Role of the private health sector in PHC-oriented health systems:

A snapshot of global and regional assessments

Ms Nicole Charman, Member, Technical Advisory Group on the Governance of the Private Sector for Universal Health Coverage, WHO & Dr Aya Thabet, Consultant, WHO

World Health Organization

Private Sector Landscape in Mixed Health Systems

World Health Organization

The landscape of the work has changed. UHC cannot be achieved without the private sector. It is essential to re-frame public and private sector engagement as a partnership in health for shared health outcomes

Peter Salama, former Executive Director of Universal Health Coverage, World Health Organization

The eight studies in this volume were commissioned by WHO to help the advisory group to complete its work on the strategy to facilitate a new way of governing mixed health systems.

David Clarke, Health Systems Governance Department, World Health Organization

Private Sector Utilisation: Insights from Standard Survey Data

Unlocking Private Sector Insights: Global Lessons for Public-Private Policy

This first study looks at the role of the private sector in 65 countries in Latin America, Africa, Europe and Asia to advance the understanding of the importance of private-sector policies and facilitate the sharing of lessons across countries with similar public-private distributions.

Figure 2: Public and Private Distribution: EMRO

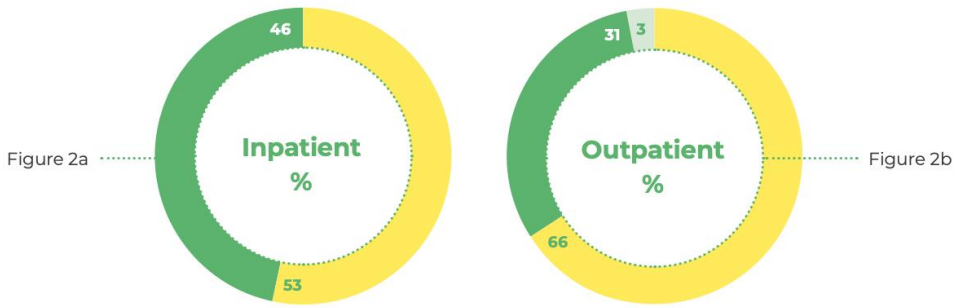
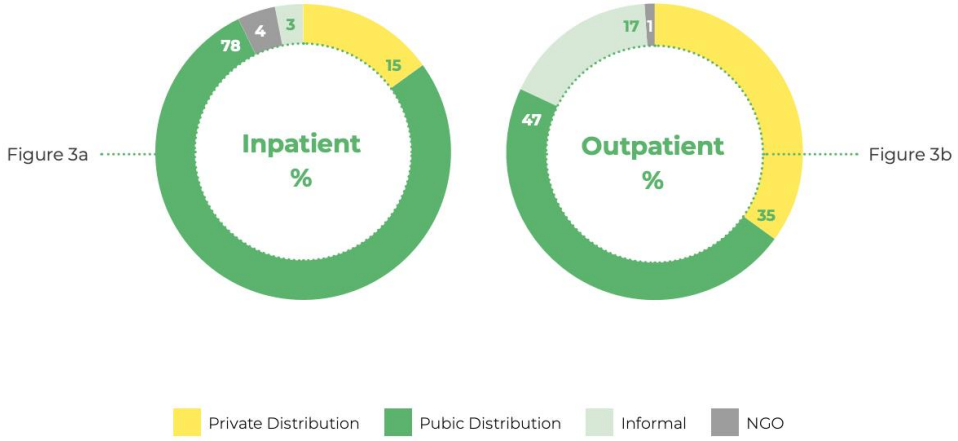


Figure 3: Public and Private Distribution: AFRO



Acknowledgements: Dominic Montagu (Metrics for Management); Nirali Chakraborty (Metrics for Management)

The Provision of Private Healthcare Services in European Countries

Mapping OECD Europe: Four Categories of Country Contexts

The second study concentrates on European countries which are part of the OECD and places the countries into four categories.

Figure 3: National Private-Healthcare Typologies in Europe, by Hospital Ownership

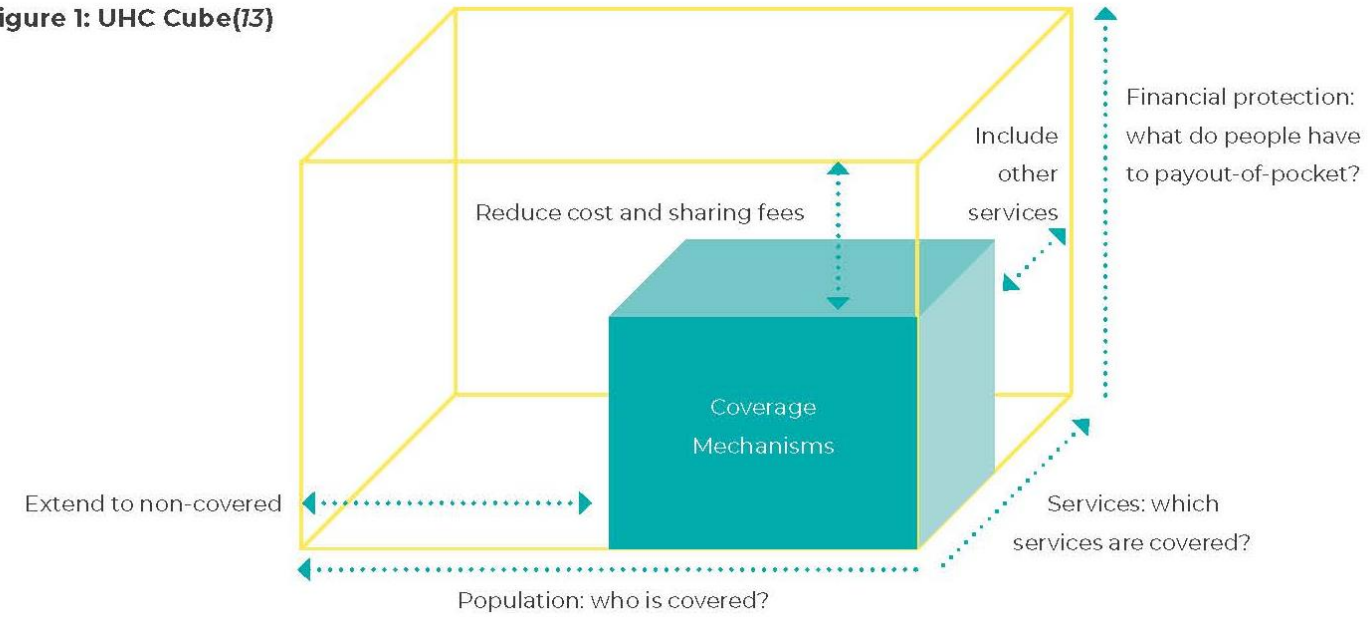
Acknowledgements: Dominic Montagu (Metrics for Management)

Measuring the Size of the Private Sector: Metrics & Recommendations

Unveiling UHC: Leveraging Existing Data for Private Sector Insights.

The third study hypothesises that the key to understanding the private sector's contribution to UHC is to build the best available picture using existing data.

Figure 1: UHC Cube(*13*)



Acknowledgements: Nirali Chakraborty (Insight Metrics); Andrea Sprockett (Insight Metrics); Shekwoduza Baba (Insight Metrics)

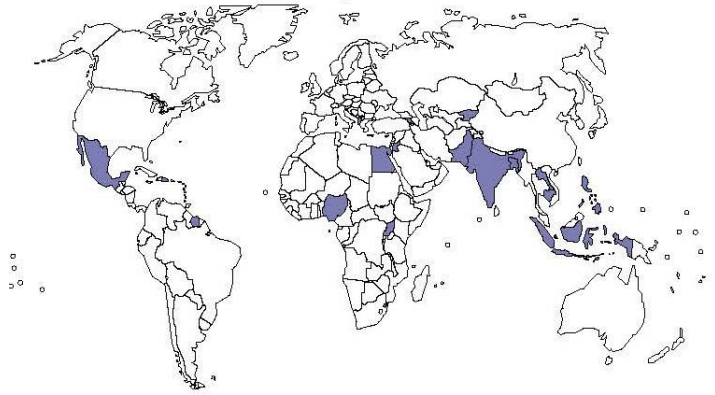
Private health sector engagement in the journey towards Universal Health Coverage

Mapping Private Sector Health Engagement Across 18 LMICs.

Study four assesses the level of private health sector engagement in 18 LMICs with the highest overall utilisation of private health providers across six WHO regions.

Table 1 List of countries included in the landscape analysis

WHO region	Countries included
AFRO	Uganda, Nigeria, Eswatini (formerly known as Swaziland)
EMRO	Egypt, Pakistan, Jordan
EURO	Albania, Kyrgyzstan, Armenia
PAHO	Mexico, Suriname, Dominican Republic
SEARO	Indonesia, Bangladesh, India
WPRO	Cambodia, Philippines, Lao People's Democratic Republic



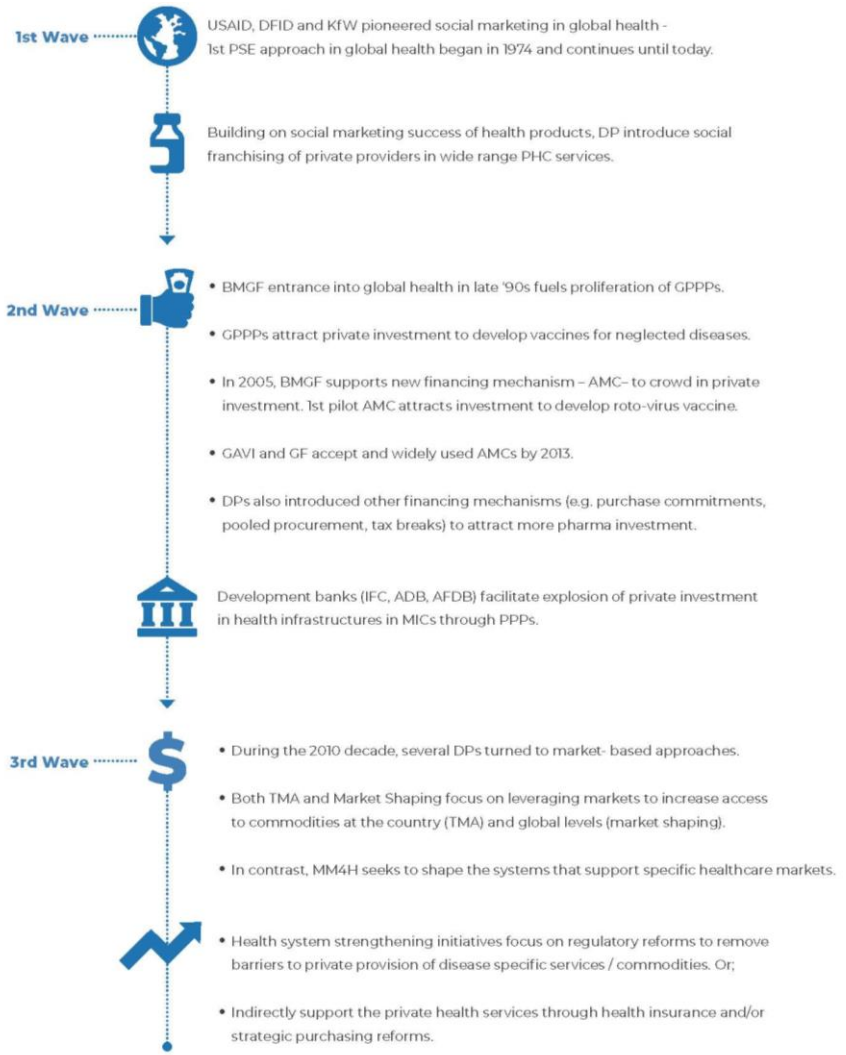
Acknowledgements: Yuen Wai Hung (Impact for Health); Joel Klinton (Impact for Health); Cynthia Eldridge (Impact for Health)

International Organisations and the Engagement of Private Healthcare Providers

Exploring Three Waves of Global Health Engagement

Study five discusses “three waves” of private sector engagement activities in global health.

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



Acknowledgements: Barbara O’Hanlon (O’Hanlon Health Consulting, LLC); Mark Hellowell (University of Edinburgh)

Private Sector Accountability for Service Delivery in the Context of Universal Health Care

Enhancing Accountability in Health Service Delivery for UHC.

Study six considers accountability and its arrangements for health service delivery in the context of UHC.

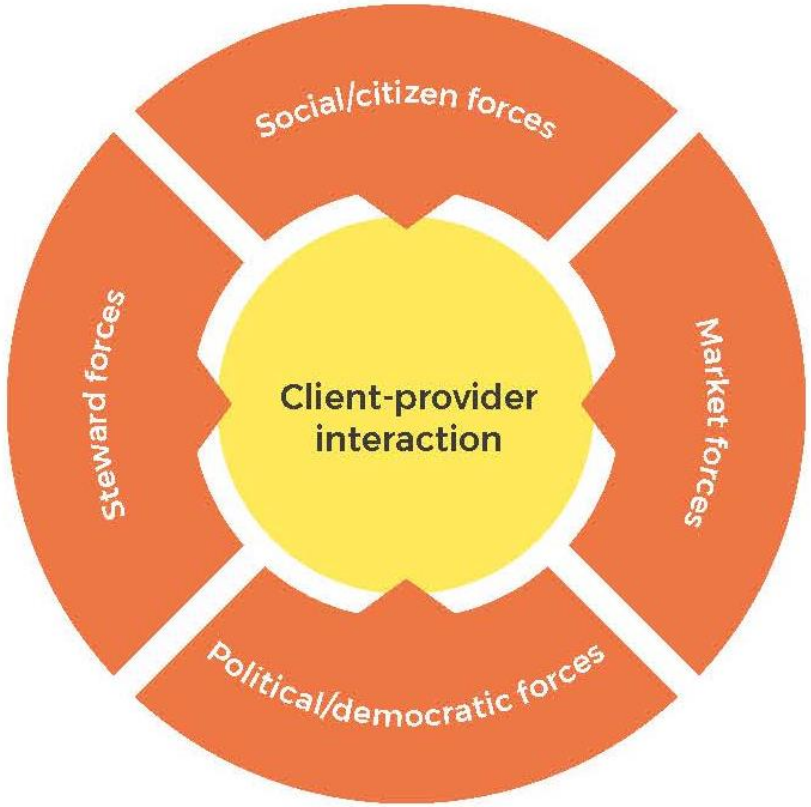


Figure 2: Accountability forces (author's depiction)

Acknowledgements: Gabrielle Appleford (Impact for Health)

Principles for Engaging the Private Sector in Universal Health Coverage

Lessons in Effective Governance: Analyzing Mixed Health Systems.

Study eight analyses lessons learnt from countries which have been able to implement effective governance of mixed health systems.

We identified four principles of effective PSE that should underpin such efforts:

1. Well-functioning mixed health systems rely on strong governance
2. Effective PSE approaches are defined by “problems” not “solutions”
3. Successful governance of the private sector requires good data
4. The private sector needs to be engaged in a meaningful dialogue

Acknowledgements: Barbara O’Hanlon (O’Hanlon Health Consulting, LLC); Mark Hellowell (University of Edinburgh)

Timeline of EMRO's work on PSE

2015

ASSESS

GOVERN

PARTNER

LEARN

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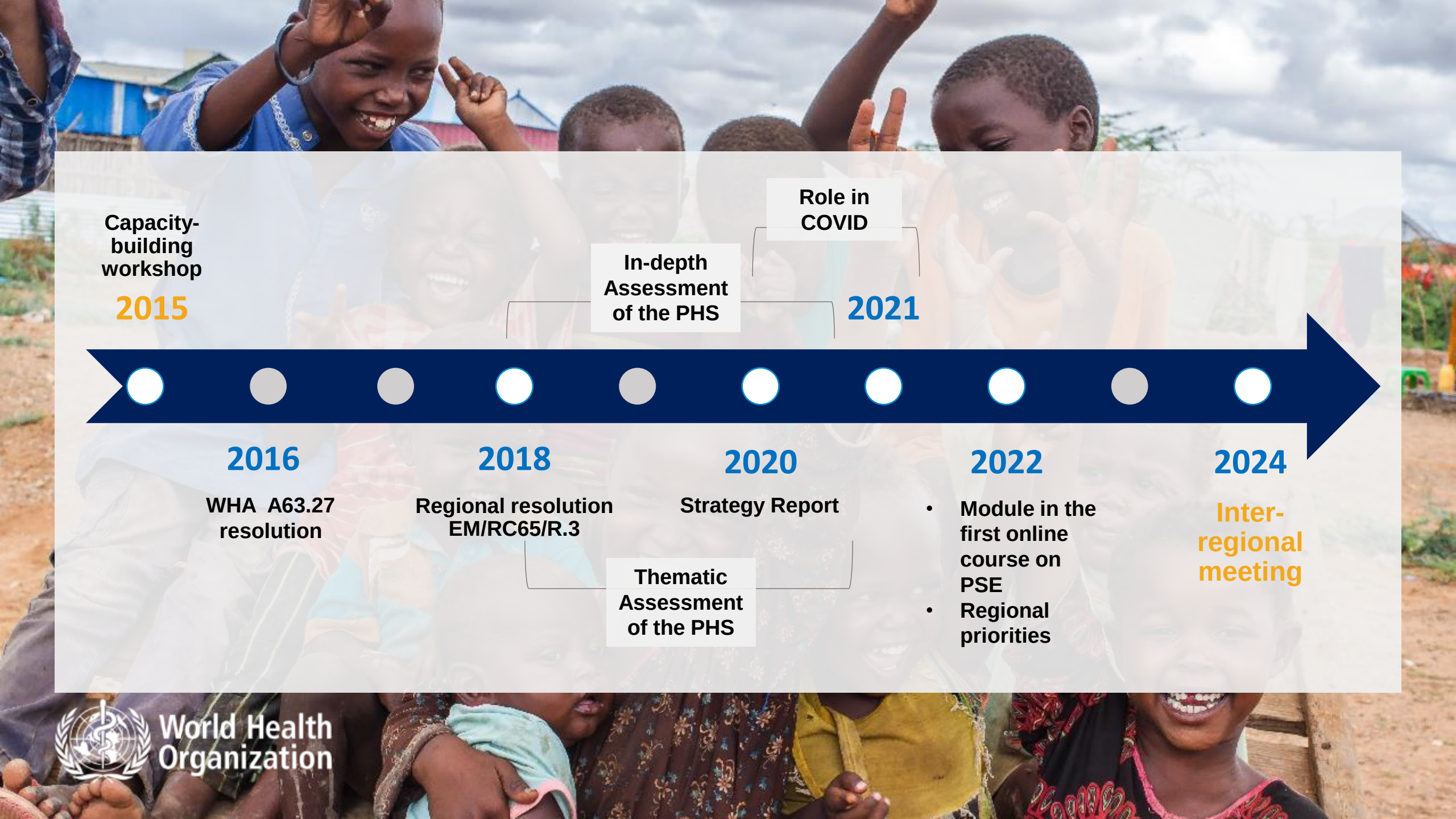

Capacity-building workshop

2015

2016

WHA A63.27 resolution

2018

Regional resolution EM/RC65/R.3

In-depth Assessment of the PHS

Thematic Assessment of the PHS

2020

Strategy Report

Role in COVID

2021

2022

- Module in the first online course on PSE
- Regional priorities

2024

Inter-regional meeting

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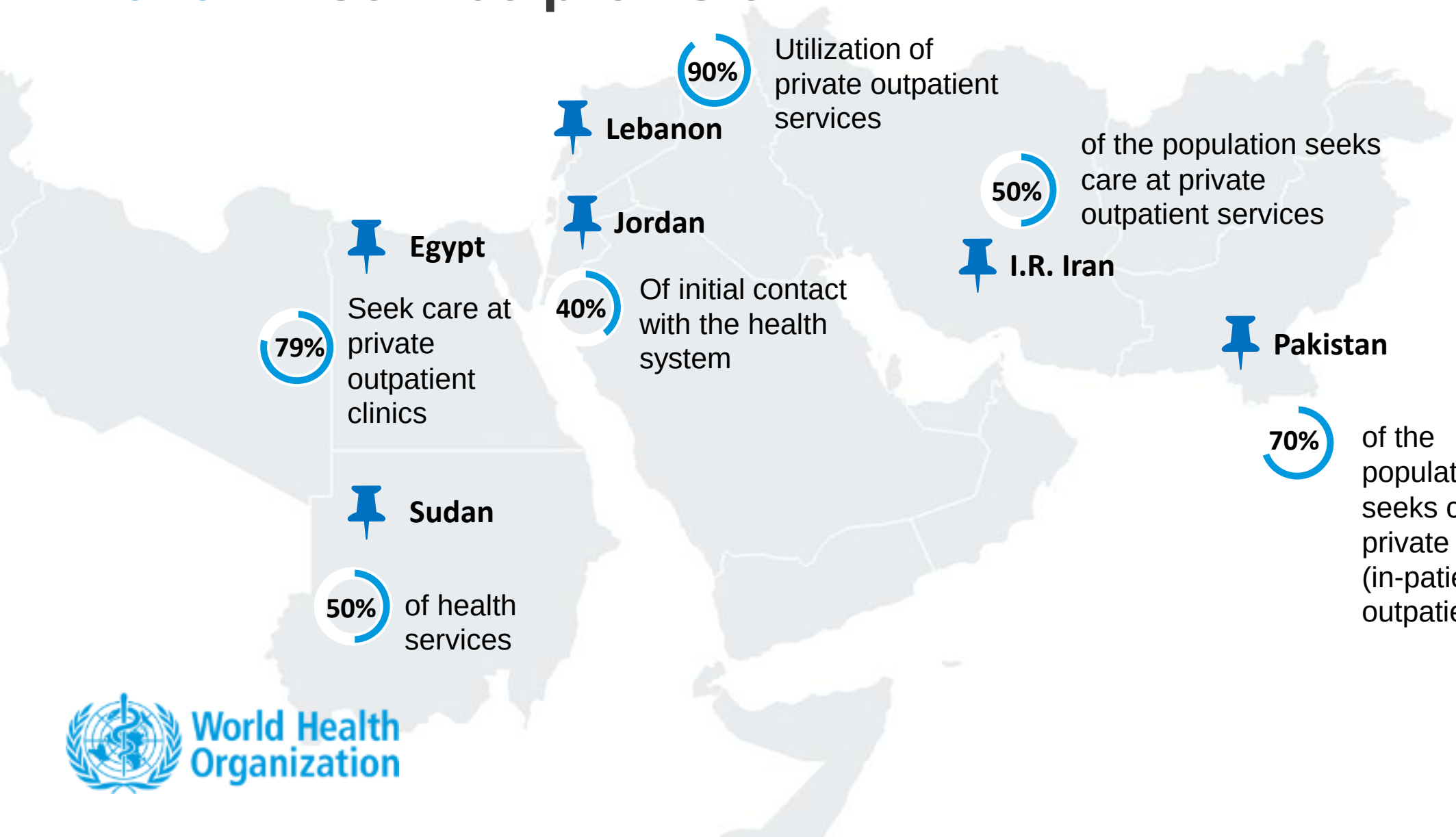
Role in service provision



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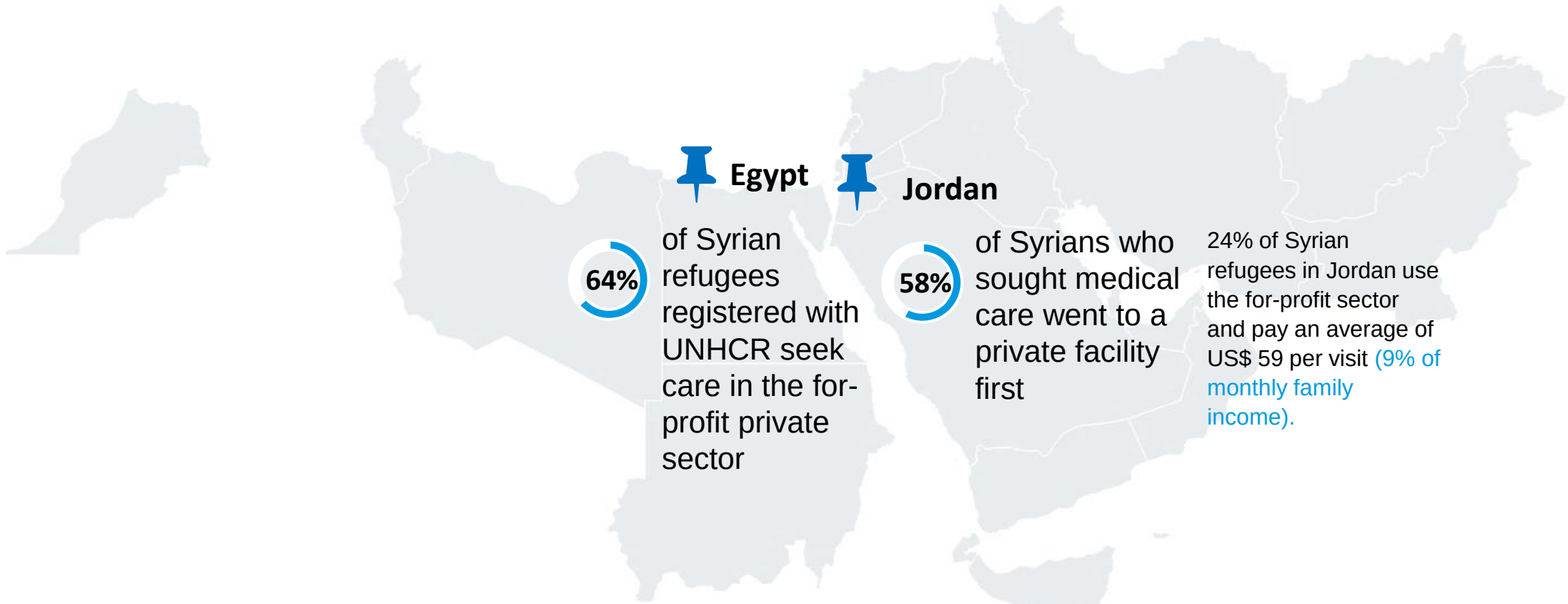
Utilization by refugees in the EMR



Egypt

64%

of Syrian refugees registered with UNHCR seek care in the for-profit private sector

Jordan

58%

of Syrians who sought medical care went to a private facility first

24% of Syrian refugees in Jordan use the for-profit sector and pay an average of US$ 59 per visit (9% of monthly family income).

Scale of the private health sector in the EMR

In Pakistan,

75 000 private clinics

40 000 private pharmacies

+50% of the diagnostic facilities are in the PHS

Scale of the private health sector in the EMR

In I.R. Iran,

17% of all active facilities at the PHC level

41.5% of health posts

82.4% of rehabilitation centres

62.6% nuclear medicine diagnostic facilities (only in cities with populations greater than 20 000).

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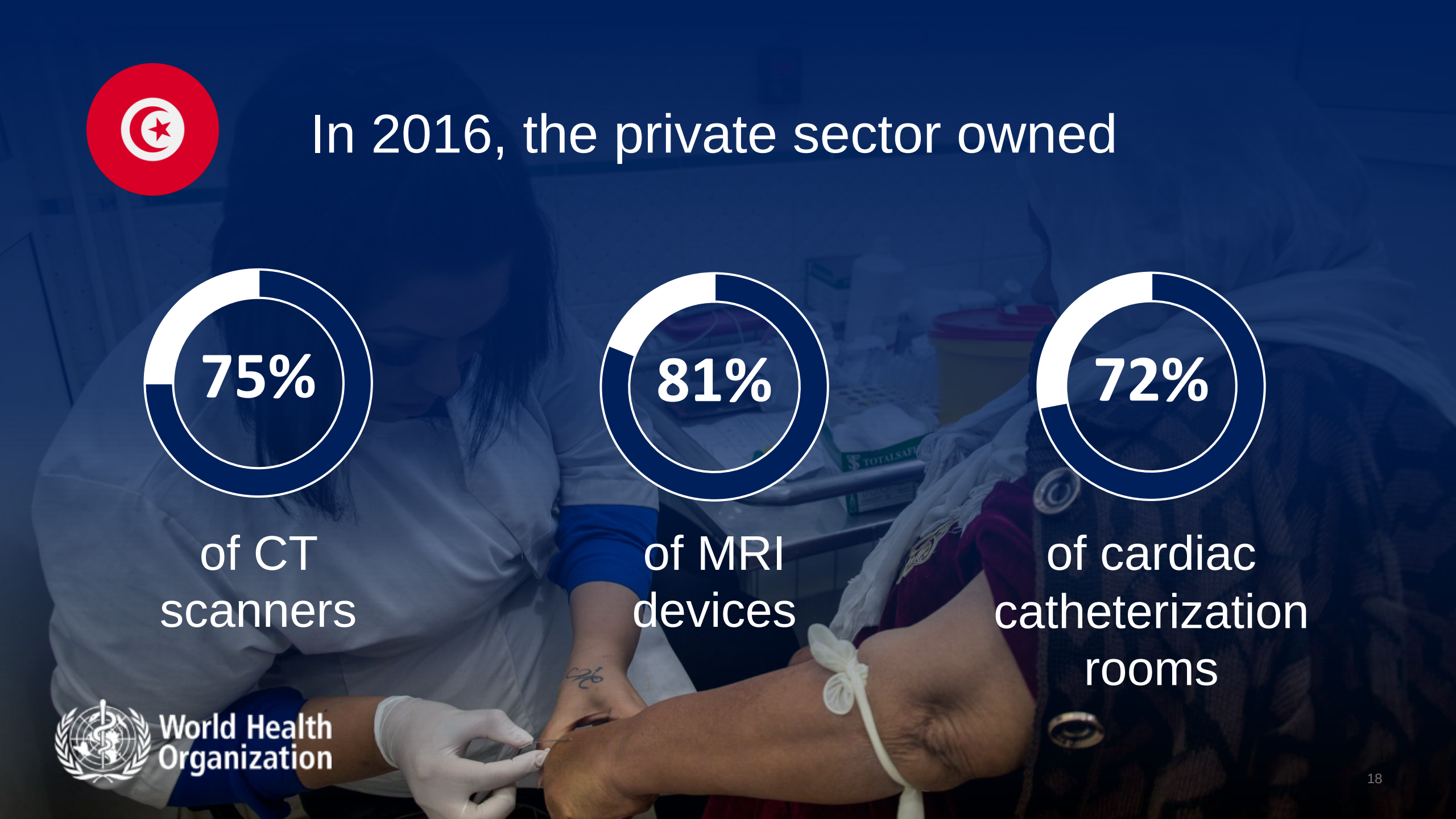
In 2016, the private sector owned
75%
of CT scanners
81%
of MRI devices
72%
of cardiac catheterization rooms
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Scope of the Private Health Sector in the EMR

- **Curative** rather than **promotive/ preventive** services
- **Secondary** and **tertiary** rather than **primary** care

Higher rates of C-section

Limited involvement in Emergency care

- **High risk**
- **SIX/SEVEN** countries noted that ambulance dispatch systems were disjointed

Second to the public sector in immunization services

Trust in public immunization services

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Distribution of the Private Health Sector in the EMR

Urban bias is due to:

1. low purchasing power of the population in rural areas
2. Limited revenues for private providers in rural areas
3. Lack of policies to incentivize PHS investments in rural areas or underserved areas
4. Under-developed infrastructure

For-profit facilities concentrated in **urban areas** with relatively **higher purchasing power**.

Not-for-profit facilities in **rural** and **hard-to-reach** areas

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The private sector employs

Jordan

of health workers

Leb

of Specialis

Dual Practice

is COMMON and LEGAL in most countries of the Region.

Private Health Sector **G o v e r n a n c e**

Weakly regulated

R E A S O N S

- Fragmentation of regulatory authorities
- Poor coordination among regulatory agencies
- Government leniency in enforcing the laws and regulations
- Weak institutional structure and capacity
- Corruption
- Lack of financial and human resources
- Poor management
- Bureaucratic bottlenecks

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Private Health Sector **H I S**

Generally excluded or minimally represented in assessments and evaluations of the HS

lack of data on the size and characteristics of the PHS in the Region

Little information-sharing between the PHS and the public sector

Barriers to information-sharing include

- Fear of heavy taxation by the government
- Modest infrastructure and paper-based reporting
- Loss of data
- Lack of reporting accountability.

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Private Health Sector **F i n a n c i n g**

Three GROUPS

Countries that don't have price or tariff control.

Countries having pricing schemes but not fully enforced

Countries having set prices that are enforced

Direct payment

at the point of care is the **main revenue stream** for private providers in most EMR countries.

Private facilities in **Qatar**, however, mainly generate profit through private health insurance.

In **Lebanon**, public agencies (public insurance) are major contributors to revenue generation in private hospitals.

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Implications

- In 2021, the regional average of the Universal Health Coverage Service Index stood at 57 out of 100, compared to a global average of 68.
- 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.
- In 2021, the average OOP expenditure in the Region's low-income countries was 67%*, compared to 11% in high-income countries.

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*Excluding Syria, Somalia, and Yemen where data was not available

Intersectoral collaboration

Disparities in the readiness for PSE

Engagements are ad-hoc rather than being systematically planned & managed

Policy, legal & institutional frameworks & organizational structures are either absent or poorly developed

Lack of information restricted our ability to draw solid conclusions and deduce lessons learnt

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OPPORTUNITIES

Recognition of the importance of engaging the private sector in national health visions, backed by strong political will

The pandemic has inspired many new initiatives by the private sector which can be leveraged and built upon

Successful models for engaging with the private health sector in different areas across the region

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THANK YOU!

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