COUNTRY CONNECTOR

Let's align for public health

Governance of the private sector in health:

Insights from policy analysis

INTRODUCTION

As part of **"how-to"** develop inclusive public health policy for the private sector in health, we reviewed how countries, particularly those classified as lower- and middle-income countries (LMICs), include the private sector in health within their national health policies. To do this, we reviewed selected national health policies and strategies from nine countries in the World Health Organization (WHO) African and Eastern Mediterranean regions. These countries were chosen as the analysis builds from and will support work on inclusive public health policy in these regions.

METHODOLOGY

Policy documents were accessed from the WHO health systems strengthening database[1] or selectively retrieved in contexts where the team was aware of recent policy updates. This preliminary review was limited to documents published in English and Arabic.

Insights were generated using the governance behaviours from the WHO strategy "Engaging the private health service delivery sector through governance in mixed health systems". We developed a framework to extract and analyse policy documents using the six WHO governance behaviours outlined in WHO strategy. We developed criteria under each of the behaviours, grounded in the data collected from policy review (and based on previous analytical work using the governance behaviours).[2] The analytical framework is presented in Figure 1.

The analysis was synthesized across countries to draw out patterns and compare and contrast approaches to the inclusion of the private sector in national health policy. We developed a heat map of selected country policies to illustrate how well these corresponded to the criteria under each of the governance behaviours. We anonymised the visualisation and used country typologies to emphasise application of our approach, rather than specific country critique of policy. The visualisation is included as an annex to this analysis.

1. *https://www.who.int/activities/supporting-national-health-policies-strategies-plans*
2. *Examples of this work can be found on the Research and Learning Channel. https://ccpsh.org/research-and-learning*

POLICY INSIGHTS

Inclusive versus exclusive public health policy

In some policy contexts, specific health policies for the private sector have been developed, as a means to encourage public-private-partnership and private investment. In these policy contexts, there may be neither an explicit reference to public health policy in private sector policy nor reference to the role of the private sector (and component entities) within broader public health policy. Public health policy is understood as the decisions, plans, and actions that are undertaken to achieve a government's health care policy goals within a society.

> Despite specifying the governance of the private sector in health as a key priority, Sudan's 2017 -2020 National Health Sector Strategic Plan focused on projects to address bottlenecks pertinent to financing the private sector in health, strategic purchasing from private providers and their integration within the national health information systems. This is in contrast to the specific Policy for Market Based Private Health Care Sector which outlined the need to consider 11 aspects to ensure private health sector's "regulation and creation of environment conducive to improving efficiency, quality and equity in health services". Those aspects include certification, governance, quality of care, referral mechanisms and cost of services.

Lack of attention to operational aspects within national health policy

In some national health policies, there is little reference to operationalisation of policy and related tools to deliver strategy (policy vision and priorities). Foundational infrastructure and attendant roles may not be clarified nor pathways to their development articulated. Figure 2 depicts linkages between strategic policy, operational policy (e.g., rules, regulations and norms), and related implementation tools such as licensure, accreditation, communication, and information systems. Operational aspects of health policy may be further complicated in contexts where multiple health policies are in place as strategic and operational coherence may not be apparent.

GOVERNANCE BEHAVIOUR	ANALYSIS PARAMETERS
DELIVER STRATEGY	• Policy review/ learning • Policy development • Policy roadmap (implementation & M&E plan) • Policy implementation
ALIGN STRUCTURES	• Service package • Service infrastructure • Quality assurance mechanisms • Referral systems • PPP models/ out-sourcing
ENABLE STAKEHOLDERS	• National health insurance • Financing/ subsidy • Contracting • Regulation
BUILD UNDERSTANDING	• Facility registry • Health information system • Research studies • Use of information
FOSTER RELATIONS	• Private sector organization • Public sector organisation • Public-private dialogue mechanisms
NURTURE TRUST	• Equity and inclusion considerations • Public accountability • Conflict mitigation measures

Figure 1. Example of hierarchy of policy and tools

The Uganda National Strategy for Public-Private Partnerships in Health 2017/18 – 2021/22 has a specific objective to reduce financial barriers to healthcare and medicines. The strategy describes forms of subsidy and contracting but does not state which entities will be subsidized or contracted and for what purpose. Additionally, while there is distinction made for civil society registration with the "appropriate authorities at central and/or district level according to current laws and regulations", there is no mention of private facility registration.

Limited attention of the private sector within wider health policy reforms

In some national health policies, we saw a concentration on a single reform to improve the performance of the health care system. This may neglect other supportive policy areas, such as those intended to foster relations and build understanding amongst stakeholders on reform, such as those from the civic and private sectors.

In Egypt a new law was proposed making universal health insurance compulsory for all. But the laws on regulation of and/or engagement with the private sector were not addressed in tandem with this new law and remained outdated. In response, a white paper was developed to address governance gaps in response to the new Constitution's focus on health. The White Paper on Framing National Health Policy (2014) provides a comprehensive overview of the current health system situation in Egypt and identifies concrete recommendations and interventions to address gaps. At least one solution is identified for each governance behaviour. The paper focuses specifically on enable stakeholders, with several recommendations for strategic purchasing and contracting mechanisms to address high levels of out-of-pocket payments, and mandatory accreditation to address the poor performing regulatory framework. There is also a strong push for fostering relations via inclusion of all types of actors within the Supreme Council for Health.

In other policies, focus may be more on internal alignment, across government departments or devolved management and oversight structures, at the expense of alignment across other stakeholders, such as civic and private entities.

The National Health Vision 2016–2025 of Pakistan advocates for joint strategies developed by provincial and federal government to translate data (including private sector data) into policy. It also calls for coalition between the provincial and federal governments to enhance resource mobilization for health, including from the private sector. However, beyond this there is little attention to alignment of the private or civic sectors in health within government policy and operational structures.

Private sector inclusion but without precision

In some health policies, even those that are specific to the private sector in health, the situation and policy interventions may be presented in an abstract way. They may cover a wide swatch of policy terrain, but not communicate clearly vision and (realistic) priorities. The private sector may not be distilled into component entities with defined roles, across levels and locations of care.
In other health policies, greater precision is given. There is demonstration of "situational awareness" and deliberate effort to match identified gaps or problems with policy interventions. Situational awareness is understood as a well-informed interest in a particular situation or development (GRC20/20, 2019). In other policies, while there is situational awareness on the private sector in health, problems may be 'left hanging', without a clear policy intervention, or indication of roles.

Ghana's Private Health Sector Development Policy of 2012 was responsive to a review that found that implementation of the previous policy was slow and had not had the desired impact on the health sector. There was recognition that the private sector was not sufficiently involved in health sector policy formulation, planning and programme implementation at both the central and decentralised levels. In response, the 2012 policy detailed specific priorities by private sector type: private-for-profit (facilities and pharmacies), civil society organisations (CSOs) and faith-based organisations (FBOs). It further outlined policy thrusts for each of the key areas identified as a bottleneck and made the distinction between different forms of engagement with the private sector. However, more recent policy, the National Health Policy: ensuring healthy lives for all (2020), does not build from policy thrusts identified in the private health sector development policy.

CONSIDERATIONS FOR COUNTRY STAKEHOLDERS

In the first instance, country stakeholders could consider developing a policy framework that catalogues existing health policies to uncover 'rogue' or misaligned policies as pertains to the private sector in health. Rogue policies are understood as ones which contradict and/or do not align with public health policy. They may be programme specific or developed at lower administrative levels of the health system.

Country stakeholders could further explore the focus of private sector engagement within health policies using the governance behaviours and criteria to identify gaps.

Ultimately, country stakeholders will need to consider the types of private sector policy vacuums that exist.

- Is it policy that's missing or policy implementation?
- Do existing policies play a performative or performance function?
- Does policy prevent other forms of entry and engagement with the private sector?

A white paper is a government report giving information or proposals on an issue. This could be developed to collate and communicate policy analysis on the private sector in health to facilitate information exchange and action, and ultimately better policy outcomes.

ANNEX. POLICY VISUALISATION USING THE GOVERNANCE BEHAVIOURS

The policy heatmap uses a four-point rubric to visualise the degree to which the criteria under each of the governance behaviours are addressed. This ranges from no reference in policy to clear reference in policy, in terms of problem and solution identification. We developed broad descriptions of each of the county analysis using the Source of Care database on the Country Connector on the Private Sector in Health. https://ccpsh.org/source-of-care.

- No reference in policy
- Problem identified - no solution
- Problem identified - vaguely referenced
- Problem and solution - defined

		Country A	Country B	Country C	Country D	Country E	Country F	Country G	Country H
		LIC, 42.712% of people seeking outpatient care in the private sector (Data collected: 2015), CHE per capital PPP is 286 (2019), OOP expenditure 79% CHE (2019)	LMIC, 78.78% of people seeking outpatient care in the private sector (Data collected: 2014), CHE per capital PPP is 582 (2019) OOP expenditure 63% CHE (2019)	Upper-Middle Income country, 54.6% of people seeking outpatient care in the private sector (Data collected: 2017), CHE per capital PPP is 797 (2019) OOP expenditure 30% CHE (2019)	Upper-Middle Income country in the Eastern Mediterranean Region, 90% utilization private outpatient clinics (Data collected: 2013), CHE per capital PPP is 1289 (2019) OOP expenditure 34% CHE (2019)	HIC, 24.52% of people seeking outpatient care in the private sector (Data collected: 2018) CHE per capital PPP is 1161 (2019) OOP expenditure 7% CHE (2019)	LMIC, 81.23% of people seeking outpatient care in the private sector (Data collected: 2017), CHE per capital PPP is 166 (2019) OOP expenditure 54% CHE (2019)	LIC, 57% of people seeking outpatient care in the private sector (Data collected: 2016), CHE per capital PPP is 92 (2019), OOP expenditure 38% CHE (2019)	LMIC, 41% of people seeking outpatient care in the private sector (Data collected: 2014), CHE per capital PPP is 193 (2019), OOP expenditure 36% CHE (2019)
Deliver strategy	Policy review/ learning								
	Policy development								
	Policy roadmap								
	Policy implementation								
Align structures	Service package								
	Service infrastructure								
	Quality assurance mechanisms								
	Referral systems								
	PPP models/ out-sourcing								
Enable stakeholders	National health insurance								
	Financing/ subsidy								
	Contracting								
	Legislation and regulation								
Build understanding	Facility registry								
	Health information system								
	Research studies								
	Use of information								
Foster relations	Private sector organization								
	Public sector organisation								
	PPD mechanisms								
Nurture trust	Equity								
	Public accountability								
	Conflicts of interest								

No reference in policy Problem identified - no solution Problem identified - vaguely referenced Problem and solution - defined

ABOUT THIS WORK

The policy analysis 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. This is one of the products housed within the Research and Learning channel of the Country Connector on Private Sector in Health. Technical products are 'draft for discussion' intended to be used as a basis for engaging global, regional and country stakeholders in the process of analysis refinement and/or further inquiry.

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

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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