Private Health Sector Engagement in FCV Countries

Ali Ardalan MD, PhD

Regional Adviser and Head of Health Systems Resilience Unit
WHO Regional Office for the Eastern Mediterranean
Email: ardalana@who.int

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Health emergencies in EMR

- The Eastern Mediterranean Region (EMR) is at great risk of natural and man-made emergencies as well as epidemic and pandemic prone diseases.
- The EMR is facing an unprecedented scale of emergencies, mainly as a result of violent conflict.
  - 100 million people are in need of humanitarian assistance
  - 16 graded emergencies: conflicts, man-made, natural, and half of top 10 fragile countries worldwide.
  - >35 million forcibly displaced people, i.e., half of all displaced persons globally.

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WEEKLY SUMMARY OF EVENTS
WHO Health Emergencies (WHE) Programme

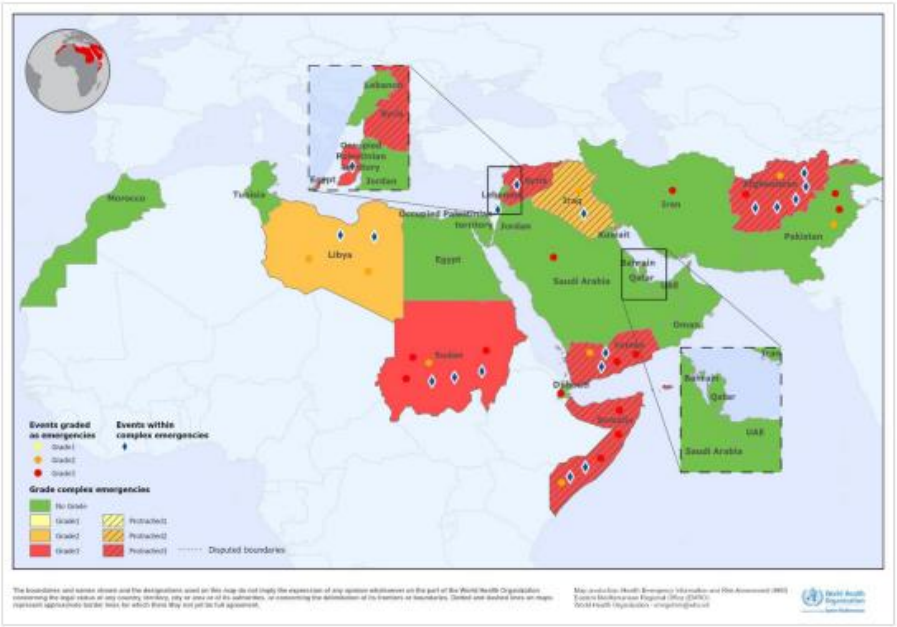
Reporting date: 10 July 2024
Reporting period: 27 June-03 July 2024

Table 1. Number of signals, events, and graded emergencies in the WHO Eastern Mediterranean Region, 27 June-03 July 2024

Signals and events					Graded emergencies			
37	2	0	0	76*	5	4	0	Grand total
					Grade 3	Grade 2	Grade 1	
Raw information	Signals followed-up	New events	Closed Events	Ongoing events	5	2	0	16
					Protracted 3	Protracted 2	Protracted 1	

* Ongoing events include events in non-graded and graded emergencies that are recorded in the Event Management System – EMS

Figure 1. Graded emergencies in the Eastern Mediterranean Region, as at 03 July 2024



Private Sector Engagement in FCV Countries

- WHO EMRO report on “Engaging the private sector to enhance Universal Health Coverage in countries in the Middle East and North Africa experiencing protracted emergencies”

- WHO EMRO “Scoping review on refugees and migrants' access to private sector health care services” *(Draft)*

Afghanistan

- The private health sector has experienced rapid growth in Afghanistan over recent decades.
- Meanwhile, the public health sector faces substantial challenges in service and financial coverage.
- 65% of the population turning to the for-profit health sector, including private doctors, clinics, and hospitals.
- Afghanistan’s Private Sector Directorate has pursued various strategic approaches to attain UHC, including funding private health centres across the country and revising the service fee structure for secondary and tertiary health care.

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Contracting the Private Health Sector in the Occupied Palestinian Territory

SITUATION

The Ministry of Health is the largest provider of health services to the Palestinians. However, not all services can be provided in-house which implies that these services need to be purchased from other providers, in particular oncology, cardiology and ophthalmology services. During the fiscal crisis of recent years, Ministry of Health outside medical referrals have increased for reasons including drug shortages, equipment malfunction, bed shortages and lack of specialized services. The Ministry has established a contractual relationship with the East Jerusalem Hospitals Network, especially Augusta Victoria Hospital (oncology and pediatric kidney analysis), Al-Makassed Hospital (cardiology/other services) and St John's Eye Hospital (ophthalmology), to which patients from the West Bank are referred.

Key strategy and tools for private sector engagement

Memoranda of Understanding (MoUs) are established between Ministry of Health and hospitals in East Jerusalem.

PROCESS

Negotiations take place between the Ministry of Health strategic purchasing unit and the hospital representatives. The Ministry of Health coordinates with the Ministry of Finance on the conditions of the agreement, especially in relation to pricing and payment conditions. Finally, an MoU is prepared and signed for a specific duration.

RESULTS

After the MoU is signed, the Ministry refers patients according to need and as per the conditions of the Outside Medical Referral process and the MoU. The hospital bills the Ministry after the services are provided. The Ministry of Finance audits the bills for payment.

Learnings: Several challenges were noted in the process:

- The Ministry of Finance raised issues with **finalizing payments** to hospitals due to management and financial system gaps at the level of the hospitals, leading to major delays in settling payments.
- The Ministry of Finance also faced **extreme delays** in paying the hospitals because of the fiscal challenges facing the Palestinian Authority, causing large and unsettled debts.
- Several trials, also supported by donors, sought to **ensure strategic purchasing**, but were not conclusive.
- **No feedback on services** has been provided by patients, thus the Ministry of Health cannot be sure of the value of its investment relative to the care provided.
- **The internal management, financial system and governance structure of both contracting parties** are key to ensuring a successful relationship between the partners.

Governing the private sector in the Syrian Arab Republic

Key strategy and tools for private sector engagement

At the level of secondary care, the Ministry of Health regulates the health services provided by all sectors, including private health facilities.

PROCESS

The Directorate of Health Facilities has a specific department to supervise the work of private hospitals. Statistics from private hospitals are shared with the Directorate of Planning and International Cooperation. The Ministry of Health has the authority to license or delicense private hospitals.

RESULTS

The model is robust. It is worth noting that more work is needed around maintaining quality and license to work in the private sector, including managing the volume of health professionals, incentives/restrictions regarding location, sanctions for poor behaviour and a ceiling on fees to ensure affordability.

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- **The first strategic objective**, *"inclusion of refugees, migrants, IDPs and other displaced groups in national health policies, strategies and plans"*, discussed providing support for improving public investment, **public–private partnerships**, resource mobilization and the effective use of aid to ensure continuity of care for refugees, migrants, IDPs and other displaced groups.

Scoping review on refugees and migrants' access to private sector health care services

- Health care services are provided free of charge or at a lower cost at public facilities, however, many refugees and migrants still use private facilities for a number of reasons:
    - Shorter waiting times, and more trust in the private institutions as perceived to employ better physicians and offers better quality care.
    - Sense of anonymity, particularly for those who are irregular, as such preferring to avoid complex procedures
    - Need for specialized treatments or services not easily available in the public sector.

Scoping review on refugees and migrants' access to private sector health care services

Policy interventions

- **Inclusive health policies** that ensure healthcare services are accessible to all, irrespective of legal status.
- Governments can provide **financial assistance** through subsidies and vouchers to refugees and migrants for accessing private healthcare services.
- Facilitate **legal and administrative procedures** for private sector **to work with international and civil society organizations** supporting refugees, migrants and other displaced populations.

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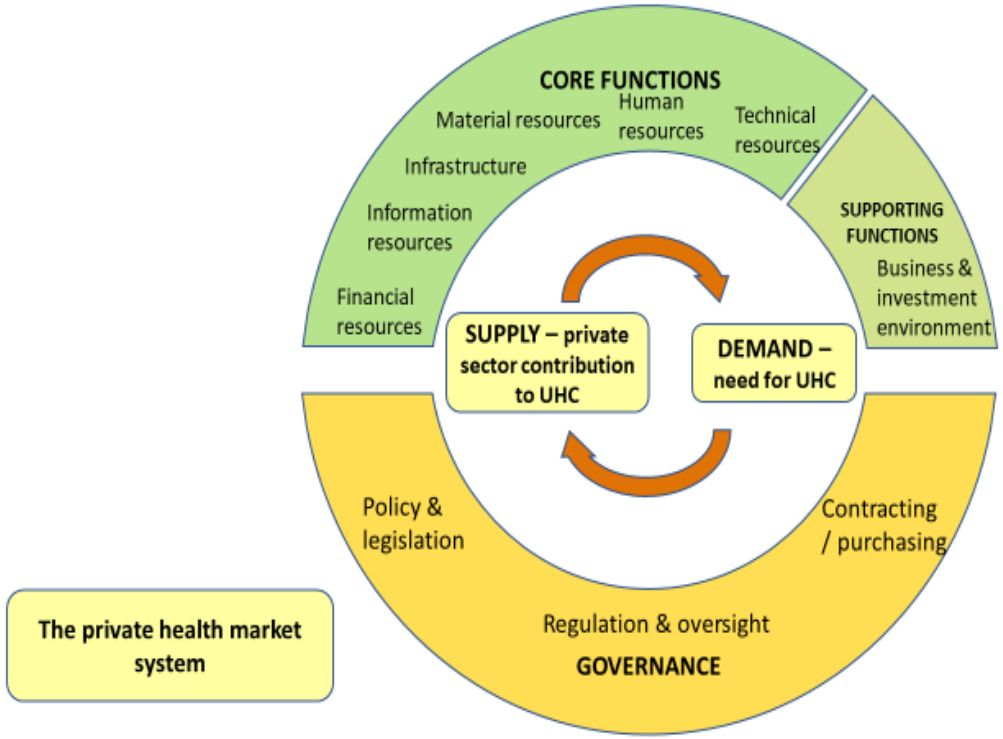
Findings and policy options around a market system approach

- Limited available information, or data with good quality on the private sector.
- Some areas of the work of PS are not adequately studie
- Conclusions based on available limited data, organised around a market system approach
- Many of conclusions are similar to those in LMIC countries without protracted emergencies



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Findings

Governance:

- Gap between governments' policy and implementation
- Exponential growth of PS while not-related to strategic prioritisation for achieving UHC
- Largely unregulated by health ministries which lack the capacity to do this
- Where PS has been steered to providing EPHS, the quality is not sufficiently assessed.
- Little evidence on effects of strategic purchasing of PS for health service delivery
- Contracting-out of ancillary services by public hospitals is common but data is not available to assess cost-efficiency and quality.

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Findings

Core functions:

- Limited quantity and quality of data on service provision and manufacturing
- Limited data collected on private pharmacies, and no data on supporting IT industry
- Options on health financing are poorly developed
- Private insurance schemes are too small, have too expensive premiums
- PS health facilities are concentrated in richer urban areas.
- Most labs, diagnostic centres and pharmacies are run by the PS

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Findings

Core functions (cont'd):

- Pharmaceutical manufacturing varies widely across these countries
- Size of the market is poorly understood
- Enforcement of Good Manufacturing Practices (GMP) is limited.
- Dual practice is very common even in countries where it is not authorised.

Supporting functions:

- Many examples of government incentivisation of the PS (tax deductions, tariff waivers, preferential access to land and property); in some cases, exposed to clientelist arrangements.
- The PS lacks associational structures to represent itself.

Unlocking the potential of the private sector in FCV settings

- **Potentials:** Can create jobs, provide livelihoods and services, and contribute to sustainable development across multiple sectors.

- **Challenges to be acknowledged:**
  - Often informal, constrained, distorted, and may involve actors that are part of the conflict
  - Limited by insecurity, lack of basic infrastructure, weak governance, and lack of access to finance and land, leading to financial and non-financial risks.

Source: https://ieg.worldbankgroup.org/blog/unlocking-potential-private-sector-conflict-affected-situations

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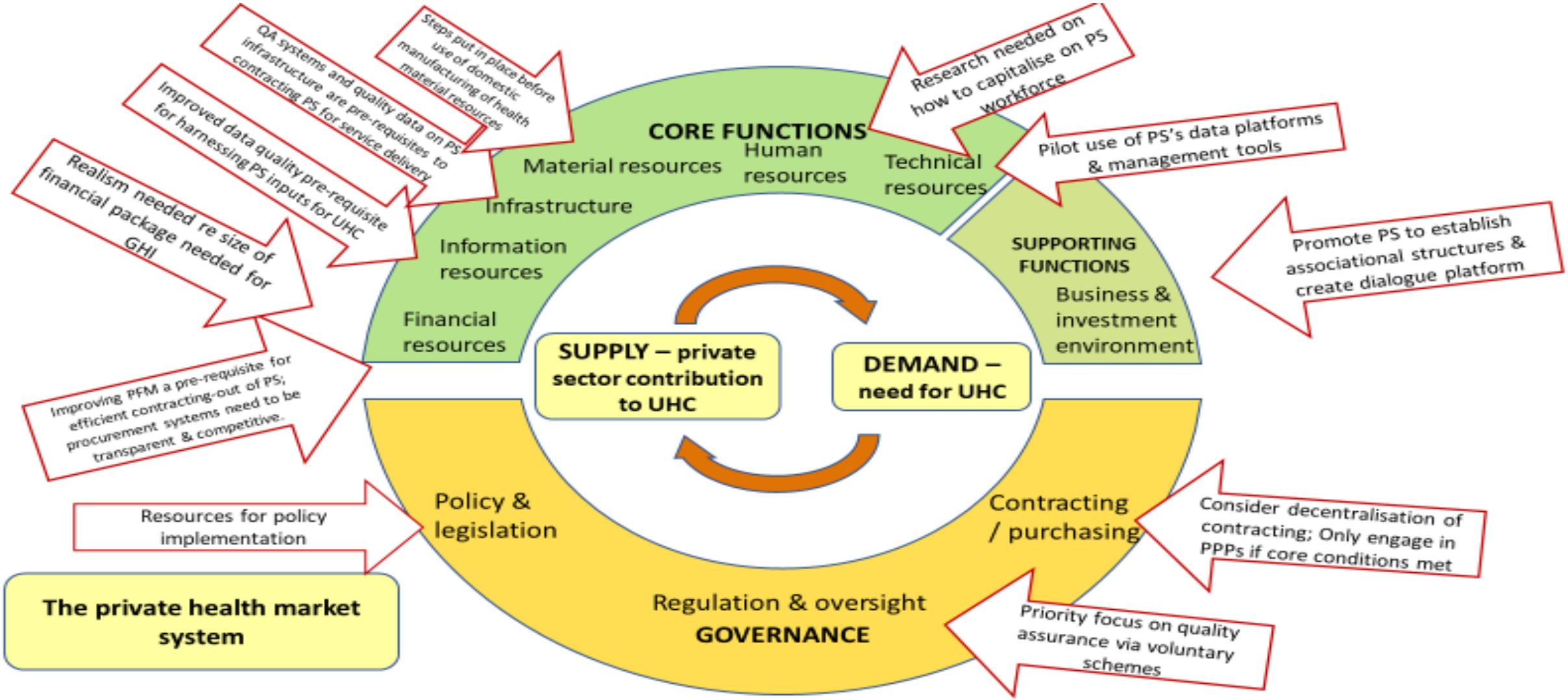
Policy Options mapped on the market system donut

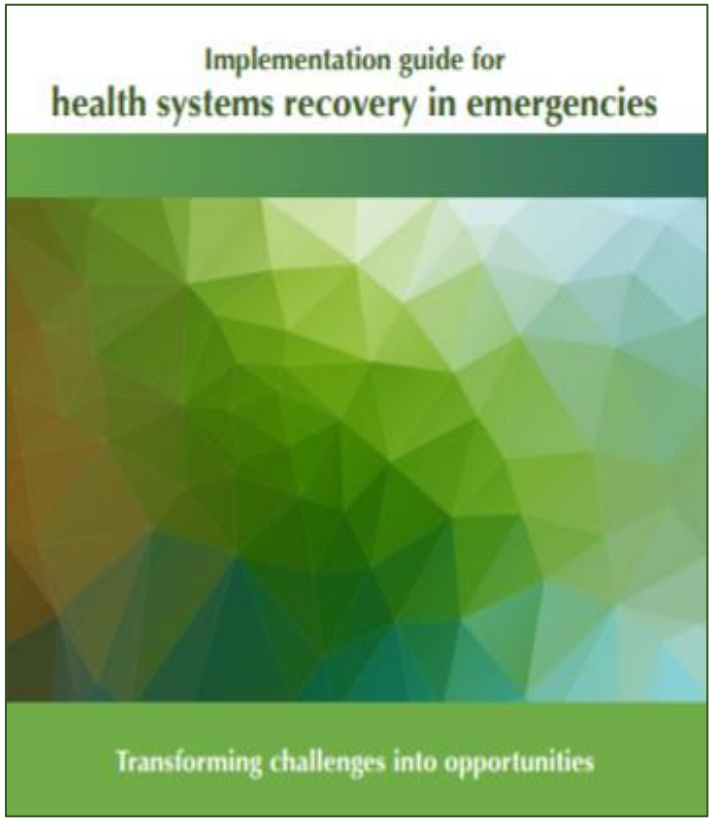


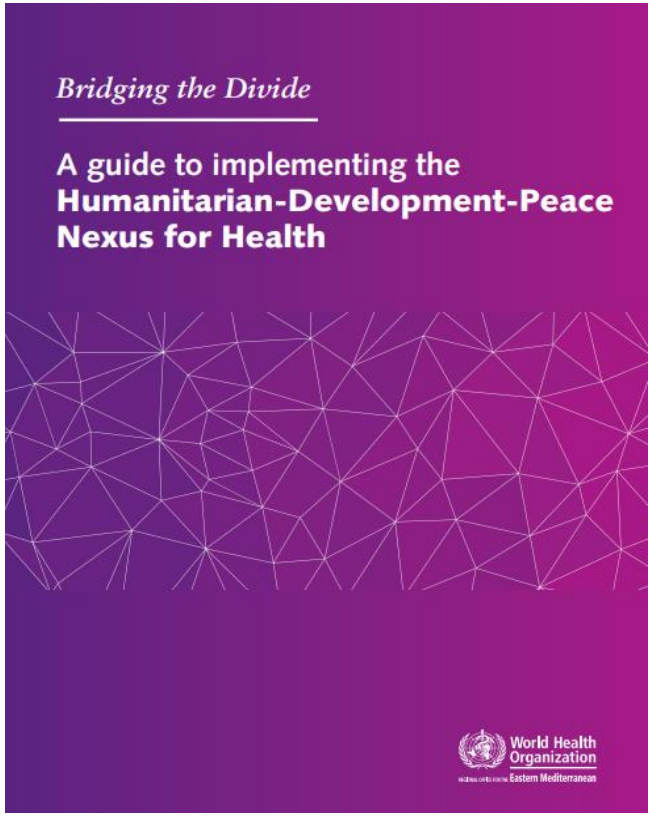
Enhancing quality, effectiveness and efficiency of engagement of private sector throughout the recovery process with a HDP Nexus approach

Public and private sectors have distinct but interrelated roles to play.

We do need an environment with right policy and governance that incentivizes financing, and opportunities for PS engagement.

If done correctly, the growth in PS can help with country economic growth, advancement the dual goals of UHC and HSc and achieving SDGs.





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