Engaging the private sector in Africa for more responsive, resilient, and equitable health systems

Over the last five years most African countries have integrated universal health coverage (UHC) as a goal in their national health strategies. Yet, progress in translating this commitment into equitable and quality health services, and increased financial protection, has been slow. The African Union (AU)'s "Addis Ababa Commitment toward Shared Responsibility and Global Solidarity for Increased Health Financing Declaration" (1) – also known as the ALM Declaration - seeks to galvanise greater cooperation between the public and private sectors to deliver sustainable, effective, efficient and equitable health and safeguard health security.

This has been spurred by limitations of not having a strategy or the corresponding resources necessary for effectively engaging with the private sector in health as well as varied appreciation within African governments of the role of private sector entities. While previous work to engage the private sector in health has largely been vertically driven, often focused on specific diseases or conditions, a health systems approach is needed. This needs to be led by government and cannot be delegated to partners.
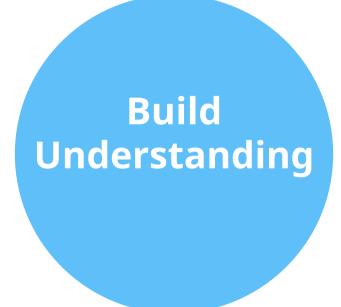
This ambition aligns with the recently launched World Health Organisation (WHO) strategy, "Engaging the private health service delivery sector through governance in mixed health systems."(2) The strategy redresses a critical health system governance gap for the effective engagement of the private sector in health.

World Health Organisation (WHO) Eastern Mediterranean and African regional offices undertook a joint landscaping review to better understand current approaches to private sector engagement and governance of the private sector in health (3). The landscaping had a secondary aim of contextualizing the governance behaviours outlined in the WHO strategy within the African context. In this brief we highlight key findings from this exercise. These have been framed using the WHO governance behaviours (definitions provided in italics).

Align Structures

Government recognises all state and non-state entities and resources in the health system and works to harness and coordinate those to achieve policy objectives.

While there is recognition of fragmentation within the private sector, a similar lens has not been used with the public sector to understand the constraints this may create for engagement with the private sector in health. There is mixed interest in countries for honest reflection on the role of the private for-profit sector, in health value chains and service delivery or its relationship with the public sector. As such, country demand for aligning structures varies across the African region and within countries.

Build Understanding

Government facilitates information-gathering and sharing about all elements of service provision in the health system

Given the heterogeneity of the private sector in health, it is difficult to capture the breadth of its role and contribution to healthcare. To overcome this constraint, private sector assessments have been conducted in many contexts, many of which have been supported through external agencies and donors. More routine national sources of data exist and, in some contexts, do not incorporate data from the private sector in health (2). Further, data are not used for information exchange between sectors. As affirmed through the landscaping, there remains a data lacuna between the public and private sectors, despite both sectors having reservoirs of data.

Foster Relations

Government establishes mechanisms that allow all the relevant stakeholders to participate in policymaking and planning

The landscaping established that demand for public-private dialogue mechanisms remains high within the African context. As affirmed, dialogue has often lagged behind efforts to build understanding through private sector assessments and other guidance. Healthcare federations have emerged on the health landscape and have assumed a central interlocutor function in several countries however they may not reflect the sub-sectoral interests within the private sector. It was acknowledged that the private sector in health has evolved over time, but the same entities are represented at the "policy table" which may not reflect the diversity and contribution of the sector. There was further recognition of the potential of professional associations to take a more facilitative role in engaging the private sector in public health policy.

Enable Stakeholders

Government authorise and incentivise health system stakeholders to align their activities and further leverage their capacities, for national health goals

The landscaping focused on two key policy areas, regulation and contracting. While regulation was viewed as a key tool for health service accountability, there were challenges cited of too much and too little regulation, which, in both instances, limited private sector participation in health system goals. There was no or limited opportunity for the private sector to engage in dialogue or feedback on regulation, in recognition that government needs to understand the sector they are trying to regulate to improve compliance and prevent unintended consequences. Contracting was also a widely cited tool for engaging the private sector in health systems goals, however capacity to engage in formal contracts varied and challenges remained. These included a continued lack of trust between the sectors, and procedural issues such limited capacity to contract and delays in reimbursement.

Nurture Trust

Government leads the establishment of transparent, accountable and inclusive institutions at all levels to build trust

Trust is needed between public and private entities to nurture civic and consumer trust in health systems. However, a lack of regular dialogue was found to hinder trust between public and private sectors despite the existence of formal structures. This reportedly pushed policy issues to implementation which further deepened sectoral – and consumer - mistrust over time. Given the lack of constancy in engagement and entrenched mistrust, there was recognition of the need for brokering engagement through intermediaries.

Deliver Strategy

Government establishes the priorities, principles, and values for the health system, and works out how to translate these priorities, principles and values into practice

The landscaping showed that most countries have health strategies that define some roles for the private sector in health. This has mainly focused on the faith-based sector and less on private-for-profit health entities. Strategies and related roles are often not monitored or evaluated (or implemented in some contexts). In general, better metrics and mechanisms are need for effective monitoring of the role and contribution of the private sector towards public health goals.

CONCLUSION AND RECOMMENDATIONS

The landscaping review affirmed the range of private sector entities engaged in healthcare delivery in Africa. While private sector diversity has evolved over time, public sector structures have remained relatively static. More attention has been paid to reducing atomisation of the private sector, with less attention to fragmentation within the public sector and the limitations this poses to private sector engagement, particularly in devolved healthcare delivery contexts. Current events have served to reinforce the need for such engagement and have exposed the limitations of not having a strategy or the corresponding resources - the "skill and will" - necessary to effectively work with the private sector in health.

The findings further affirmed the importance of intermediary roles in supporting Member States to engage with the private sector more effectively in health. This includes building from existing initiatives such as efforts to address regulation at a continental or regional level. The findings also affirmed the importance of robust governance of the whole health system. This is good for both the private and public sectors, but most importantly, healthcare consumers. In times of crisis real solutions do not benefit from divisive tactics, but arise through collective action, one that places the "public" at the centre of health systems and public-private engagement.

Recommendations are provided for consideration by African Member States. These seek to build more inclusive and effective governance of the health system as a whole, underpinned by robust monitoring, evaluation, learning and knowledge management.

Private sector as co-creator and thought partner

Recognize the breadth of the private sector and the myriad roles it plays in healthcare service delivery. These encompass both formal and informal actors ranging from pharmacies to specialised hospitals, comprising both for-profit and non-profit entities, domestic and foreign. Increasingly, non-traditional health entities are also part of healthcare value chains and may include global commercial brands, banks, logistics and tech companies. All should be held accountable to improve or maintain health outcomes and avoid unnecessary or ineffective care.

Shift mindsets towards the private sector as a co-investor and thought partner in health systems. This mindset shift is needed at different levels of the health system and along the healthcare value chain. While traditionally the private sector has been viewed as a source of financing to be tapped, particularly in light of contracting donor resources in many African contexts, governments should reorient their outlook to one of knowledge exchange and co-creation with the private sector as a means of unlocking innovation and advancing health system maturity. Equally, the private sector in health should approach engagement with government through research and deeper understanding of context as part of "doing social business".

Government as orchestrator and modulator of the private sector

To instil greater accountability between sectors, there is need to formalise and organise sectoral engagement. Atomised relationships between and within the public and private sectors divide up accountability relationships and loosen accountability chains. There is greater need to formalise relationships with the private sector so that they can be incorporated into health reforms and policy formulation. A more coherent and organised whole sector approach should be taken to private sector engagement.

Create greater regulatory certainty for the private sector in regional and national healthcare value chains. This should strike a balance between too much and too little regulation so that private sector participation in public health goals is facilitated. Regional approaches to regulatory system strengthening for some aspects of the healthcare value chain, such as medicines, have shown promise and could be extended to other areas, such as vaccine development. Private sector perspective should be solicited as part of regulation through greater feedback loops as well as opportunities for voicing concerns. In general, greater digitization of regulatory processes is recommended to improve transparency and ease of doing business.

Consumers at the centre of healthcare service delivery

Consumers should be repositioned as central to private sector engagement in healthcare service delivery and public health policy. The efforts of both sectors should establish a foundation of trust between consumer and the health system, irrespective of point of care. Where the public sector has pursued private sector initiatives, the primary rationale has not always been that of equity. This needs to remain a primary objective of public health policy and private sector engagement. Government should set standards (or support professional associations to do so) that provide a compelling vision and rules for engagement for all health entities for more responsive, resilient, and equitable health systems.

Reinforce roles and peer engagement

Reinforce the role of professional associations in private sector engagement for public health policy. As the landscaping attested, associations are a ubiquitous and often under-utilised resource in private sector engagement in many African contexts. They can be more deliberately engaged and supported to work with the public sector to develop and institutionalise conventions, norms, behaviours and ethics within healthcare value chains and service delivery.

Reinforce good practice to build more effective private sector engagement and promote peer learning. There is opportunity to learn from practice and reinforce good practice. A number of regional bodies and initiatives can be harnessed for this purpose, including WHO regional offices, the AU regional economic communities and the Africa Health Bureau amongst others. Cataloguing and coordinating these initiatives is important to ensure coherent technical and political support that meets the needs of countries in their engagements. There was demand expressed through the landscaping for more regional dialogue, greater emphasis on collective work, and the establishment of a learning platform.

REFERENCES

1. ALM Declaration. 2020. Africa Leadership Meeting: Investing in Health Briefing document for the Specialised Technical Committee (STC) on Finance, Monetary Affairs, Economic Planning and Integration. https://au.int/sites/default/files/newsevents/workingdocuments/38223-wd-stc_briefing_document_-_the_africa_leadership_meeting_english.pdf
2. Strategy Report: Engaging the private health service delivery sector through governance in mixed health systems. Geneva: World Health Organization; 2020 https://www.who.int/publications/i/item/strategy-report-engaging-the-private-health-service-delivery-sector-through-governance-in-mixed-health-systems.
3. World Health Organisation, 2022. Towards better engagement of the private sector in health service delivery: A review of approaches to private sector engagement in Africa. World Health Organisation, Health Systems Governance and Financing. https://www.who.int/publications/i/item/9789240047273
4. Nabyonga-Orem J. Monitoring Sustainable Development Goal 3: how ready are the health information systems in low-income and middle-income countries?. BMJ global health. 2017 Oct 1;2(4):e000433.

Frame engagement and ground this in data and evidence

Build governance behaviours for private sector engagement in healthcare service delivery and public policy. While individual countries have taken different stances on engaging the private sector in health, there was overarching recognition of the need for improved governance, grounded in data and evidence. These sentiments resonate with the recently launched WHO strategy, "Engaging the private health service delivery sector through governance in mixed health systems." It is recommended that WHO works with key stakeholders on the continent to operationalize the governance behaviours and support countries to benchmark progress. It is further recommended that WHO works with regional stakeholders to build the evidence base for effective engagement of the private sector in health systems. This should include "building fluency" in evidence with policy makers and other key stakeholders, including local researchers.

ACKNOWLEDGEMENTS