THE CLEARING HOUSE

OCTOBER 2022

The Clearing House is a service of the WHO Country Connector on Private Sector in Health that collects and categorizes information on the role of governance of the private sector in national health systems.

Governance of the Private Sector in Health

458	**18**	**99**
Total number of resources	Resources added in the past month	Total number of countries covered

CURATED LITERATURE

Governance of Referral Systems Inclusive of Private Providers

Here is a snapshot of curated literature on governance of referral systems inclusive of private providers.

This month the Clearing House search focused on governance of referral systems that include private sector providers. A total of 18 articles on the topic were collected. Relating to the governance behaviours, most of the 18 resources were associated with deliver strategy (94%), followed by align structures (89%).

COUNTRY FOCUS
India

Using mHealth to enhance TB referrals in a tribal district of India

This month's country focus showcases Khunti District's integrated approach of including private and public health care providers, along with patients, on a single mobile platform. The approach synergized the delivery of health care services and improved the quality of programme implementation such as in the reduction in dropouts among referred patients, timely dissemination of sputum results to patients and providers and early treatment initiation.

TOP 5 READS
Recommended reads on governance of referral systems inclusive of private providers.

1. Expanding Maternal and Neonatal Survival in Indonesia. This report observes that the new "SijariEMAS" referral exchange system was widely praised as the first comprehensive referral system developed and implemented in Indonesia. It increased efficiency of maternal and child health services by integrating public and private sector facilities.
2. Linking private, for-profit providers to public sector services for HIV and tuberculosis co-infected patients: A systematic review. This review highlights three studies, which provide examples of varying degrees of public-private TB/HIV service delivery and can potentially serve as models for integrated TB/HIV care systems.
3. Engaging Private Providers in HIV Care and Treatment: Lessons from the BroadReach Down Referral Model in North West Province, South Africa. This report shows that a local network of private general practitioners can effectively provide an alternative service delivery option for stable patients requiring antiretroviral therapy maintenance care and services to combat public sector constraints.
4. Feasibility study of strengthening the public–private partnership for tuberculosis case detection in Bandung City, Indonesia. This study shows that with adequate training and support, a mobile phone application for reporting TB-symptomatic individuals and diagnosed TB cases was acceptable and utilised by private practitioners.
5. Public sector engagement of private healthcare providers during the COVID-19 pandemic in Uttar Pradesh, India. This paper shows that while the Government of Uttar Pradesh rapidly mobilized private laboratories, and enlisted private hospitals to provide COVID-19 services, it undertook only limited engagement of solo private providers.

GOVERNANCE BEHAVIOUR SPOTLIGHT
Align Structures

Social Enterprise Model (SEM) for private sector tuberculosis screening and care in Bangladesh. This research paper demonstrates how a social enterprise model led to the establishment a referral network of public and private providers, who referred individuals with presumptive tuberculosis without financial incentives to icddr,b's (the International Centre for Diarrhoeal Disease Research, Bangladesh) screening centres, facilitating a quarter of total tuberculosis notifications in Dhaka Metropolitan Area. Scaling up this approach may enhance national and international tuberculosis response.