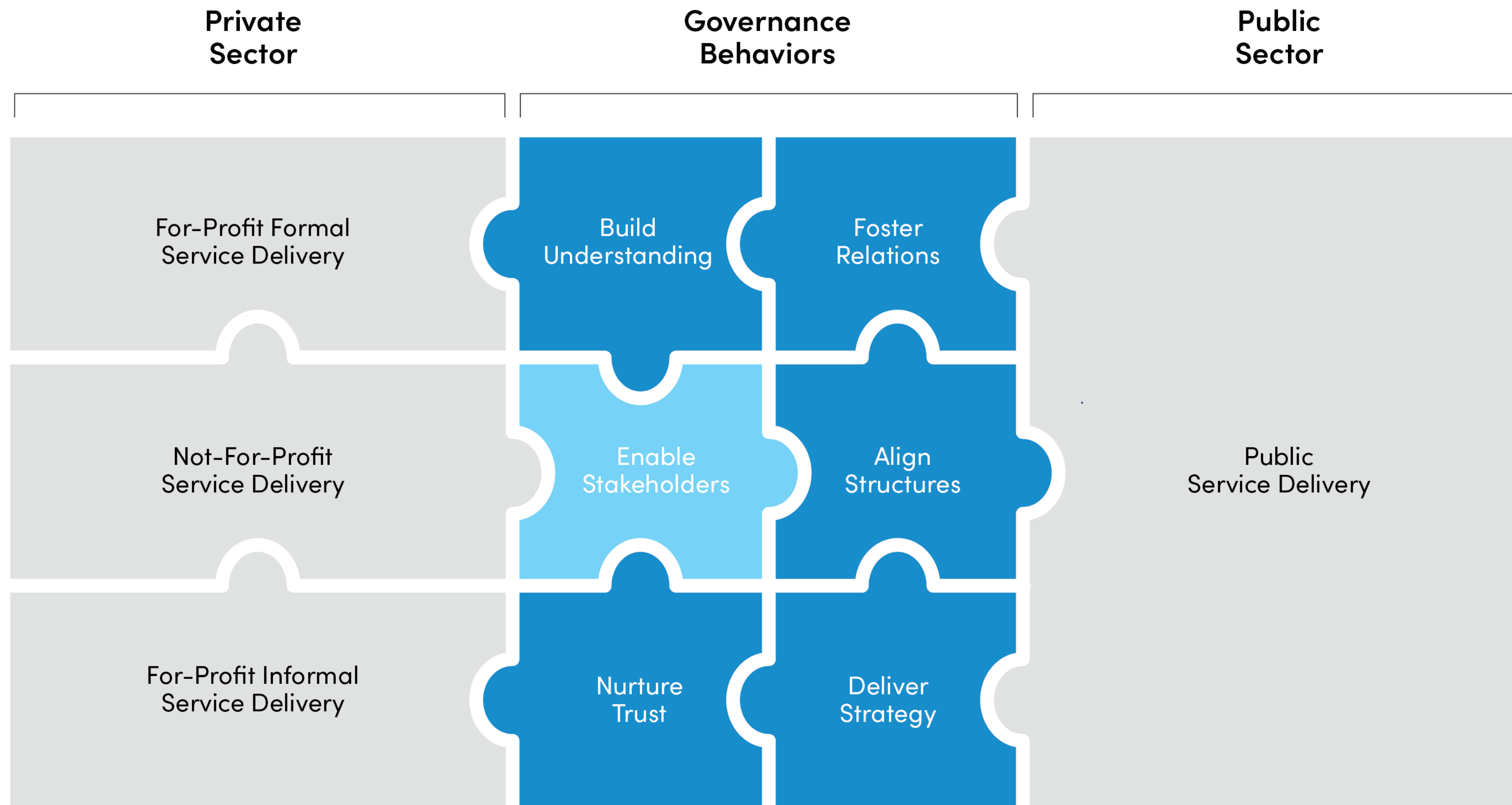
Public Service Delivery

Country Example: Ivory Coast

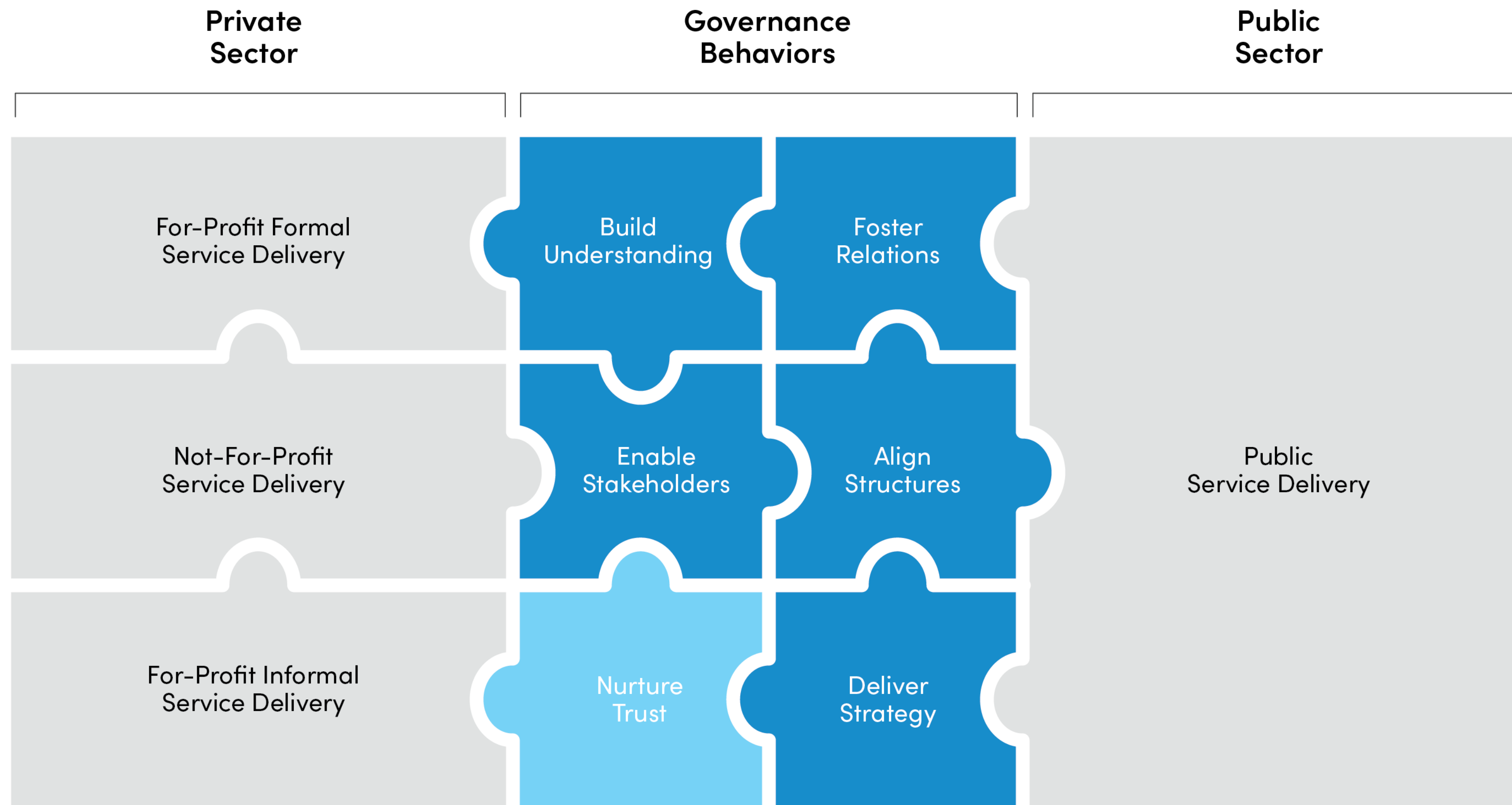Given the heterogeneity of the private sector, different behaviors would be prioritized for different groups

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Country Examples: Private healthcare representative bodies

AFRICA HEALTHCARE FEDERATION

Kenya Healthcare Federation

UHF | UGANDA HEALTHCARE FEDERATION

APHFTA Tanzania Private Health Sector

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Public Service Delivery

Country Example: Tanzania

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

Which governance behavior is most relevant in your program's work?

MENTIMETER QUESTION

How does this governance approach support your work?

COVID-19 presents many **challenges**, particularly for countries with **weak governance** of mixed health systems…

However, the pandemic also generates **opportunities** to define a **new social contract** between public and private sectors

PSE & COVID | We are currently in Phase 3, which involves collecting and analyzing current evidence and experience

70%
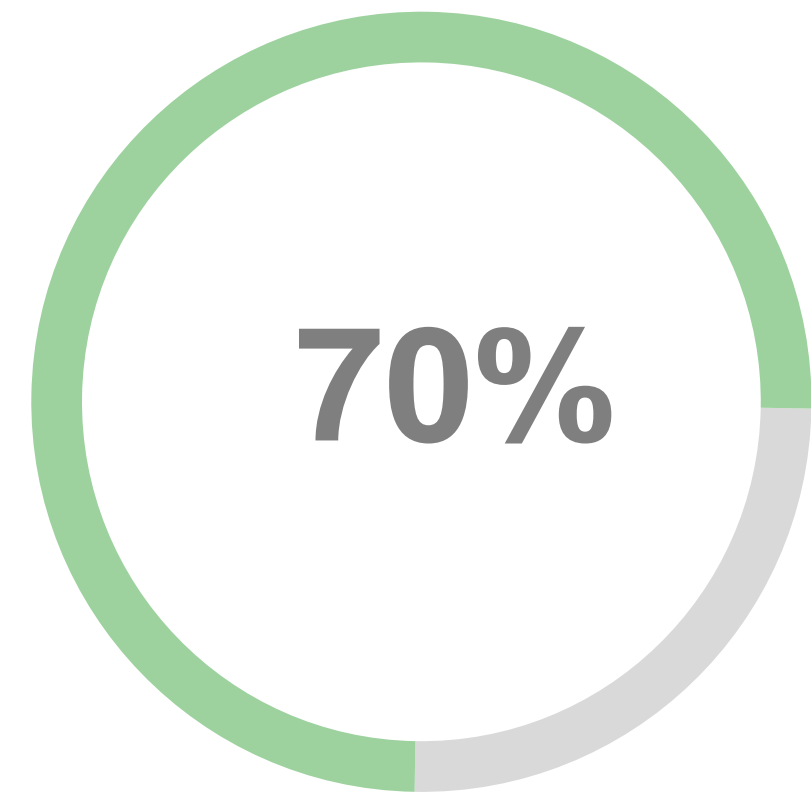
Phase 1: Identify and frame key issues member states are facing in engaging the private health sector

Phase 2: Provide evidence based guidance and support to WHO offices and member states in real-time

Phase 3: Collect and analyze emerging evidence and experience to inform current and future private health sector service delivery governance

Cross –cutting: Disseminate and communicate guidance and key messages

COVID TOOLS | We have produced multiple guidance documents, case studies and discussion notes in support of private sector engagement during COVID-19

SUPPORTING PRIVATE SECTOR ENGAGEMENT DURING COVID-19: WHO'S APPROACH

David Clarke is a senior health system advisor at WHO HQ in Geneva. David works in three main areas: using law and regulation to implement Universal Health Coverage (UHC), supporting countries to strategically engage the private sector in service of UHC and developing preventative approaches to mitigate the risk of health system corruption.

The COVID-19 pandemic is overwhelming health systems across the world. The need to effectively address this surge in healthcare demand has forced ministries of health to look beyond the public health service delivery system, to the private health sector. Countries with a pre-existing mechanisms of private sector engagement were able to do this more efficiently than those without established mechanisms of engagement. Both can benefit from practical, hands-on, tailored guidance to effectively work with the private sector during the COVID-19 crisis. Private health providers too are looking for ways to contribute but are not well positioned to work effectively with the government.

ENABLING THE PRIVATE HEALTH SECTOR IN THE NATIONAL RESPONSE TO COVID-19: *SIX CURRENT POLICY CHALLENGES*
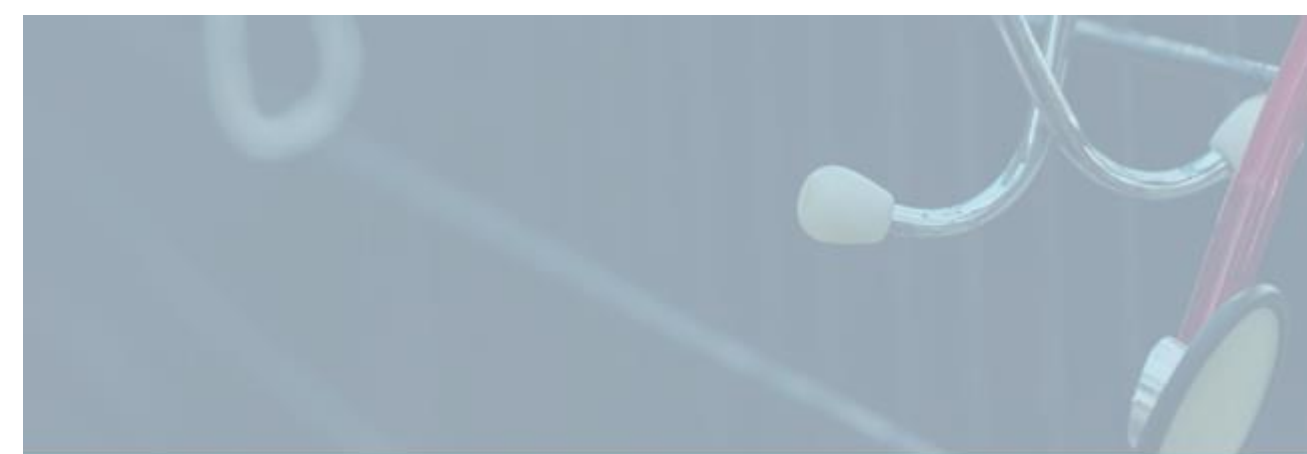
BARBARA O'HANLON AND MARK HELLOWELL   MAY 2020

THE SHIP TO DIGITAL HEALTH HAS SAILED, ARE WE READY TO STEER IT IN THE RIGHT DIRECTION?

Mostafa Hunter is a member of the WHO Advisory Group on the Governance of the Private Sector for UHC.

COVID-19 has catalyzed digital health technologies in a range of contexts, including low- and middle-income countries (LMICs).[1] These have been in response to the overwhelming demand placed on health systems by surges in COVID-19 cases, and the promotion of home-based care to reduce transmission through hospital visits. This has demanded behavior change from patients and physicians alike as technologies have substituted for more traditional care pathways.[2] Governments have eased regulations on the use of such technologies including third party apps for telehealth communication.[3] Insurance bodies have also been compelled to find ways to reimburse digital health services.[4] On the demand side, patients have embraced self-care apps as a means to safely meet their healthcare needs.[5]

TOWARDS A WHOLE SYSTEM APPROACH FOR MEETING HEALTH NEEDS IN THE TIME OF COVID-19

Gerald Bloom is a member of the WHO Advisory Group on the Governance of the Private Sector for UHC.

Many low- and middle-income countries (LMIC) have mixed health systems in which people seek care from different types of public and private healthcare providers. Although most governments have made commitments to progress towards the sustainability development goal of universal health coverage (UHC), public and private health systems have operated in parallel, with little effort by government to influence the latter. There is an increasing recognition that this will need to change if UHC commitments are to be achieved.

OPTIONS HOW TO ENGAGE THE PRIVATE HEALTH SECTOR TO TACKLE COVID-19

BARBARA O'HANLON AND VENKAT RAMAN   JUNE 2020

uhc2030

Home › Blog, News & Events › UHC2030 Blog ›

An effective response to COVID-: inclusive response: the case of Ug

13 July 2020

By Robinah Kaitiritimba, Executive Director of Uganda National Health Consumers' Organisation (UNHCO) and member of the WHO Advisory Group on the Governance of the Private Sector for Universal Health Coverage.

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ACTA A ACCELERATOR PRIVATE SECTOR GROUP | A global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines

Global Fund

WHO

UNICEF

World Bank

Global Financing Facility

STRATEGIC OPPORTUNITIES | To catalyze strategic action, four main priorities are put forward by the Advisory Group to the WHO

Convene to build political will

Use WHO's convening power to build political will for governance of mixed health systems

Embed governance behaviors

Embed the six governance behaviors by defining clear roles and responsibilities to take the work forward

Set norms and assure accountability

Set global norms – rules and policy – around the governance of mixed health systems.

Support learning and technical guidance

Set the agenda on learning and ensure that technical guidance is aligned with the governance behaviors.

STRATEGIC OPPORTUNITIES | To catalyze strategic action, four main priorities are put forward by the Advisory Group to the WHO

Convene to build political will

WHO must use its convening power to build political will to support governance of mixed health systems including the private sector

Become part of the network of partners with whom WHO works to build political will for governance of the private sector in mixed health systems

STRATEGIC OPPORTUNITIES | To catalyze strategic action, four main priorities are put forward by the Advisory Group to the WHO

Embed governance behaviors

WHO works to institutionalize the governance behaviors by defining clear roles and responsibilities for the work

Become part of the cadre of private sector engagement specialists at the country and regional level.

STRATEGIC OPPORTUNITIES | To catalyze strategic action, four main priorities are put forward by the Advisory Group to the WHO

Set norms and assure accountability

WHO needs to set global norms – rules and policy – around the governance of mixed health systems and set global indicators to support the monitoring of progress to assure accountability

Support the development of implementation plans and set indicators of good practice for governance of mixed health systems.

STRATEGIC OPPORTUNITIES | To catalyze strategic action, four main priorities are put forward by the Advisory Group to the WHO

Support learning and technical guidance

WHO must 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

Support learning on good practices and success/failure stories between regions.

Assure the quality of tools, policy and technical assistance developed to support governance of the private sector.

METHODS | **We we be using Mentimeter to hear your feedback, suggestions, and to align on potential areas of collaboration**

Visit www.menti.com

Code: XX XX XX

**Convene to build
political will**

**How can WHO best support you in your
advocacy for private sector engagement?**

Embed governance behaviors

Are there in-country opportunities to implement this strategy within your program?

Please indicate the country and the USAID program in your response.

Set norms and assure accountability

Are there opportunities collect country and regional level data in your program?

Please indicate the country and the USAID program in your response.

Support learning and technical guidance

What "hot" topics do you think are important to include on a global learning agenda on mixed health systems governance?

Questions

Observations

Please contact us if you want to discuss collaboration or want to pursue any of these strategic areas.

katherine@impactforhealth.com

Resources

Engage with the **co-chairs**:

- Senait: skebede55gmail.com

- Catherine: Catherine_Clarence@abtassoc.com

- Olamide: ofolorunso@unicef.org

Subgroup information, recordings and presentations from previous webinars are available on the subgroup page of the Child Health Task Force website:
www.childhealthtaskforce.org/subgroups/private-sector
The recording and presentations from this webinar will be available on this page later today

Become a member of the Child Health Task Force:
www.childhealthtaskforce.org/subscribe

Check out the Task Force Child Health & COVID-19 web page for additional resources!

Suggestions for improvement or additional resources are welcome. Please email childhealthtaskforce@jsi.com.

Understanding Child Health in the Context of COVID-19

Apr 17, 2020

"The most significant threat to global child health from SARS-CoV-2 is unlikely to be related to COVID 19 in children, but rather the socio-economic consequences of a prolonged pandemic."[1]

Photo credit: Kate Holt/MCSP

Much of the published data and focus of the COVID-19 pandemic has been on adult patients, leaving behind a large knowledge gap for child health service providers and global partners assisting in the pandemic response. The body of information regarding clinical features of the coronavirus in children and adolescents is growing, but questions remain.

What We Know

- Children of all ages are susceptible to COVID-19, with more cases being reported in younger children and infants.[1]
- Children with COVID-19 express milder symptoms than adults, but the prevalence of COVID-19 in children is not well documented. This may be due to the fact that children are not as likely to be tested.[4]
- While pediatric COVID-19 is often milder than that in adults, it can progress to severe disease in some cases.[4]