Progression pathway for governance of mixed health systems

World Health Organization

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Declaration of interests by external contributors

Following WHO procedures, all external contributors were asked to declare in writing any competing interests before their engagement in the consultations, meetings and the study that led to the development of the Progression Pathway. All external contributors completed and signed a standard WHO declaration of interests form. No conflicts of interest were identified.

Abbreviations

AGM	annual general meeting
CSO	civil society organization
HIS	health information system
ICT	information and communication technology
LMICs	low- and middle-income countries
NHPSPs	national health policies, strategies and plans
PHC	primary health care
PHI	private health insurance
PSE	private sector engagement
SMEs	small and medium enterprises
TLA	teaching, learning and assessment
UHC	universal health coverage
WHO	World Health Organization

About this document

Why was this document developed?

The World Health Organization (WHO) has researched and guided public policy about private sector participation in health systems for over twenty years.

The World Health Report 2000 first introduced the concept of stewardship to describe how governments should take responsibility for steering the whole health system – both public and private – towards public health goals. This approach aims to improve access to services quality, and increase efficiency.

In 2016, the World Health Assembly (WHA Resolution A63.27) (1) resolved to focus on improving engagement, oversight, and regulation of private healthcare providers in light of their growing role in providing essential health services in many countries. The resolution called upon WHO to produce guidance to support this work.

Three years later, in 2019, the WHO established a Technical Advisory Group (TAG) on the Governance of the Private Sector for Universal Health Coverage (UHC) to advise WHO on how to support countries in approaching the unique challenges of governing the private sector in the context of UHC. To assist the TAG's work, WHO commissioned a report about the private sector landscape in mixed health systems.

Following TAG deliberations, a strategy report titled "Engaging the private health service delivery sector through governance in mixed health systems" has been developed and published in 2020 (2). In the strategy report, the TAG concluded that:

- The private sector can impact UHC because it provides a significant proportion of health care globally – up to 40% of all health services in the WHO regions of the Americas, Africa, and Western Pacific regions; up to 57% in Southeast Asia; and up to 62% in the Eastern Mediterranean region.
- Because of the potential impact of the private sector on UHC, developing contextually appropriate governance arrangements is essential to align private sector operations with UHC objectives and other public health policy goals.

To help WHO support countries in designing governance arrangements, the TAG developed an approach based on six Governance Behaviours. It recommended that WHO develop a progression approach for the governance of mixed health systems (herein called the Progression Pathway) to provide governments with practical guidance on how to so implement these mechanisms should they chose to do so.

What is the purpose of the progression pathway?

The Progression Pathway approach has been designed to support the work of government agencies in three ways:

1. Identify the governance arrangements and capacities needed to deliver better health outcomes that will work in their context.
2. Take stock of existing governance arrangements and capacities, their strengths and weaknesses and identify the priority areas for improvement.
3. Help define strategies and specific actions for strengthening governance arrangements focused on building the capacity to make and implement health policies in the private sector to improve healthcare access, quality, and cost-effectiveness.

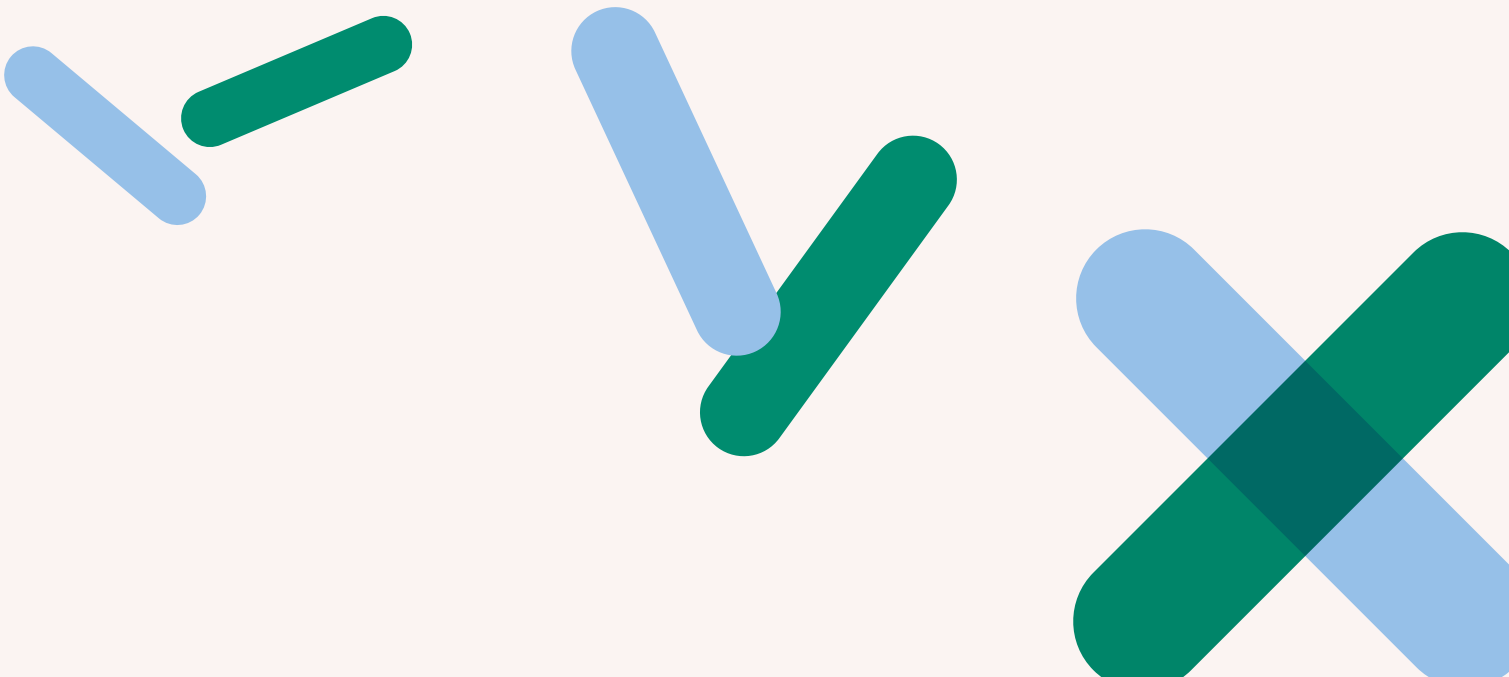
The Progression Pathway offers multiple entry points to work on health systems governance, such as informing

the development or review of national health strategies. It can also serve as a reference tool for donors and international agencies supporting health system reform in a country.
It is important to note that the Progression Pathway is not a prescriptive guideline or a set of mandatory requirements. Health system governance should reflect each country's unique context, so a one-size-fits-all prescriptive approach is not possible. Instead, the Pathway is intended to support governments make decisions that align with their country's unique circumstances. Governments may use it flexibly, depending on their country needs—whether to inform new policy adaptations, conduct a situational analysis, or to identify areas for improving access to health services. Rather than prescribing specific actions, the Pathway aims to help governments to make decisions about the governance of the private sector that make sense in their national context.

The methodology for developing the progression pathway

The methodology for developing the Progression Pathway included a scoping review of governance practices in mixed health systems (3), jointly with a rapid literature review of maturity models and approahes. Key insights from these reviews helped draft the Progression Pathway through different versions, that have been subject to expert peer review, piloting, and validation.

Recognizing the dynamic nature of health systems and unique country contexts, the Progression Pathway will be continuously developed, reviewed, and improved in consultation with governments and the members of the WHO TAG and other health experts.




Summary

Executive summary

Introduction

The Progression Pathway for Governance of Mixed Health Systems (herein called the Progression Pathway) has been developed as an approach to inform countries about options for governing mixed health systems as a way to maximize efforts to achieve universal health coverage (UHC). While the growing role of the private sector[1] in health offers benefits, it also presents challenges that can hinder equity, access, and financial sustainability of healthcare services, if not properly governed. WHA Resolution 63.27, entitled "Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services" urged governments to "gather, by means that include improved information systems and stronger policy dialogue processes, the strategic intelligence required for: objectively assessing the positive and negative aspects of health-care delivery by private not-for-profit and private for-profit providers; identifying appropriate strategies for productive engagement; and developing regulatory frameworks that ensure universal access with social protection and the reorientation of service delivery towards people-centred primary care" (1). A "steering" approach is recommended to health system governance, one that emphasizes collaboration and the stewardship of healthcare markets. WHO's 2020 strategy report on "Engaging the private health service delivery sector through governance in mixed health systems" advocates for implementing six governance behaviours to enhance private sector engagement for UHC (2). This serves as the foundation of the Progression Pathway which is a document to help governments to assess and inform the effectiveness of governance practice in mixed health systems around each of those six governance behaviours.

How the Progression Pathway works

The Progression Pathway is structured according to the six governance behaviours from the WHO Strategy Report (i.e., Deliver Strategy, Enable Stakeholders, Build Understanding, Foster Relations, Align Structures, Nurture Trust – for more details see Box 1). In turn, these six aspects of governance connect to a set of related governance mechanisms that may influence the operation and performance of the private health sector. For each mechanism, a series of four progress levels are outlined, that seek to map the extent of governance effectiveness (namely: Nascent, Developing, Progressing, and Established).

Why the Progression Pathway was developed

The Progression Pathway is intended to support government and other state authorities in:

- Organizing their understanding of what effective governance of the private health sector involves for their context;
- Assessing the effectiveness of current governance arrangements, using the six governance behaviours to organize the analysis; and
- Defining strategies and specific actions for improving governance effectiveness, thereby accelerating progress towards key policy objectives.

The Progression Pathway offers multiple entry points to work on health systems governance, such as informing the development or review of national health strategies. It can also serve as a reference tool for donors and inter-

[1] For the purpose of this study, private sector includes all individuals and entities that are neither owned nor directly controlled by government and are involved in the provision of health care and services. It can be classified into subcategories including for-profit and not-for-profit, formal and informal, domestic and international.

national agencies supporting health system reform in a country.

It is important to note that the Progression Pathway is not a norm, or prescriptive guidelines nor a set of mandatory requirements. Health system governance should reflect each country's unique context, so a one-size-fits-all prescriptive approach is not possible. Instead, the Pathway is intended to be a tool to support governments make decisions that align with their country's unique circumstances. Governments may use it flexibly, depending on their country needs—whether to inform new policy adaptations, conduct a situational analysis, or to identify areas for improving access to health services. Rather than prescribing specific actions, the Pathway supports, and facilitates the process of deciding how a government may wish to govern its health systems.

The Progression Pathway provides a behavioural definition and assessment across four levels. Questions within the Pathway conceptualize and analyze progression within each of the governance behaviours. Utilization of the Progression Pathway can support policymakers in crafting governance actions that may improve the performance of health systems and the achievement of national policy goals. In providing an assessment it can also inform policy processes and enhance stakeholder capacity in this domain.

Methodology

The development of the Progression Pathway was informed by a scoping review, various expert consultations, and a country pilot. The scoping review analyzed the literature on the governance of private healthcare financing and delivery in low- and middle-income countries (LMICs) to identify governance approaches, assess their efficacy, as well as their enablers and barriers. Simultaneously, a rapid literature review explored lessons learnt from available measurement tools and progression models for governance improvement **(3)**. The Progression Pathway also received detailed review by the WHO Technical Advisory Group on the Governance of the Private Sector for UHC, before being tested in a selected country as part of validation and refinement, incorporating real-world experiences to enhance its relevance and effectiveness.

Deliver Strategy

What may progress look like

- The existence of up-to-date documents, e.g., legal documents or policy statements, that define clear objectives for the private sector, in line with health system goals (e.g., universal health coverage, emergency preparedness, and health promotion).
- The inclusion, in such documents, of an articulation on how specific policy mechanisms may be used to influence the operation and performance of the private sector in line with defined strategic objectives.

Enable Stakeholders

What may progress looks like

- Regulatory interventions are in place, specifically:
  - Private facility registration and licensing processes are well-specified and well-enforced, such that private facilities are competent to provide safe, effective, high-quality health care.
  - The regulation of private healthcare training/education institutions ensures that graduates from such institutions can provide safe, effective, and high-quality health services in the professional domains/clinical areas in which they are qualified.
  - There is a well-defined, comprehensive suite of regulations for healthcare professionals employed in the private sector (i.e., including doctors, nurses, pharmacists, and other cadres important to the operations of the domestic private health sector). To be comprehensive, the regulation of healthcare professionals should address registration, licensing, and standards of practice (including standards for continued professional development) and provide for complaints and disciplinary functions.
  - Evidence-based clinical practice guidelines, treatment guidelines, clinical protocols, and care pathways apply to both public and private sectors (for-profits and non-profits) and are used as key mechanisms for improving the safety, efficacy and quality of care in the private health sector.
  - The registration and licensing regime for private retail pharmacies is well-defined and well-en-

forced, such that all private retail pharmacies must take steps to ensure that they provide safe, effective, and high-quality health products.
- The private health insurance (PHI) industry is regulated to protect consumers.
- The anti-trust/economic regulation regime is robust enough to protect the public against the accumulation and/or abuse of market power among private healthcare providers.

→ Financing interventions are in place, and specifically:
- The government acts to ensure that purchasing and/or contracting arrangements are well-designed and effectively implemented. This ensures that the resources and activities of private providers contribute to policy goals such as equity of access, financial protection, and quality of care, without detriment to the financial sustainability of public health expenditure.

Build Understanding

What may progress looks like

→ Government acts to ensure that the private sector is integrated in relevant facility-level public health reporting systems.

→ Government acts to ensure that the private sector is integrated in relevant facility-level service delivery reporting systems.

→ Government acts to ensure that such data is organized to enable and encourage evidence-based strategic and operational decision-making.

→ Government acts to ensure that the data is used in this way (i.e., to increase the extent to which strategic and operational decision-making is evidence-based).

Foster Relations

What may progress looks like

→ Government has established platforms for open, transparent, and purposeful policy dialogue.

→ These platforms have been institutionalized (i.e., are sustained over time), and have a meaningful impact on the nature of policy formulation in the long-term beyond the scope of individual programmes (e.g., donor-funded programmes).

→ Government encourages the private sector to establish representative bodies, with whom it may engage in purposeful and sustained dialogue.

→ Government ensures that a broad range of other stakeholders – including patients' associations, community leaders, representatives of vulnerable groups, etc.– are also included, as a matter of routine, in dialogue structures.

→ Government takes robust action to mitigate the potential for bias, conflict of interest, or corruption, in policy formulation.

Align Structures

What may progress looks like

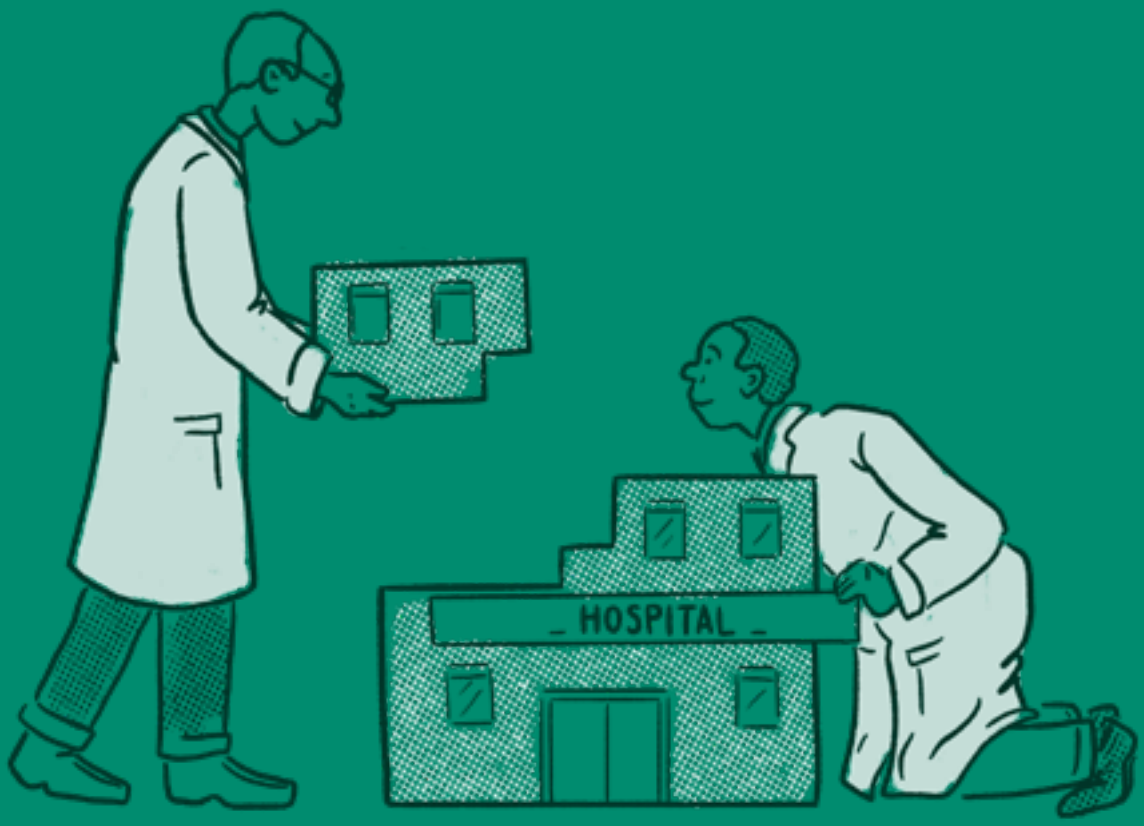
Government act to ensure that health policy objectives are reflected within organizational structures, service delivery models and financing arrangements and integrate, as appropriate, the private sector as guided by national policy, strategy, and plans.

Nurture Trust

What may progress looks like

→ Government acts to ensure that consumer protection laws are well-specified and well-enforced, such that they:
- ensure that the rights of patients receiving care in the private sector are enforced.
- ensure that patients do not receive unsafe, inappropriate, or unnecessary care in the private sector; and
- Ensure that patients are not financially exploited in the private sector.

→ Government ensures that patients have a voice in relation to the private health sector's activities and their experiences in related facilities – including via structures such as: patient fora, annual general meetings, complaints processes (with defined processes, including recording of complaints, and mechanisms for enforcement of disciplinary measures); and monitoring by non-governmental organizations (including civil society organizations (CSOs)).


HOSPITAL

Introduction, a new approach to working with the private sector

The Progression Pathway for Governance of Mixed Health Systems provides information to countries on how to implement WHO's selected approach to working with the private health sector, as set out in its Strategy Report: Engaging the Private Health Service Delivery Sector through Governance in Mixed Health Systems (2).

The global health landscape is witnessing a growing role of the private sector in most health systems, a trend that brings both opportunities and challenges for achieving UHC (4). While private healthcare may contribute beneficially to the UHC agenda, its expansion may also pose threats to health rights and equitable healthcare access, if not properly governed. (5) Most systems are mixed, featuring a blend of public and private healthcare providers, and they often experience governance gaps that may be due to inadequate regulation and insufficient interaction with the private health sector. These governance challenges – arising from capacity constraints in critical health system operations – can potentially jeopardize the achievement of social objectives such as equitable, efficient, and sustainable health care. (6)

To address these challenges, in 2010, WHA Resolution 63.27 " Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services" urged governments to "gather, by means that include improved information systems and stronger policy dialogue processes, the strategic intelligence required for: objectively assessing the positive and negative aspects of health-care delivery by private not-for-profit and private for-profit providers; identifying appropriate strategies for productive engagement; and developing regulatory frameworks that ensure universal access with social protection and the reorientation of service delivery towards people-centred primary care" (1). Integrating the private healthcare sector in a public-led system is essential to leverage its role in advancing UHC (6). However, achieving this integration requires a "steering" approach, which emphasizes collaboration among health sector stakeholders, leveraging market dynamics and strengthening policy tools and institutional capacity to drive primary healthcare reforms to achieve UHC. This calls for strategic government engagement to steer health systems toward a primary healthcare approach, while creating environments that foster the contribution of the private sector in the health system. If governments wish to adopt such an approach this requires a recalibration of governance arrangements, improving institutional capacity, and refining policy tools to advance primary healthcare reforms effectively.

In 2020, WHO published a strategy report to support countries achieving UHC, leveraging private health sector contribution. (2) The report advocates for a significant shift in health systems governance, focused on collaboration and engagement with the private health sector through the performance of six governance behaviours. These behaviours represent a practice-based approach to inform government capabilities to work with the private sector, with the aim to achieve UHC and other public policy objectives.
The 2020 WHO strategy report seeks to address issues

Box 1. The six governance behaviours

1 **Deliver Strategy** The government has articulated clear strategic goals for the health system as a whole and the role(s) of the private sector in achieving these.

2 **Enable Stakeholders** The government acts to influence the operation and performance of the private health sector through regulation and financing.

3 **Foster Relations** The government has established inclusive policy processes in which many stakeholders (including the private health sector and other actors) play an active role.

4 **Build Understanding** The government has taken action to ensure access to comprehensive, up-to-date and high-quality data on the operation and performance of the private sector. This information is used for strategic and operational decision-making, and relevant data is shared with the public

5 **Align Structures** The government has established the organizational structures required to achieve its identified strategic goals and objectives for the private health sector.

6 **Nurture Trust** The government protects patients' rights and financial welfare concerning their interaction with the private health sector and provides structures to ensure public accountability/patient redress.

related to the effective governance of the private sector through a practice-based approach. This approach acknowledges that governance efforts are embedded within the institutional complexity of social systems. Emphasizing governance *behaviours* underscores that enhancing governance may involve a non-linear, complex, and evolutionary process.

These explanatory notes guide users of the *Progression Pathway for the Governance of Mixed Health Systems* – which, in turn, is intended to aid in assessing and planning efforts to reform a country's current governance arrangements regarding the private sector in health. The *Progression Pathway* acts as a decision support tool by informing policies and setting priorities, helping to build institutional capacity and expand existing examples of effective governance practice.

Key concepts

The private health sector

In 2023, WHO published an operational definition of "the private sector in health service delivery" (7) to provide an understanding of what this expression means. In the document, the private health sector in service delivery is defined as "all individuals and organizations that are neither owned nor directly controlled by the government and are involved in providing health care and services" (7). The document indicates that private sector in health can be classified into subcategories, including for-profit and not-for-profit, formal and informal, domestic and international. This definition incorporates:

- Different ownership structures – both for-profit and non-profit entities, including religious and secular organizations;
- Organizations of different sizes – from individual operators, small and medium enterprises (SMEs), through to large corporations;
- Different legal structures – made up of both formal and informal structures.
- Different geographic reach – both domestic and international corporations;
- Different industrial sub-sectors – including private manufacturers and distributors of medicines and other health products, educational institutions that produce human resources for health, managed

healthcare, health administration and private health insurance companies.

Private sector engagement

The WHO strategy report defines Private Sector Engagement (PSE) as "the meaningful inclusion of private providers for service delivery in mixed health systems using dialogue, policy, regulation, partnerships and financing" (2). The report unpacks the role of the private sector in pursuing UHC objectives of improving service coverage, financial protection, efficiency, and equity in health resource distribution, as well as transparency, and accountability. It follows that PSE for UHC need to be specifically designed to address these objectives and be used to provide all people with access to the full range of essential and comprehensive health services (including prevention, promotion, treatment, rehabilitation and palliative care) of sufficient quality to be effective and to ensure that the use of these services does not expose the user to out-of-pocket expenditure and financial hardship. PSE aims to support domestic health policy. It is demand-driven, responding to a population's needs, and should not be supply-driven.

Health governance

Health governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability. (8)

Focus of the Progression Pathway

The government will need to decide what roles it wants and needs the private health sector to play in its national health system. This should be reflected in a clear, explicit, coherent, and documented strategy for realizing these roles and aim at strengthening private-public complementarity and interoperability, as appropriate (an example would be concerning information and communication technology (ICT)/digital transformation strategies and policies). The statement of the assigned roles needs to be coupled with the mapping and allocation of the needed financial resources that would allow the desired Strategy to be effectively implemented. The first Governance Behaviour – Deliver Strategy – in the Progression Pathway considers the extent to which this objective has been addressed.

Such a strategy will likely be implemented through policy tools, including private sector regulation, to promote patient safety, advance quality of care, and protect patients' health interests and broader welfare. In addition, if the private sector is integrated into government purchasing arrangements, additional health objectives are relevant, and the government may need additional mechanisms for influencing the private sector in alignment with these. These mechanisms include, for example, the introduction of eligibility criteria and contractual specifications – two sources of performance measured that can lead to greater efficiency in, and accessibility and quality of, health care. Therefore, the extent to which regulations and/or contracting arrangements may create an appropriate incentive environment for the private health sector is an essential focus of this aspect. These are addressed in the second Governance Behaviour: Enable Stakeholders.

Effective policymaking in areas such as regulation and purchasing requires access to and use of reliable and comprehensive information about the private sector – its resources, activities, and performance levels. To enable effective policymaking, governments would need to: (a) have access to comprehensive, up-to-date and high-quality information about the private sector – including the resources it holds and the services it performs; and (b) be capable of using this information systematically, to ensure that strategic and operational decision-making about the private sector is evidence-based; and (c) identify successful pilots of private sector engagement activities that may be considered for scale-up. This is the focus of the third Governance Behaviour: Build Understanding.

In addition, it is essential, if governments wish to work towards UHC, that the policy framework remains aligned with core UHC principles over time. Many countries have achieved this – ensuring that the private sector retains its complementary and integrated role even as the sector grows (in absolute or relative terms). However, it is important that governance arrangements ensure that the policy formulation and implementation is open, as appropriate, inclusive and transparent to achieve this. Thus, the process needs to focus on the steps taken by the gov-

ernment to Foster Relations – the fourth Governance Behaviour – in a way that serves the broader public interest.

In addition to specific policy mechanisms (regulatory and financial), the government acts to safeguard service users' health rights and broader interests in terms of their interactions with the private sector, whose commercial orientation may create risks to such rights and interests. This means acting to create structures to ensure that providers (both public and private) are held accountable for their behaviours and that there are forms of patient redress. Such actions Nurture Trust between the public, the private sector and the government – and are the focus of the fifth Governance Behaviour.

Finally, at the service delivery level, it is important to ensure alignment and coordination between the private and public sectors in relation to both population health needs and personal-level health services. This includes ensuring alignment between donors/development actors' activities and national strategies for private sector engagement. This imperative is captured in the sixth Governance Behaviour – Align Structures – which is concerned with establishing organizational structures and practices within the public and private elements of the health system to ensure that both deliver on the government's health priorities, principles, and values. This governance behaviour focuses on the public-private mix, the division of roles and activities among actors, the integration of private health sector providers (both for-profit and not-for-profit) and adherence to common standards and practices within the national health system's operational arrangements (such as referral guidelines).

Why use the Progression Pathway

The Progression Pathway is intended to support government and other state authorities in:

I. Organizing their understanding of what effective governance of the private health sector involves for their context;
II. Assessing the effectiveness of current governance arrangements, using the six governance behaviours to organize the analysis; and
III. Defining strategies and specific actions for improving governance effectiveness, thereby accelerating progress towards key policy objectives.

The Progression Pathway approach supports these objectives by providing guidance (for each of the six Governance Behaviours) on tailored definitions, the nature of progress, and how the extent of progress can be assessed. Progress may be assessed according to four progress levels (*Nascent, Developing, Progressing, and Established*), designed to capture current levels of governance effectiveness for each behaviour.

It is important to note that the Progression Pathway is not a norm, or a prescriptive guideline nor a set of mandatory requirements. Health system governance should reflect each country's unique context, so a one-size-fits-all prescriptive approach is not possible. Instead, the Pathway is intended to be a tool and approach to support governments make decisions that align with their country's unique circumstances. Governments may use it flexibly, depending on their country needs—whether to inform new policy adaptations, conduct a situational analysis, or to identify areas for improving access to health services. Rather than prescribing specific actions, the Pathway is a document to guide, support, and facilitate the process of deciding how a government may wish to govern its health systems.

A series of questions support users of the Progression Pathway in conducting the progression approach. Each set of questions corresponds to a specific governance behaviour, allowing users to analyze the progression within each behaviour and progress towards more effective governance and better health outcomes. The goal is for the Pathway to act as a tool for identifying gaps and opportunities to progress through practical governance steps. By progressing through each behaviour individually or moving from one behaviour to another, users can enhance their understanding of how each governance behaviour contributes to the overall capacity of governments to engage effectively with the private sector in health. Where relevant, a distinction is made between the governance of the for-profit and the not-for-profit private health sectors in recognition that governance arrangements may vary across these categories[2]. For *Enable Stakeholders*, specifically, there are separate questions for each policy area (including sets of questions

for each regulatory domain and financing mechanisms) to enable more detailed, policy-relevant analysis.

The Progression Pathway may also support government policymakers in working with stakeholders to develop and implement national policies inclusive of the private sector to improve health. It can also serve as a reference for different stakeholders, providing information to facilitate domestic policy dialogues while supporting capacity building in this work area.

The development of the Progression Pathway

The Progression Pathway was developed starting from a scoping review of the empirical literature on the topic, followed by expert consultation and country piloting. These activities were accompanied by a review of existing maturity/progression models in the health sector to identify and learn from best practices.

The first step in the development of the Progression Pathway was to conduct a scoping review of governance mechanisms within mixed health systems, to provide clarity in terminology and identify key governance barriers and enablers (3). The scoping review research questions were the followings:

1. What are the different approaches adopted to govern the private sector?
2. How effective are these approaches in governing the private sector?
3. What are the key enablers and barriers to the adoption of these approaches, including governance capacities, and what potential avenues have been identified to strengthen Governance Behaviours across different contexts?

This approach helped produce a descriptive analysis of findings covering both effectiveness and enablers/barriers for governance of the private sector across multiple geographies and governance mechanisms. In parallel, a rapid literature review focusing on maturity models and governance metrics was also carried out.

Three key research questions guided this endeavour:

1. What measurement tools exist for assessing performance in the governance of the private health sector and the health sector more generally?
2. What maturity/progression models have been employed to support governance improvement in the health sector or more broadly, and what are their distinctive features?
3. What evidence is available regarding the advantages and limitations of these models?

Building on the results of these two reviews, a Progression Pathway draft report was presented during an in-person workshop of the WHO Technical Advisory Group on the Governance of the Private Sector for UHC, whose members also reviewed the final document through various online iterations.

Upon finalization of the first draft, the Progression Pathway underwent a pilot program at the country level. The piloting process proved critical in validating and refining the initial draft of the Progression Pathway. This process involved a workshop that engaged key stakeholders involved with the governance of the private sector in health within the country – serving as a platform for collaborative discussions, gathering valuable insights, perspectives, and real-world experiences from those directly involved in governance processes and related challenges. Following the workshop, additional key informant interviews provided valuable perspectives that contributed to further refining the Progression Pathway as a practical, contextually relevant tool for advancing governance within mixed health systems.

Limitations and updates

The Progression Pathway will continue to be updated and refined over time. Country work and continuous engagement with experts will further contribute to the evidence base of the Progression Pathway, its usability, and its practical value.

[2] It is important to note that in some jurisdictions, the distinction between for-profit and not-for-profit entities may not always accurately reflect their operational behaviour. While an entity may be legally registered as not-for-profit, its operational practices may close to those of commercial enterprises, blurring the traditional lines between the two sectors. Hence, readers are encouraged to consider not only the legal classification but also the actual conduct and practices of an organization when assessing its nature and objectives.

Explaining the six governance behaviours

Deliver strategy

Definition: The government has articulated clear strategic goals for the health system as a whole and the role(s) of the private sector in achieving these.

Background to the definition

Many countries have developed national health policies, strategies and plans (NHPSPs) in which strategic goals are set out – and take a system-wide perspective – inclusive of the private health sector. Other countries may have not done so but may have documents (e.g. a health system strengthening strategy, a health financing strategy, or a national health security strategy) in which clear policy statements are made about the private health sector's role. What is essential is that the government has articulated *in recent documents relevant to the current situation in the country, the government's decision-making, and the role(s) of the private health sector in achieving the government's strategic goals*. Strategic goals that include UHC, emergency preparedness, and/or health promotion or digital transformation. Statements of strategic objectives and the roles of health system actors in achieving these are not enough on their own. It is important that these be accompanied by mechanisms the governments can use to support the realization of these objectives and that the needed financial resources to implement these policies are allocated. Specific arrangements for tracking the effects of those policy mechanisms should also be in place.

Questions to guide the assessment

1. Do up-to-date documents exist that, individually or collectively, define the government's strategic goals in health? (Note: whether a document can be regarded as 'up-to-date' can be determined by whether the document is still 'in use' in guiding the policy direction of the relevant government entity.)
2. Do such documents outline clear role(s) for the private health sector in achieving these?
3. Do such documents outline specific policy mechanisms for achieving such outcomes?
4. Do they explain how such mechanisms will influence the operation and performance of the private health sector following the identified strategic goals?
5. Do they identify specific arrangements for implementing them (e.g., by allocating needed financial resources), tracking change, and evaluating the effects of change?

> The government has articulated clear strategic goals for the health system as a whole and the role(s) of the private sector in achieving these.

1 Nascent

At this level, up-to-date policy statements articulating the government's strategic health system objectives and the role(s) of the private health sector in achieving these do not exist. Hence, legislation, National Health Policies, Strategies and Plans (NHPSPs), or documents of similar stature and importance (e.g., relating to health systems strengthening, health financing, public health capacities/emergency preparedness, etc.) exclusively focus on the public sector. Insofar as the private health sector is mentioned, its role is framed in terms of industrial policy or other (non-health system-related) policy objectives, e.g., expansion of medical tourism, foreign direct investment, technological development, digital transformation, etc.
Thus, the government may not have a clear plan for influencing the operation and performance of the private health sector following its strategic health system objectives.

2 Developing

At this level, up-to-date policy statements articulating the government's strategic health system objectives and the role(s) of the private health sector in achieving these exist. Hence, while legislation, NHPSPs, or documents of similar stature and importance (e.g., relating to health systems strengthening, health financing, or public health capacities/emergency preparedness, etc.) are weighted towards the public sector, the private health sector is beginning to feature in the government's strategic vision. Specific roles for the private health sector are defined, supported by a national understanding of how such roles will be implemented in practice.

However, the government may not have a clear plan for influencing the operation and performance of the private health sector following its strategic health system objectives.

3 Progressing

At this level, up-to-date policy statements articulating the government's strategic health system objectives and the role(s) of the private health sector in achieving these exist. Specific roles for the private health sector have been defined, accompanied by a clear plan for implementing these in practice. Hence, at this level of progress, the government's strategic focus includes the public and private health sectors. The government has a clear plan for influencing the operation and performance of the private health sector and, thus, for using the private health sector to achieve its strategic goals.
However, at this level, arrangements for allocating sufficient resources that enable the implementation of relevant policies or for tracking changes in performance/the broader effects of change about this set of explicit policies have may not been defined – suggesting that the government may not be able to monitor the implementation of such mechanisms and/or measure their effects on health system outcomes in respect of its objectives

4 Established

At this level, clear strategic objectives for the private health sector have been articulated, and explicit policies are in place to realize these. In addition, robust arrangements (including clear, well-specified indicators) for tracking changes in performance/the broader effects of change about this set of policies have been defined.

This suggests that the government has a clear plan for influencing the operation and performance of the private health sector and, thus, for using it to achieve its strategic goals. In addition, it is serious about allocating sufficient resources to implement such policies. It has also established the capacity to monitor the implementation of related policy mechanisms and measure their effects on health system outcomes regarding the government's objectives.

Enable stakeholders

Definition: Government acts to influence the operation and performance of the private health sector through regulation and financing.

Background to the definition

This is the most complex of all the governance behaviours, as it incorporates a range of specific policy and regulatory mechanisms and sets out a pathway to progress for each. Mechanisms may be introduced to constrain or encourage private health sector activities.

For example, *licensing and accrediting* (of health facilities, pharmacy retailers, educational institutions, and professionals) is an important regulatory mechanism, which defines the conditions and standards that entities must meet to become (or remain) eligible to deliver services. Such mechanisms pressure private health sector entities to ensure that *what they have* (e.g., human and technical resources) and *what they do* (e.g., observance of evidence-based clinical guidelines, infrastructure and data reporting systems) meet required national standards.

Regulation may also focus on the terms on which interactions between consumers and providers occur – for example, by ensuring that consumers of private insurance products are protected from financial exploitation and that users of private health services are protected from monopolistic pricing. In all cases, regulations must be accompanied by an administrative apparatus that defines and enforces the rules and administers sanctions for non-compliance. Effective monitoring and enforcement of regulation are crucial to ensure that population rights are protected and that health services are delivered fairly, transparently, and with accountability. Enforcement mechanisms can include fines, penalties, and the suspension or revocation of licenses for non-compliant entities or individuals. Strong enforcement not only deters non-compliance but also fosters a culture of accountability and ethical behaviour within the private health sector to ensure that health services are always delivered in a manner that is consistent with public health goals and objectives.

In addition to their regulatory role, governments have a unique role in health financing – expressed through *the integration of private providers into publicly funded service delivery* – by purchasing/contracting for private sector provision of health-related products and services. This integration can be an important part of ensuring that people can access healthcare equitably, with financial protection, in mixed health systems (including those in which the private health sector accounts for a large proportion of the overall healthcare supply). Several policy mechanisms (e.g., taxes, loans, grants) rely on health financing – and the leverage this brings – to influence private health sector activities.

The Progression Pathway, focuses in particular on active purchasing/contracting because this is one of the most effective ways to influence how health services are provided and accessed **(9)**.

Regulatory interventions

Facility registration and licensing processes

Definition: Facility registration and licensing processes are well-specified and well-enforced, such that all private facilities are competent to provide safe, effective, high-quality health care.

Background to the definition

Facility registration and licensing processes are used to establish minimum standards for human and technical resources. They can also be used to require facilities to observe clinical standards and comply with data reporting rules (i.e., by making such compliance a condition of licensing/re-licensing). This requires licensing conditions to be well-specified, with well-defined compliance mechanisms in place, and a schedule of inspections scaled to the service levels and connected to the risk status of that domain. In turn, this calls for investment in the specialist human resources required to conduct inspections – and procedures to reduce the potential for bias or corruption in licencing processes/ outcomes.

Questions to guide the assessment

1. Are private facilities legally required to be registered/licensed?
2. Is the law well-enforced? (E.g. are licensed facilities >50% or >80% of the total number?)
3. Are licensing conditions well-specified and scaled to the requirements of each service level/facility type?
4. Are there a well-defined compliance mechanisms – linked to the risks of each service level/facility type?
5. Do registration/licensing conditions connect to other regulatory goals – e.g. compliance with observance of clinical guidelines and data reporting rules?
6. Does the capacity exist in the relevant agency to fully implement registration and licensing processes? (e.g., are inspections undertaken for >50% or >80% of the total number of license applications?)
7. Are procedures transparent as a way to reduce the potential for bias or corruption in decision-making?

> Facility registration and licensing processes are well-specified and well-enforced, such that all private facilities are competent to provide safe, effective, high-quality health care.

1 Nascent

At this level, only a minority (<30%) of private health facilities are registered/licensed.

This is either because there is no legislation requiring private health facilities to be registered/licensed, or if there is legislation, it is not considered and/or is not enforced – perhaps due to a lack of qualified human resources. Registration/licensing conditions do not connect to other regulatory goals – e.g., observance of clinical guidelines, compliance with data reporting rules, or clinical referral criteria.

2 Developing

At this level, many (30–<50%) of private health facilities are registered/licensed.
There is legislation that requires private health facilities to obtain a license. The mechanisms are in place for this law to be effective, and thus, most, but not all, facilities choose to obtain a license.

Licensing conditions are in place and may be quite detailed – but they are not scaled to practice type, nor are they connected to other regulatory goals – e.g., observance of clinical guidelines, compliance with data reporting rules, or clinical referral criteria. There is a lack of capacity for registration and licensing (e.g., inspections tend to be both ad hoc and reactive); the process is subject to discretionary decision-making by the registration/licensing authorities, creating potential risks of bias/corruption.

3 Progressing

At this level, it is estimated that 50–80% of private health facilities are registered/licensed. Legislation requires private health facilities to obtain a license. Enforcement of the law is effective enough to ensure that the majority of facilities choose to obtain a license, and compliance with requirements is routinely assessed, with a frequency set according to the risk status of the services provided.
Licensing conditions are clear – specific to each service level/facility type, scaled to practice type, and connected to other regulatory goals – e.g., clinical guidelines observance or compliance with data reporting rules. There is sufficient capacity for registration and licensing (e.g., to enable a comprehensive, routinized schedule of inspections, with the frequency determined by service level/facility type); however, the process is subject to discretionary decision-making, creating potential risks of bias/corruption.

4 Established

At this level,>80% of private health facilities are estimated to be registered/licensed. Legislation requires private health facilities to obtain a license. Enforcement of the law is effective enough to ensure that almost all facilities choose to obtain a license, and compliance with requirements is routinely assessed, with a frequency set according to the risk status of the services provided.

Licensing conditions are clear – specific to service level/facility type, scaled to practice type, and connected to other regulatory goals – e.g., clinical guidelines observance or compliance with data reporting rules. Sufficient capacity exists for registration and licensing to enable a comprehensive, routinized schedule of inspections, and inspections are conducted in a scheduled manner, with frequency determined by service level/facility type, and in a transparent way, with effective oversight in place to reduce potential risks of bias/conflicts of interest.
A clear and transparent mechanism for re-assessment/appeal exists.

Regulation of medical education/ training institutions

Definition: The regulation of private healthcare training/education institutions ensures that all graduates from such institutions can provide safe, effective, and high-quality health services in the professional domains/clinical areas in which they are qualified.

Background to the definition

The regulation of private healthcare training/education institutions focuses on the quality of curricula, appropriateness of teaching, learning and assessment (TLA) approaches, and faculty-to-student ratios. Financial incentives can lead health care training/education institutions to 'shade quality' in respect of these foci (for example, to under-invest in curriculum development, to adopt 'lecture'-based TLA approaches that fail to promote clinical competencies and to allow student numbers to grow without proportionate increases in faculty). While this problem is not only typical for the private health sector, commercial imperatives may sometimes aggravate the problem, ultimately undermining the health workforce's quality. In addition, excessive numbers of (poorly trained) students may lead to an over-supply of unqualified health professionals. In this context, governments may seek to mitigate the effects of such financial incentives by introducing systems of accreditation and inspection, while exerting influence on the numbers of students joining training/ educational institutions. This involves aligning these numbers with the teaching capacity of the institution and the workforce requirements of service providers.

Questions to guide the assessment

1. Is there a well-defined system for accrediting and inspecting private medical training institutions?
2. Is there a well-defined system for indexing students joining private medical training institutions to:
   a. align these to the teaching capacity of the institution, and
   b. manage the number and quality of professionals entering the health sector?
3. Do accreditation/inspection agencies have the human resources/technical capacity to exercise their role correctly?

The regulation of private healthcare training/ education institutions ensures that all graduates from such institutions can provide safe, effective, and high-quality health services in the professional domains/clinical areas in which they are qualified.

1
Nascent

At this level, there is no quality assurance process for:
I. curriculum development, or
II. TLA approach (beyond the general regulations of the Ministry of Education).

The number of students joining private medical training institutions is not regulated.

2
Developing

At this level, there are defined quality assurance processes for:
I. curriculum development, or
II. TLA approach (beyond the general regulations of the Ministry of Education).

However, there is no clear mechanism for conducting regular inspections post-approval.
The number of students joining private medical training institutions is not regulated.

3
Progressing

At this level, there are defined quality assurance processes for:
I. curriculum development, or
II. TLA approach (beyond the general regulations of the Ministry of Education).
There are clearly defined mechanisms for conducting regular inspections post-approval.
Related agencies (e.g., accreditation agencies) can conduct these effectively.

The number of students joining private medical training institutions is not regulated to align these with health facilities' needs and/or the teaching capacity of the institution.

4
Established

At this level, there are defined quality assurance processes for:
I. curriculum development, or
II. TLA approaches (beyond the general regulations of the Ministry of Education).
There are clearly defined mechanisms for conducting regular inspections post-approval.
Related agencies (e.g., accreditation agencies) can conduct these effectively.

The number of students joining private medical training institutions is regulated; thus, these are aligned with both health facilities' needs and the teaching capacity of the institution.

Regulation of health professionals

Definition: There is a well-defined, comprehensive suite of regulations for healthcare professionals employed in the private health sector (i.e., including doctors, nurses, pharmacists, and other cadres important to the operations of the domestic private health sector).

To be comprehensive, the regulation of healthcare professionals should address registration, licensing, and standards of practice (including standards for continued professional development) and provide for complaints and disciplinary functions.

Background to the definition

In the health sector, professional regulation sets requirements for entry into a profession and conduct. Such regulations play an essential role in:

- Protecting, promoting and maintaining the public's health, safety and well-being.
- Promoting and maintaining public confidence in the health professions; and
- Promoting and maintaining proper professional standards and conduct for members of the professions **(10)**.

It is important that rules about registration, licensing, professional education standards, scope of practice, standards for continued professional development, complaints and disciplinary functions are well-defined. It is equally important that these standards and regulations are well-enforced and applied in a unified manner across the public and private sectors, and in all relevant settings (including health facilities and pharmacies). Any gaps or limitations in regulations may impact service delivery across both sectors; however, such gaps or limitations may be more acute in the private health sector due to the absence of other controls, e.g., direct oversight.

Questions to guide the assessment

1. Is there a well-defined registration system for all health professionals, including cadres within the country's private health sector?
2. Is the related system well-enforced (i.e., are numbers of registered professionals >30%,>50%,>80% or 100% of total numbers in the related cadres)?
3. Is there an institutional framework for maintaining active registers of all healthcare professionals?
4. Is there a well-defined system for licensing all health professionals, including all cadres, that is important for the country's private sector?
5. Is the licensing system well-enforced (i.e., are numbers of registered professionals >50% or >80% of total numbers in the related cadres)?
6. Is the licensing system linked to defined standards for professional education, practice and ethics?
7. Do disciplinary procedures exist for professionals who fail to comply with licensing requirements?
8. Is there an institutional framework for ensuring that all professionals are re-licenced on a regular basis, with appropriate continuing professional development (CPD)/competence criteria?

To be comprehensive, the regulation of healthcare professionals should address registration, licensing, and standards of practice and provide for complaints and disciplinary functions.

1
Nascent

At this level, there is no government-defined system for registration of all the relevant professional healthcare cadres, including those operating within private health facilities and pharmacies. Less than 30% of relevant professionals are registered.

There is no government-defined system for licensing all the relevant professional healthcare cadres within the private health sector. Less than 30% of relevant professionals are licensed.

2
Developing

At this level, there is a government-defined system for the registration of some, but not all, relevant professional healthcare cadres, including those operating within the private health sector. 30%–<50% of relevant professionals are registered.

There is a government-defined system for licensing some, but not all, the relevant professional healthcare cadres operating within the private health sector. 30%–<50% of relevant professionals are licensed. Systems to ensure that re-licensure is conditional on demonstrating appropriate qualifications, standards in practice, and ethical behaviours are under-developed – such that the regulatory apparatus fails to uphold defined standards for professional education, practice and ethics.

3
Progressing

At this level, there is a government-defined system for registration of the majority, but not all, the relevant professional healthcare cadres, including those operating within the private health sector. Systems are in place to maintain active, up-to-date professional registers. 50%–<80% of relevant professionals are registered.

There is a government-defined system for licensing the majority, but not all, the relevant professional healthcare cadres operating within the private health sector. In addition, systems are in place to base re-licensure on the demonstration of appropriate qualifications, standards in practice and ethical behaviours, but these are not fully enforced – such that the regulatory apparatus fails to uphold defined standards for professional education, practice and ethics. 50%–<80% of relevant professionals are licensed.

4
Established

At this level, a government-defined system registers all relevant professional healthcare cadres, including those operating within the private health sector. Systems are in place for maintaining active registers of professionals. Between 80–100% of relevant professionals are registered.

There is a government-defined system for licensing all relevant professional healthcare cadres operating within the private health sector. In addition, systems are in place and enforced to ensure that re-licensure is conditional on demonstrating appropriate competence – such that systems are in place to uphold defined standards for professional education, practice and ethics. Between 80–100% of relevant professionals are licensed.

Regulation of clinical practice

Definition: Evidence-based clinical practice guidelines, treatment guidelines, clinical protocols, and care pathways apply to both public and private sectors (for-profits and non-profits) and are used as key mechanisms for improving the safety, efficacy and quality of care in the private health sector.

Background to the definition

This part of the Progression Pathway assessment focuses on mechanisms for improving the quality of care, reducing variation in clinical practice, and the rate of error in medical care in the private health sector. Specifically, it refers to clinical practice *guidelines, treatment guidelines, clinical protocols and defined care pathways* – their existence, quality, legal status, and the extent of their enforcement in the private health sector. Such instruments can play a key role in ensuring that clinical practice is evidence-based; in their absence, there is a greater risk that clinical decisions will be made primarily based on individual expert opinion, norms, conventions and/or financial incentives rather than evidence. The latter problem may distort clinical decisions, leading to actions that are not in the interests of the health or well-being of patients. Government or non-State actors, such as professional associations, may develop guidelines. In either case, it is important that their application (and, in the case of mandatory guidelines, their enforcement) is cross-sectoral, such that there is a unified approach to regulating clinical practice across the health system.

Questions to guide the assessment

1. Does a suite of national clinical guidelines, standards, and protocols apply to both public and private sectors (for-profits and non-profits) exist?
2. Are such guidelines, standards, and protocols evidence-based (e.g., based on a systematic review of the existing scientific literature and/or expert evidence – or some other formal process for ensuring alignment with international best practice)?
3. Are guidelines, standards, and protocols mandatory in private health facilities?
4. If the guidelines, standards, and protocols are mandatory, is their application enforced?
5. Is there a specific entity that is in charge of enforcement mechanisms?
6. Does the technical capacity exist for effective enforcement, e.g., within the relevant regulatory bodies?
7. Do outcome measures and performance-based reporting frameworks exist and are implemented?

Evidence-based clinical practice guidelines, treatment guidelines, clinical protocols, and care pathways apply to both public and private sectors and are used as key mechanisms for improving the safety, efficacy and quality of care in the private health sector.

1
Nascent

No suite of mandatory national clinical guidelines, standards and/or protocols exists at this level.

As a result, clinical decisions in public and private facilities are mainly made based on individual expert opinions, norms, conventions and/or incentives. Thus, there is likely no regulatory apparatus focused on quality of care, reducing variation in clinical practice and the error rate in medical care.

2
Developing

At this level, a suite of mandatory national clinical guidelines, standards and/or protocols exists. Public facilities must observe the relevant guidelines, but it is not mandatory for private facilities. Thus, there is likely no regulatory apparatus focused on quality of care, reducing variation in clinical practice, and the rate of error in medical care in the private or public health sectors.

3
Progressing

At this level, a comprehensive suite of national clinical guidelines, standards and protocols exists. These cover the full range of essential/prioritized health services. Facilities in both the public and private health sector are expected to observe the relevant guidelines.

However, enforcement is absent or inadequate for private sector entities. No entity has a clear responsibility to undertake inspections and/or cannot apply sanctions or incentives to encourage adherence to the guidelines among private facilities.

4
Established

At this level, clinical guidelines, standards and protocols exist – and are applied across public and private facilities in a unified way.

The guidelines are effectively enforced across all facilities. A robust inspection regime – undertaken by an entity or group of entities with clear responsibility to enforce the guidelines - confirms adherence to the guidelines among all facilities, and an effective system of sanctions and incentives is in place. Thus, there is a strong regulatory apparatus focused on quality of care, reducing variation in clinical practice, and the rate of error in medical care inclusive of all facilities, regardless of sector.

Regulation of retail pharmacy

Definition: The registration and licensing regime for private retail pharmacies is well-defined and well-enforced, such that all private retail pharmacies must take steps to ensure that they provide safe, effective, and high-quality health products.

Background to the definition

Registration and licensing processes are used to establish minimum standards for private retail pharmacies and the human resources, equipment and infrastructure they employ. For example, they may require that each pharmacy includes a qualified pharmacist among its staff – who is on hand to make and/or inform dispensing decisions. They may also be used to require pharmacies to address other regulatory concerns – e.g., compliance with good dispending practices and data reporting rules (i.e., by making such compliance a condition of licensing/re-licensing). Achieving good outcomes requires that registration, licensing and re-licensing processes and conditions are well-specified, well-enforced, and supported by well-defined oversight and compliance mechanisms. In turn, this requires investment in the human resources and technologies needed to undertake monitoring; and procedures to reduce the potential for bias or conflicts of interest in licencing processes/outcomes. This sub-assessment area distinguishes between formal and informal retailers, such as drug shops, chemical sellers, and medicine vendors.

Questions to guide the assessment

1. Is there a well-defined system for regulating the operation of private pharmacy retailers, including specifications on the presence of a qualified pharmacist for each retail outlet?
2. Is the related system enforced effectively (i.e., are the numbers of registered pharmacies >50% or >80% of the total number of such retailers)?
3. Is there an institutional framework for maintaining active registers of all licensed pharmacies?
4. Are there mechanisms to ensure compliance and enforce defined standards for pharmacies (e.g., sanctions for non-compliance)?
5. What actions, if any, have been taken to reduce the potential for bias, conflict of interest or corruption in authorities' decisions about licensing?
6. What actions have been taken to address the availability and use of informal medicine retailers?

The registration and licensing regime for private retail pharmacies is well-defined and well-enforced, such that all private retail pharmacies must take steps to ensure that they provide safe, effective, and high-quality health products.

1 Nascent

At this level, private pharmacies have no government-led or government-mandated registration process.
There is no government-led licensing process for private pharmacies.

In addition, there are no government-led compliance requirements or auditing or inspection processes for private pharmacy retailers.
Other medicine retailers operate without government registration or regulatory intervention.

2 Developing

At this level, there is a government-led registration process for private pharmacies.
There is a government-led licensing process for private pharmacies but no re-licensing process.

The government makes systematic efforts to improve compliance for private pharmacies, including the specification that all pharmacies should employ a qualified pharmacist, but other medicine retailers (e.g., patent and proprietary medicine vendors or drug shops) are not covered by these.

3 Progressing

At this level, there is a government-led registration process for private pharmacies. However, the list of registered outlets is incomplete and out-of-date (i.e., 50–80% of active retailers are not on the list).
There is a government-led (re-)licensing process for private pharmacies. However, licensed outlets account for only 50–80% of the estimated total active retailers in the country. There is a re-licensing process.

The government makes systematic efforts to improve compliance with the registration and licensing requirements by pharmacies, including the specification that all pharmacies should employ a qualified pharmacist, but less than 50% of outlets are considered fully compliant.
There are efforts to regulate the use of informal medicine retailers (e.g., what over-the-counter medicines are offered and selling of prescription-only medicines).

4 Established

At this level, there is a government-led registration process for private pharmacies. The list of registered outlets is reasonably complete and up to date (i.e., >80% of active retailers are on the list).
There is a government-led licensing process, which includes re-licensing for private pharmacies.). The list of licensed outlets is reasonably complete and up to date (i.e., >80% of active retailers are on the list).

The government makes systematic efforts to improve compliance with pharmacies' registration, licensing, and re-licensing requirements, including the specification that all pharmacies should employ a qualified pharmacist and that more than 50% of outlets are considered fully compliant.
There are systematic efforts to regulate the use of informal medicine retailers (e.g., what over-the-counter medicines are offered and selling of prescription-only medicines).

Regulation of the private health insurance industry

Definition: The private health insurance (PHI) industry is regulated to protect consumers.

Background to the definition

It is important that the role played by PHI in the health system is understood. In particular, it is important to clarify:

- if the intended role of PHI is to supplement or complement publicly funded coverage – e.g., covering co-payments or those benefits excluded from the public system, thereby adding to overall progress towards UHC, or
- if PHI industry should be more of a substitutive role, allowing some people (usually the more affluent) to opt out of publicly funded coverage.

Generally speaking, if PHI is afforded the latter role, it may weaken the principle of solidarity in health financing arrangements and may make UHC more challenging to achieve or sustain. The main mechanism for realizing a supplementary or complementary role for PHI is *adequate public health expenditure* – this is not the focus in the Progression Pathway. Instead, the focus is on ensuring that, whatever role has been afforded to PHI in health financing arrangements: (a) PHI consumers are protected from exploitation (e.g., guarding against insolvency, fraud, or overly restrictive pay-out clauses) and (b) any gaps in PHI coverage do not generate negative spillover effects for publicly funded service delivery or results in high out-of-pocket expenditure.

Questions to guide the assessment

1. Are policies in place to safeguard consumers' rights (e.g., guarding against insolvency, fraud, or overly restrictive pay-out clauses)?
2. Are there policies in place to ensure that (e.g., due to under-insurance) the sickest patients are not being referred to public facilities at a cost to those facilities?

The private health insurance (PHI) industry is regulated to protect consumers.

1
Nascent

At this level, the development of the PHI sector is not closely monitored or may not be well-understood by the government. In effect, the PHI sector may be considered outside of the purview of health system governance (for instance, no unit or division of the Ministry of Health is devoted to it). Thus, the government is not engaged - through regulation or other policies - in the sector's activities.

Policies to safeguard consumers' rights or guard against under-insurance are either absent or inadequate.

2
Developing

At this level, the development of the PHI sector is not closely monitored or well-understood by the government. In effect, the PHI sector may be considered outside of the purview of health system governance (for instance, no unit or division of the Ministry of Health is devoted to it). Thus, the government is not engaged - through regulation or other policies - in the sector's activities.

However, some regulations focusing on safeguarding consumers' rights exist, although these may not be well-enforced. Regulations to guard against under-insurance are either absent or inadequate.

3
Progressing

At this level, the development of the PHI sector is well-monitored and well-understood by the government. It is recognized that the PHI sector is an important focus of health system governance (for instance, a Ministry of Health unit or division is devoted to it). Thus, the government is engaged in the sector's activities through regulation and/or other policies.
Regulations include mechanisms to safeguard consumers' rights, which are well-enforced (e.g., consumer complaints are taken seriously and, where regulatory violations are exposed, action is taken). There are also mechanisms to guard against under-insurance, but these may not be well-enforced (e.g., consumers may not have clear routes to make complaints and/or, if they do, there is no apparent evidence that enforcement action is being taken).

4
Established

At this level, the development of the PHI sector is well-monitored and well-understood by the government. It is recognized that the PHI sector is an important focus of health system governance (for instance, an Ministry of Health unit or division is devoted to it). Thus, the government is engaged in the sector's activities through regulation and/or other policies.

Regulations include mechanisms to safeguard consumer's rights, and these are well-enforced. There are also mechanisms to guard against under-insurance, which are well-enforced. In both cases, consumer complaints are taken seriously, and where regulatory violations have been exposed, enforcement action is taken.

Regulation of the private health care market – economic regulation

Definition: The anti-trust/economic regulation regime is robust enough to protect the public against the accumulation and/or abuse of market power among private healthcare providers.

Background to the definition

Regulations in this category are intended to influence market structure and/or pricing. Where a given producer has significant market power, governments may regulate market outcomes, such as prices, profits or rates of return, to mitigate the risk of exploitative pricing (and the adverse impacts of this on efficiency, equity of access, and financial protection). Authorities may also act to prevent the build-up of market power (e.g., by blocking one hospital's efforts to acquire the only other hospital in a region), enabling exploitative pricing and the exertion of illegitimate influence on the government's strategic and operational decision-making. It is, therefore important that the government is:

- → alert to the potential for markets to become concentrated over time;
- → aware of the challenges this can give rise to, and
- → considers the necessity of regulatory intervention to protect patients and the wider public interest.

Questions to guide the assessment

1. Do government authorities undertake assessments of the competitive situation of the private health sector, either in general or in specific service levels/facility types/services domains (e.g., primary care, outpatient specialist care (or specific specialist services), hospitals, diagnostic services, and pharmacy retail)?
2. Do government authorities use policy mechanisms to influence the competitive situation of the private health sector in general or specific service domains (e.g., primary care, outpatient specialist care, hospitals, diagnostics, and pharmacy retail)?
3. Are the extant policy mechanisms effective in preventing the accumulation or abuse of market power (e.g., price or rate-of-return regulation and/or scrutiny of or prevention of mergers and acquisitions)?

> The anti-trust/economic regulation regime is robust enough to protect the public against the accumulation and/or abuse of market power among private healthcare providers.

1
Nascent

At this level, government authorities are not familiar with the competitive dynamics of the private health sector and may not use policy mechanisms to influence this – in general or in specific service domains.

2
Developing

At this level, government authorities have limited knowledge of the competitive dynamics of the private health sector – in general or specific service domains.

However, neither the Ministry of Health nor other public health sector authorities (e.g., state purchasers) are mandated to use policy mechanisms to prevent the accumulation or abuse of market power.

3
Progressing

At this level, government authorities have good knowledge of the competitive dynamics of the private health sector – in general, and specific service domains.

The Ministry of Health and/or other public health sector authorities (e.g., state purchasers) can use policy mechanisms to prevent the accumulation or abuse of market power. However, action is rarely taken.

4
Established

At this level, government authorities have good knowledge of the competitive dynamics of the private health sector – in general, and specific service domains.

The Ministry of Health and/or other public health sector authorities (e.g., government purchasers) can use policy mechanisms to prevent the accumulation or abuse of market power. Action is taken through instruments such as price regulation or/or rate-of-return regulation. In addition, there is regular scrutiny and (if appropriate) prevention of mergers and acquisitions to guard against large incumbent firms' accumulation or abuse of market power.

Financing interventions

Government purchasing of/ contracting with the private sector

Definition: The government acts to ensure that purchasing and/or contracting arrangements are well-designed and effectively implemented. This ensures that the resources and activities of private providers contribute to policy goals such as equity of access, financial protection and quality of care, without detriment to the financial sustainability of public health expenditure.

Background to the definition

This part of the assessment focuses on the extent to which (a) the government has taken action to include the private sector in publicly funded service delivery through purchasing/contracting arrangements and (b) the government has used related mechanisms to exert performance pressure on the private sector, following its key policy objectives – particularly equity of access, financial protection, quality of care, and the sustainability of public spending. Two primary sources of performance pressure that purchasing/contracting arrangements can bring to bear are:

- *Eligibility requirements* (i.e., what a provider has to do to become eligible to receive public funds), which can help to ensure that providers have the systems in place to provide high-quality care and
- *Performance specifications* (i.e., what a provider has to do to comply with the terms of the agreement with the purchaser) can help to ensure that providers act following policy goals – e.g., equity of access and financial protection.

Examples of such specifications are rules concerning the flexibility afforded to providers to engage in "balance billing" or "extra billing" (i.e., co-payments – which may be regulated or not regulated), which can undermine equity of access and financial protection (11).Purchasers may also act to ensure that the inclusion of the private sector in publicly funded service delivery does not threaten the financial sustainability of public spending, e.g., by adopting selective contracting and service volumes.

Finally, performance pressures put in place through eligibility requirements and performance specifications are only effective if performance against these terms is effectively monitored.

Questions to guide the assessment

1. To what extent are private facilities included in publicly financed service delivery (e.g., % of providers contracts (e.g. for inpatient, outpatient, other service areas) with government purchasers is <20%, <50%, >50%, >80)?
2. To what extent and in what ways do eligibility criteria and contract specifications align with equity of access, financial protection, and quality of care objectives alongside the financial sustainability of public spending? *(Note that specific sub-questions may include: (i) Is purchasing selective, criteria-based, or open to all willing providers? (ii) Is balance/extra billing allowed (and, if so, is it regulated or unregulated) or disallowed?; (iii) Are prices and service volumes controlled, and in what ways? (iv) Do contracting mechanisms support the ability of small healthcare providers to administer contracts effectively?)*
3. To what extent do monitoring arrangements ensure that equity of access, financial protection and quality of care objectives are met in practice? *(Note that specific sub-questions may include: Are controls on service volumes incorporated in agreements?)*

> The government acts to ensure that purchasing and/or contracting arrangements are well-designed and effectively implemented.

1
Nascent

The private health sector is not included in publicly financed service delivery.

2
Developing

The private health sector is included in publicly financed service delivery.
However, eligibility criteria and contract specifications are not considered sufficient to:

I. promote equity of access and financial protection (e.g., balance/extra billing may be allowed, and amounts are unregulated); and/or
II. ensure the quality of care and/or the financial sustainability of public spending (e.g., purchasing may be criteria-based or general rather than selective, and there may be no controls on service volumes – enabling supplier-induced demand).

In addition, monitoring arrangements may be absent or inadequate.

3
Progressing

The private health sector is included in publicly financed service delivery.
Eligibility criteria and contract specifications are, in principle, sufficient to:

I. promote equity of access and financial protection (e.g., balance/extra billing are explicitly disallowed, or, if allowed, amounts are regulated); and
II. ensure the quality of care and/or the financial sustainability of public spending (e.g., purchasing is selective and focused on high-quality providers, and there are controls on service volumes/payments – discouraging supplier-induced demand).

However, monitoring arrangements may be absent or inadequate – such that the impact of the above sources of performance pressure may be undermined.

4
Established

The private health sector is included in publicly financed service delivery.

Eligibility criteria and contract specifications are, in principle, sufficient to:

I. promote equity of access and financial protection (e.g., balance/extra billing are explicitly disallowed, or, if allowed, amounts are regulated); and
II. ensure the quality of care and/or the financial sustainability of public spending (e.g., purchasing is selective and focused on high-quality providers, and there are controls on service volumes/payments – discouraging supplier-induced demand).

Monitoring arrangements are robust and comprehensive – such that the above performance pressure sources exert meaningful influence on providers' performance.

Foster relations

Definition: The government has established inclusive policy processes in which a broad range of stakeholders (including the private health sector and other actors) play an active role.

Background to the definition

As indicated in the introduction, there are many countries in which the private health sector accounts for a substantial proportion of the overall healthcare supply without compromising national progress towards UHC. In such contexts policy processes need to be open, inclusive, and transparent and not become distorted by powerful private sector's (or other stakeholders') vested interests. This aspect of the governance assessment focuses on the steps taken by the government to **Foster Relations** across the full range of stakeholders, for example through the establishment of platforms for open, transparent, and purposeful engagement with the private sector **and other stakeholders**. If institutionalized (i.e., formalized, sustained over time, beyond the scope of individual programmes), such platforms could be a meaningful impact on policy formulation and implementation. It is important to address power imbalances to ensure fair participation and effective engagement across all stakeholders, including health professionals and patients.

The private sector should be encouraged to establish representative bodies to engage in purposeful and sustained dialogue A broad range of other stakeholders – including, e.g., patients' associations, community leaders, representatives of vulnerable groups, etc. – should also be encourage to engage routinely in the policy process, as appropriate. Finally, robust action should be taken to mitigate the potential for bias, conflicts of interest, and corruption in all such processes.

Questions to guide the assessment

1. Has the government established platforms for open, transparent, and purposeful policy dialogue, and do these have a meaningful impact on policy formulation and implementation?
2. Has the government encouraged the private sector (for-profit and non-profit) to establish representative bodies to engage in purposeful and sustained dialogue?
3. Have such bodies been established?
4. How representative are these bodies? Specifically, do they include the full range of ownership types (sole-proprietor businesses, SMEs, large, limited companies, etc.); and facility types (rural/urban clinics, hospitals, etc)?
5. Has the government taken action to ensure that a broad range of other stakeholders – including patients' associations, community leaders, representatives of vulnerable groups, etc. are included in dialogue structures as a matter of routine?
6. Has the government taken robust action to mitigate the potential for bias, conflict of interest or corruption in decision-making?

> The government's policy framework must remain aligned with core UHC principles, even in the context of the private health sector's growth and development.

1
Nascent

At this level, no formalized structures for multi-stakeholder dialogue exist.

Hence, while the policy process may include the private sector, this may not occur openly, inclusively or transparently. In addition, civic stakeholders are rarely, if ever, invited to participate. There are no clear procedures in place to guard against bias or corruption in relation to decision-making.

2
Developing

At this level, structures for multi-stakeholder dialogue are becoming more formalized.

Hence, while most engagement in the policy process is by individual private sector entities, the private sector is forming representative bodies to engage. However, civic stakeholders are rarely, if ever, invited to participate. Clear procedures do not appear to be in place to guard against bias or corruption in relation to decision-making.

3
Progressing

At this level, structures for multi-stakeholder dialogue have become institutionalized and these are now routinely used to share information/deliberate on relevant policy issues.

The institutionalization of multi-stakeholder dialogue has led to private entities (both for-profits and non-profits) forming strong, representative associations that advocate for their interests. However, the process remains closed and lacking in transparency, civic stakeholders are rarely, if ever, invited to participate. There are, however, procedures in place to guard against bias and corruption in relation to decision-making. For example, conflicts of interest must be declared, and individuals with such conflicts must be recused from related policy discussions/decisions.

4
Established

At this level, structures for multi-stakeholder dialogue have become established and these are now routinely used to share information/deliberate on relevant policy issues. The formalization of multi-stakeholder dialogue has led the private sector (for-profit and non-profit) to form strong, representative associations that advocate for its interests. The process has advanced in the degree of openness and transparency, civic stakeholders are routinely invited to participate, such that a diverse range of perspectives and interests are reflected in policymaking about the operation and performance of the private health sector.

Robust procedures are in place to guard against bias and corruption in decision-making.

Build understanding

Definition: The government has taken action to ensure that it has access to comprehensive, up-to-date and high-quality data on the operation and performance of the private sector. This information is used for strategic and operational decision-making, and relevant data is shared with the public.

Background to the definition

Engagement of the private sector in health service delivery is intended to improve health system performance in line with national policies. Data and information[1] are foundational to health system performance; however, too often, data and information are incomplete, making them unreliable for performance monitoring and system improvement. Many countries have attempted to address information requirements by collecting more and different types of data on health system performance; increasingly, this is collected routinely through national health information systems (HIS)[2].

A HIS is a system that integrates data collection, processing, reporting, and use of the information necessary for improving health service delivery. HIS may include data from different sources, including routine service statistics, population-based surveys, vital statistics, and surveillance systems. A HIS aims to produce high-quality information that can be used at all health system levels for program monitoring and improvement to inform strategy and policy development, planning and implementation. (12) Including the private sector within HIS is therefore critical, particularly in contexts where the private sector entities deliver many health services (12).

Therefore, to support effective governance, governments must:

1 Information is data that has been organized into a format that is meaningful.

2 The emphasis on health information systems does not imply that a computerized system is a prerequisite for progress. Basic, manual recording and reporting systems can also contribute significantly to improving health system performance and policy formulation.

- Have access to comprehensive, up-to-date and high-quality information about the health sector inclusive of private sector entities – including what resources they hold, the services they perform, and levels of performance; and
- systematically use this information to ensure that strategic and operational decision-making are well-informed and evidence-based;
- systematically share information with the public, as and when appropriate, to promote transparency, enhancing their understanding of the performance of the health sector and enabling them to make well-informed decisions regarding where/from whom to seek care.

To achieve effective governance, it is important that the private health sector is integrated into all relevant public health and service delivery reporting systems and population-based surveys, that all such data is organized to enable and encourage evidence-based strategic and operational decision-making, and that the data is used in this way (i.e., to increase the extent to which strategic and operational decision-making is evidence-based).

[Note, it will be important to conduct this exercise across the different service tiers within the health system – e.g., primary health care, specialist outpatient care, specialist inpatient care, etc.]

Questions to guide the assessment

1. Is there a national HIS? Are private sector entities required to report within the national HIS? What are the incentives and disincentives for doing so (e.g., is reporting mandated as part of licensing)?
2. To what extent do private sector entities report into the national HIS? Are there concerns with the quality and regularity of reporting (e.g., accuracy, completeness, reliability, relevance, and timeliness)? Are other sources of private sector data/information available and used? (e.g., surveys, assessments, research)
3. Is the resulting information available in a format that enables all relevant government/health authorities – at the national, regional and local levels – to make evidence-based strategic and operational decisions?
4. Do relevant government/public health authorities systemically use the information to monitor, evaluate and improve policy development and implementation (e.g., through identifying successful pilots of private sector engagement activities that may be considered for scale-up)?
5. Is any of the data shared with the public, as appropriate, to improve its understanding of the operation and performance of the health sector in general or individual entities/providers in particular?

> Engagement of the private sector in service delivery is intended to improve health system performance in line with policies established by the government.

1 Nascent

At this level, private providers' reporting into HIS, alongside service utilization and/or disease surveillance, is not mandated across all levels of care (e.g., reporting by the private sector is < 30%). Such reporting is not a condition of licensing or re-licensing – private sector data is therefore not considered by policy analysts/policymakers as part of health system performance monitoring and cannot inform either the strategic and operational decisions of government/other public health authorities or the population's understanding of the operations and performance of the health system as a whole, taking into account both the public and the private sectors.

2 Developing

At this level, private providers' reporting into the HIS is growing. However, it remains inconsistent across entities and levels of care (e.g., reporting by the private sector is > 30% but < 50%). Reporting routine service statistics and/or disease surveillance may be mandatory (as a licensing condition), and guidelines and processes for reporting may be established. Still, it may not be well-enforced, and thus, concerns remain about the quality and comprehensiveness of data. As a result, government/other public health authorities may lack adequate data required to make strategic and operational decisions on an informed basis or to inform public understanding of the operations and performance of the health system as a whole, and the private health sector specifically.

3 Progressing

At this level, the private providers' reporting into the national HIS is established but has not reached national reporting benchmarks or data quality standards across all levels of care (e.g., reporting by the private sector is > 50% but less than 80%).

Reporting into HIS is mandatory (as part of license conditions), and efforts have been made by government/other health authorities - and private sector entities - to improve compliance over time. HIS data has been converted into information and may be combined with other data sources such as surveys and studies. Government/other public health authorities have the information required to make strategic and operational decisions. However, data and information are not consistently used in strategic and operational decision-making. Nor are they used to inform the public about the operations and performance of the health system as a whole, and the private health sector specifically.

4 Established

At this level, the private providers' reporting into the national HIS meets national reporting benchmarks across all levels of care and is of high quality (e.g., reporting by the private sector is greater than or equal to 80%).

Reporting into HIS is mandatory (as part of license conditions), and efforts have been made by government/other health authorities - and private sector entities - to improve compliance over time. HIS data has been converted into information and is combined with other data sources such as surveys and studies (particularly for entities not mandated to report into HIS, e.g., pharmacies). Government/other public health authorities have combined datasets and information in usable formats to make strategic and operational decisions on a well-informed basis. Information is systematically placed in the public domain, if appropriate, to inform the public's understanding of the operations and performance of the health system as a whole.
In addition, data is shared with the public to improve its understanding of the operation and performance of the health system as a whole, and the private health sector specifically.

Align structures

Definition: The government has established the organizational structures required to achieve its identified strategic goals and objectives for the private health sector

Background to the definition

Health policy objectives should be reflected within organizational structures, service delivery models and financing arrangements of both public and private actors. To achieve this objective, the integration of the private sector should be carefully guided by national policy, strategy, and plans and should involve coordination between public and private providers in the processes of care, management of services, and organization across all levels of care. This necessitates the identification of the roles and responsibilities of different service delivery platforms and providers along care pathways at national and subnational levels. It also requires setting up a process to ensure the alignment between donors/development actors' activities and national strategies for private sector engagement. This approach ensures continuity of care and the integrated delivery of all health services, including promotive, preventive, curative, rehabilitative, and palliative services.

Reciprocal arrangements can also be established to encourage and enable the private health sector to contribute to national service delivery goals. This can be achieved by establishing coherent mechanisms to organize inter-sectoral referrals between different levels of care to enforce the gatekeeping role of primary care; and including the private health sector in community engagement initiatives, all relevant priority health programmes, and quality of care initiatives.

Questions to guide the assessment

Where relevant and in line with national health policy:

1. Are private sector health entities integrated into health service delivery organizational arrangements (e.g., arrangements account for formal and informal health entities, digital health, and self-care services, etc).
2. Are systems used to align public and private healthcare providers towards a PHC-oriented and nationally defined service delivery model? (e.g., referral, quality assurance, supervision)?
3. Are structures in place to coordinate the engagement of donors/development actors with private healthcare providers in alignment with the stated roles of the private sector in national health strategies?
4. Is the private health sector included in relevant priority health programmes and quality improvement initiatives – e.g., ensuring that reciprocal arrangements are in place to encourage and enable the private sector to contribute to programme goals?

> Government should ensure that health policy objectives are reflected within organizational structures, service delivery models and financing arrangements of both public and private actors.

1 Nascent

At this level, no clear roles and responsibilities are defined for private sector entities delivering services at national and subnational levels. As such, they are not recognized within service delivery arrangements to ensure continuity of care and integrated service delivery.

There are no inter- and intra-sectoral referral systems, quality assurance (clinical guidelines, standards, and protocols) or supervision.

2 Developing

At this level, there are overarching roles and responsibilities defined by policy for the delivery and financing of services. Still, they remain limited to certain levels of care, providers or programmes (e.g., large hospitals, faith-based organizations or disease programmes). Other private healthcare providers are not accounted for within defined roles and responsibilities.

As such, systems for inter- and intra-sectoral referral, quality assurance (clinical guidelines, standards, and protocols) or supervision reflect this limitation. In addition, systems to coordinate the engagement of donors/development actors with private healthcare providers in line with the stated roles of the private health sector in national health strategies remain absent.

3 Progressing

At this level, clear roles and responsibilities exist as defined in the policy for delivering and financing services for a broader range of private healthcare entities to ensure continuity of care and integrated service delivery.

Systems for inter- and intra-sectoral referral, quality assurance (clinical guidelines, standards, and protocols) and supervision exist but are not fully functional or enforced. Systems to coordinate the engagement of donors/development actors with private healthcare providers in line with the stated roles of the private health sector in national health strategies are present but not fully enforced.

4 Established

At this level, clear roles and responsibilities exist as defined in the policy for delivering and financing services for a broader range of private healthcare entities to ensure continuity of care and the integrated delivery of health services.

Systems for inter- and intra-sectoral referral, quality assurance (clinical guidelines, standards, and protocols) and supervision exist, are fully functional and enforced. Moreover, systems to coordinate the engagement of donors/development actors with private healthcare providers in line with the stated roles of the private health sector in national health strategies are present and enforced to a great extent.

Nurture trust

Definition: The government takes action to safeguard patients' rights and financial welfare through their interaction with the private health sector and provides structures to ensure public accountability/patient redress.

Background to the definition

In addition to specific policy mechanisms, the government safeguards patients' health rights, and welfare more generally, regarding their interactions with the private sector, whose commercial orientation may sometimes create risks to such rights and interests. This means taking all the necessary actions to create structures to ensure that providers (both public and private) are held accountable for their behaviours and that, where failures occur, there are forms of patient redress. Such actions can help nurture trust – and, perhaps more importantly, help ensure that such trust is warranted. In particular, it is important to ensure that consumer protection laws are well-specified and well-enforced, such that they:

- ensure that the rights of patients receiving care in the private and public sectors are guaranteed;
- ensure that patients do not receive unsafe, inappropriate or unnecessary care in the for-profit sector; and
- ensure that patients are not financially exploited in the for-profit sector.

Steps should also be taken to ensure that patients have a voice about the private sector's activities and their experiences in related facilities – including via structures such as patient fora, annual general meetings (AGMs), complaints processes (with defined processes, including recording of complaints, and mechanisms for enforcement of disciplinary measures); and potential monitoring by nongovernemetal organizations including civil society organizations (CSOs).

Questions to guide the assessment

1. Do consumer protection laws and social accountability mechanisms exist, and are they sufficiently specified to protect users of the private health sector's services?
2. Does government act to ensure that such laws and mechanisms are well-enforced and exert meaningful influence on the private health sector's incentives and decision-making, thereby protecting patients' rights, health interests, and general well-being?
3. Are both sectors (public and private) equally accountable to the stated measures in a way that fosters trust between all health systems actors and between the health system as a whole and the population it serves?

> In addition to specific policy mechanisms, the government must safeguard patients' health rights, human rights and welfare more generally, regarding their interactions with the private sector, whose commercial orientation may sometimes create risks to such rights and interests.

1
Nascent

At this level, consumer protection laws and social accountability mechanisms are absent. Thus, there are no safeguards for protecting patients' health rights, or general well-being vis-à-vis their engagement with health providers (public and private).

2
Developing

At this level, there are consumer protection laws and/or social accountability mechanisms; however, these are not systematically or equally enforced, such that safeguards the protection of patients' health rights, or general well-being vis-à-vis their engagement with health providers (public and private) remain largely ineffective.

Clear mechanisms that ensure that patients have a voice in the private and public sectors' activities may not be in place.

3
Progressing

At this level, there are consumer protection laws and/or social accountability mechanisms, and these are generally well-enforced/observed in the public and private sectors, such that they safeguard the protection of patient's health rights, or financial welfare vis-à-vis their engagement with health providers, albeit they are limited.

Clear mechanisms that ensure that patients have a voice in the private and public sectors' activities may not be in place, and sectors (public and private) are not equally accountable.

4
Established

At this level, consumer protection laws and/or social accountability mechanisms are clear, comprehensive and well-enforced/observed in the public and private sectors. These provide robust safeguards regarding protecting patients' health rights, and financial welfare vis-à-vis their engagement with health providers.

The government has ensured that patients have a voice in the private and public sectors' activities. Relevant structures are in place, examples of which are patient fora, AGMs, complaints processes (with defined processes, including recording of complaints and mechanisms for enforcement of disciplinary measures), and potential monitoring by non-governmental organizations including CSOs. In addition, both sectors (public and private) are equally held to account.

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World Health Organization
20, Avenue Appia
1211 Geneva 27
Switzerland
www.who.int