COUNTRY CONNECTOR

Let's align for public health

Governance of the private sector in health:

Entry points in the policy cycle and learning from practice

ABOUT THIS BRIEF

This policy cycle brief is part of a technical workstream on governance of the private sector in health. The workstream employs a collaborative and iterative process for the design of interim "modular" products. These are used as a basis for engaging WHO teams and other country stakeholders in the process of product refinement and/or further inquiry to improve utility and application. The approach leverages the Country Connector on Private Sector in Health, optimising the resources and skills sets of the various channels and collaborations.

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The audience for this brief is WHO regional and country offices as well as country-based policy makers and implementers, inclusive of public and private sector entities involved in health service and product delivery. A secondary audience consists of development and implementing partners working on health governance and health system strengthening.

Our intention with this document is to inspire new ways of government-led policy entry and action as pertains to the private sector in health.

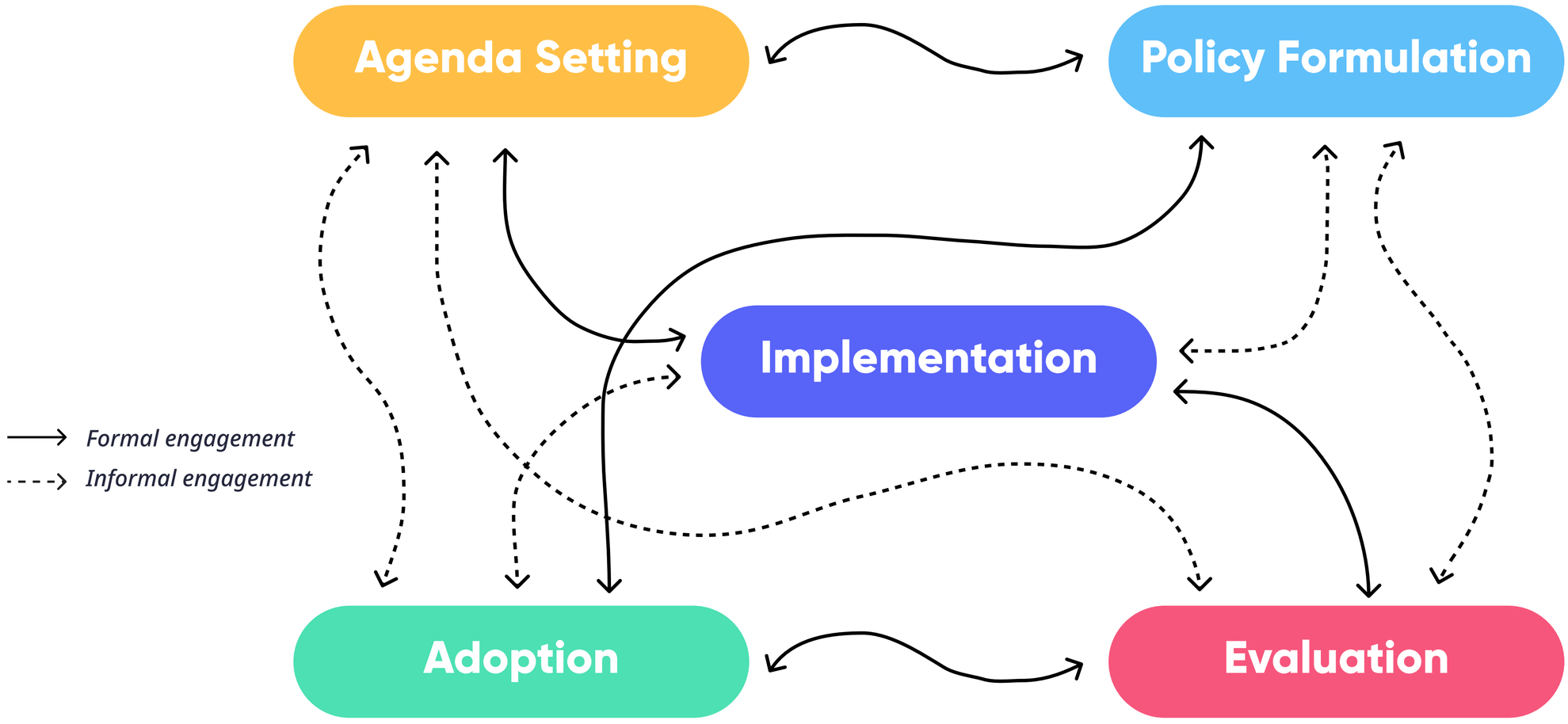


Figure 1. Policy process dynamics (Benoit, 2013)

POLICY CYCLE

Policy development is typically framed as having a series of sequential parts or stages. A widely accepted framework for policymaking contains following sequential stages.[1]

- **agenda setting**
- **policy formulation**
- policy **adoption** and legitimation
- policy **implementation**; and
- **evaluation**

According to Benoit (2013),[3] the policy development process does not necessarily occur in linear, sequential stages. The stages interface with one another simultaneously, sometimes in inverse order or skirting one another (Figure 1).

Recognition of "independent" streams of the policy process formed the basis of Kingdom's work which posited that windows may be opened at different points in the policy development process when problem, policy and politics converge.[4] Policy windows are points in time when convergence arises for an issue to be taken seriously with a view to action.

This brief starts from this understanding of policy development and the active role of policy entrepreneurs in the process. Our interest is in relation to the private sector in health and entry points for engagement.

Intuitively, most policy interventions start with agenda setting. This may be preceded by intelligence gathering using bespoke tools, such as private health sector assessments (e.g. USAID's Guide to Conducting Private Health Sector Assessments, WHO EMRO's Private Sector Assessment Tool).

However, this form of assessment may be lengthy and costly and may reduce momentum within the policy cycle. This form of entry assumes that data and information are needed to intervene, as an input into agenda setting and policy formulation. While this may be a valid assumption, it is not the only entry point to policy development or means of intelligence gathering.

Our hypothesis is that intervention itself may activate the policy cycle, providing the basis for intelligence gathering and policy formulation. We further hypothesise that intervention does not need to be driven by government, which may be constrained to intervene. However, to catalyse the policy cycle and ultimately policy change, intervention needs stewardship by government and recognition by other stakeholders to secure its legitimacy.

We further hypothesise that intervention does not need to entail major reform, although it can. Intervention sits on a continuum ranging from minor tweaks to more concerted programmatic adaptations to major health system transformations. Intervention can occur at macro, meso or micro levels of the health system, and in one or many settings; it may be specific to different provider types and organizations or be geographically focused, while others may be universal.[4]

LEARNING FROM PRACTICE

To illustrate a non-linear approach to policy development, we draw from "Accomplishing reform: successful case studies drawn from the health systems of 60 countries".[5] This collaborative study looked at patient-focused policy reform, "deciding which systems and processes to keep and which to alter or substitute to bring about improved care to patients."[6] Case studies documented interventions across the socio-ecological model, and a range of health system contexts.

Common lessons, linked to success across country cases, are framed as principles (Panel 1). While these principles were not specific to the private sector in health, their applicability is intuitive as mixed health systems are collection action problems,[7] whose resolution is ideally framed within and guided by public policy. These principles are closely aligned with the governance behaviours proposed in WHO's strategy "Engaging the private health service delivery sector through governance in mixed health systems." They are critical to the governance of the private sector in health, and can be mapped across the principles.

The 'acorn-to-oak tree' principle where a small-scale initiative can lead to system-wide reforms

Small scale, purpose-designed, initiatives can lead to system-wide improvements, given enough time and support. Policy intervention may start small, through a pilot, in order to achieve some early goals, and build momentum. This approach may help shape the environment, prepare the ground for later implementation of measures for systems-wide enhancements.

The 'data-to-information-to-intelligence' principle which looked at the role of IT and data and its conversion to intelligence for delivering efficient and appropriate care

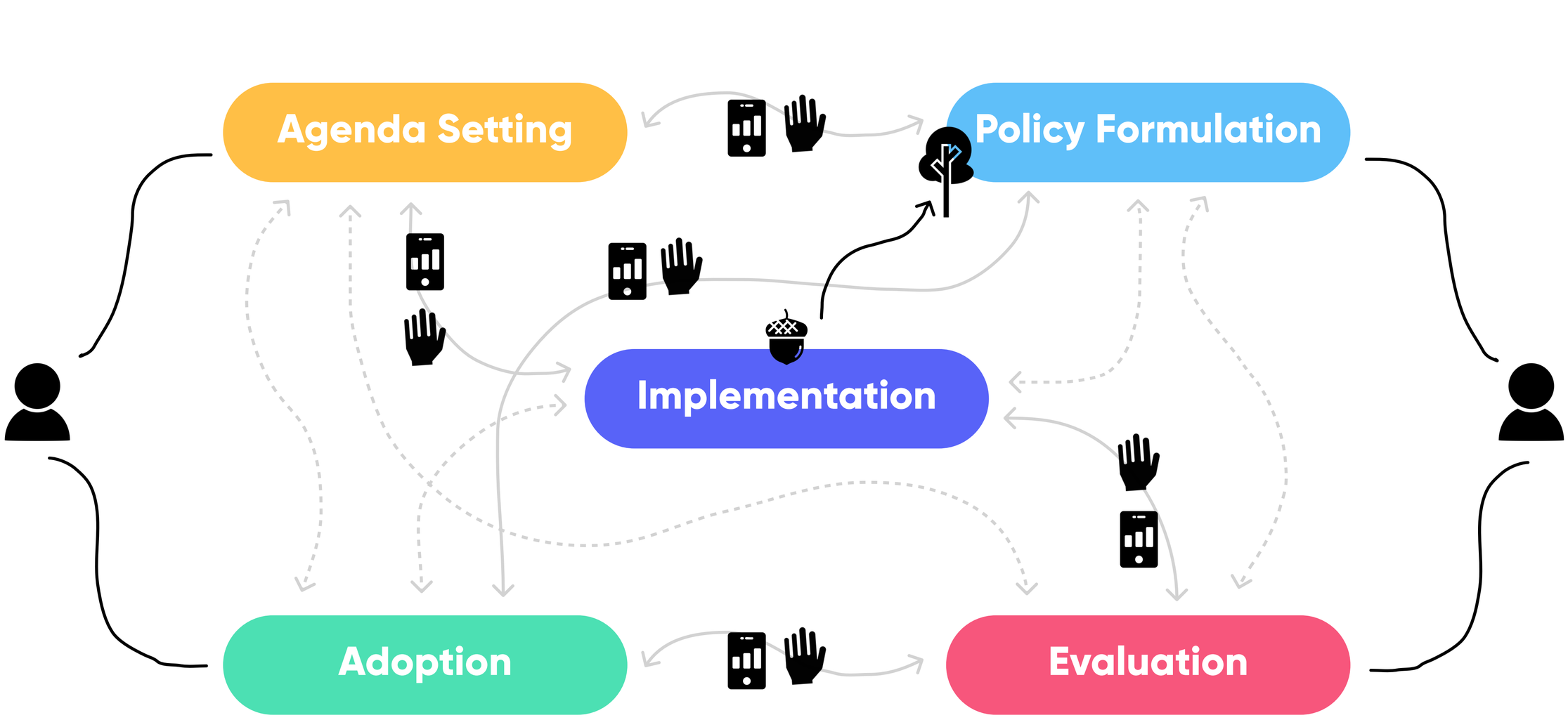
The method by which information is captured, analysed and communicated is fundamental to systems change, "no reform can stick unless stakeholders are informed, information is exchanged and communication occurs at the right time, in the right place, between the right people, through the right medium." This is increasingly mediated by technology such as the integrated use of IT, effective data capture and transmission, and accessible databases and decision support tools.

The 'many-hands' principle which acknowledges that concerted action between stakeholders is critical

Change always needs groups of skilled, proactive actors sufficiently engaged and receptive, and willing to drive or simply embrace the implementation of the targeted change. Implementation is predicated on relationships between key actors, using evidence on which to base decisions, and adopting clear principles of reform design to deliver system improvements.

The 'patient-as-the-pre-eminent-player' principle which puts patients at the centre of reform design

Perhaps the most crucial principle is the centrality of the user/ patient to the initiative which should form the basis to intervention and reform, the bedrock test for any reform should be: does it make care better for patients?



CONCLUSION

Other markers of success from the case studies were found to include:

- Some level of **seed funding** (or in some cases, significant commitment of resources) to catalyse the intervention over time
- A champion or even better, a **critical mass of actors** which believe in the intervention and nurture change
- **Momentum is built over time**, rarely is change achieved quickly or decisively, “perseverance is an attribute of success, and reform is a journey not a destination.”
- **Political will** is exhibited either through active promotion or “just standing behind the initiative” as part of nurturing change

This brief draws on country practice as documented by case studies of health system reform. **The principles and success markers featured in the case studies reinforce the importance of policy intervention and the need for sustained and stewarded momentum, which may be lost in the pursuit of notional ideas of how to embark on policy development.** In the case of the private sector in health, this may be premised on intelligence gathering through costly and time-consuming assessments.

RECOMMENDED CITATION

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ABOUT THE COUNTRY CONNECTOR ON THE PRIVATE SECTOR IN HEALTH

WHO's Country Connector provides a platform to support countries to manage the private sector's contribution to the response consistent with national health priorities. The Country Connector shares experiences across countries, connects countries to the resources, tools and guidance needed for stronger health system governance and better public policy toward the private sector in health

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