

# Leveraging the Private Health Sector for Primary Health Care in the Eastern Mediterranean Region

Aya Thabet<sup>1</sup>, David Clarke<sup>1</sup>, Hassan Salah<sup>1</sup>, Awad Mataria<sup>1</sup>

1. World Health Organization

## Summary Box:

### What is already known on this topic

- Health systems in the Eastern Mediterranean are mixed, with a growing private health sector, particularly in low- and middle-income countries in the region.
- Effective engagement of the private health sector is considered an important strategy for a PHC approach for UHC and health security.
- To date, it has not been possible to formulate an evidence-based regional approach for harnessing the potential role of private health sector.

### What this paper adds

- Outlines the role of the private health sector in orienting health systems towards PHC in EMR.
- Identifies some of the challenges facing private sector engagement in health in the Region.
- Provides policy makers with different approaches for engaging the private health sector as part of a PHC approach.

### How this paper might affect research, practice or policy

- Raises awareness on the large scale, scope and contribution of the private health sector in service provision in EMR.
- Presents WHO's structured approach towards engaging the private health sector in PHC in the EMR.

**Abstract:** The Astana Declaration on Primary Health Care (PHC) underscored the “PHC approach” as the most equitable, effective and efficient platform for advancing Universal Health Coverage (UHC) and the cornerstone for building sustainable and resilient health systems. Given its significant and growing role in health care provision in the Eastern Mediterranean Region (EMR), engaging the private health sector in a PHC approach is important. However, multiple governance challenges hinder the effective engagement of the private health sector particularly in low- and middle-income countries in the EMR. This paper provides guidance to policymakers and health practitioners on the WHO Regional Office for the Eastern Mediterranean (WHO EMRO) practice-based approach for governing mixed health systems.

## Introduction

### Health Systems in the Eastern Mediterranean Region

The Eastern Mediterranean Region (EMR) includes 22 countries and territories and is home to almost 9% of the world's population. The region is characterized by low overall health

spending, estimated at less than 2% of global health expenditures in 2021.(1) In 2021, the regional average of the Universal Health Coverage Service Coverage Index (SCI) stood at 57 out of 100, compared to a global average of 68.(2)

Health systems in the Region are mixed, with a growing private health sector, particularly in low- and middle-income countries (LMICs). As per the WHO definition, the private health sector in service delivery encompasses “*all individuals and organizations that are neither owned nor directly controlled by government and are involved in the provision of health care. It can be classified into subcategories including for-profit and not-for-profit, formal and informal, domestic and international.*”(3) A 2018 assessment found that 53% of inpatient and 66% of outpatient care takes place in the for-profit private sector in the EMR, the highest of all the WHO regions.(4)

### **Engaging the Private Sector in Primary Health Care**

The Astana Declaration on Primary Health Care (PHC) underscored a “PHC approach” as the most equitable, efficient, and effective starting point for UHC and considered it as the cornerstone for sustainable and resilient health systems.(5) PHC is a whole-of society approach to population health across the life course (6) and consists of three inter-related and synergistic components: (a) comprehensive integrated health services involving primary care and essential public health functions; (b) multi-sectoral policies and actions; and (c) the active engagement and empowerment of individuals and communities. While primary care is the first point of contact with the health sector, it includes a wide range of services that encompass

promotive, protective, preventive, curative, rehabilitative and palliative care. It is estimated that throughout the course of a person’s life, primary care can address 80–90% of an individual’s health needs.(7)

To support the operationalization of the Astana Declaration, WHO and UNICEF developed the PHC operational framework to support countries in reorienting their health systems towards a PHC approach. The operational framework recognizes governance and engagement with private health providers as two of the strategic and operational levers, respectively.(8)

Implementing a PHC approach necessitates collaboration between patients, health professionals, civil society, local and international partners as well as the private health sector.(6) Given the growing role of the private health sector in service provision, private sector engagement (PSE) is increasingly seen as an essential tool in reorienting health systems towards PHC in the EMR.(10) PSE is defined as “the meaningful inclusion of private providers for service delivery in mixed health systems”.(9)

Engaging with the private sector can take multiple forms, including dialogue, information sharing, and partnerships. It entails moving from ad-hoc interactions to more systematic collaboration. This requires clear communication channels and equally empowered stakeholders who can work towards a common goal through formal and informal channels.(9) However, many governments struggle to work collaboratively with the private health sector mainly due to challenges related to governance.(11)

The objective of this paper is to advocate for the approach adopted by the WHO Regional Office for the Eastern Mediterranean (WHO EMRO) in engaging the private health sector to reorient health systems in the Region towards a PHC approach.

### **Challenges facing effective Private Sector Engagement in the Region**

In an assessment conducted by WHO EMRO, multiple challenges with effective PSE were identified, mainly related to shortcomings in governance of the private health sector.(11) Governance is concerned with national health and non-health policies to influence the operations and performance of the private health sector.(12) Governance arrangements include the presence and enforcement of a regulatory framework and the institutional capacity of public health authorities to engage with and influence the behavior of the private health sector.(13)

Examining PSE from the lens of health system governance in the Region (14) suggests shortcomings with respect to the following areas:

**a- Strategic vision:** despite the emphasis on the role of the private health sector in most long-term strategic health visions in the Region, complementary tactical implementation plans for PSE are often absent due to limited government resources and capacity to design effective strategies, frameworks, and plans for PSE. (11)

**b- Participation and communication:** In many EMR contexts, the private health sector is excluded from overall health sector planning, impacting effective implementation of plans and strategies, voluntary compliance, and regulatory legitimacy.(15, 16) There are no mechanisms for knowledge transfer between and within sectors in most countries in the Region. Communication, when it exists, is mostly top-down and one-way, which limits its value and effectiveness. A lack of trust between both sectors and power dynamics create challenges for participation and communication.(11)

**c- Information and accountability:** there is a lack of data on the size, distribution, services and performance of the private health sector in most countries of the Region.(11) This is attributed to limited data capture, conversion into information and sharing between sectors. Health data varies within private health facilities and there is no standardized reporting to relevant authorities. (11) Despite the general perception that the quality of health services provided by the private health sector is better than that of the public sector, there is limited information to substantiate such perceptions.(11, 13)

The main barriers to effective governance of the private health sector are political, as well as resource and data-related challenges. Political challenges include policy capture, and conflict of interests.

Resource constraints include the limited technical capacities and human resources in addition to the prohibitive cost of establishing and maintaining strong regulatory and monitoring systems. Data-related constraints include the impact of information gap on regulation which limits the ability of the regulatory system to respond to emerging threats and improve existing regulations.(11, 17)

The suboptimal governance environment has resulted in the growth of the private health sector with limited national policy direction and oversight of services. Without clear direction and oversight, the private health sector tends to operate in low-risk, high-profit health services, curative rather than promotive or preventive services, in secondary rather primary care, and urban areas.(11)

### **WHO's Efforts in Advancing Private Sector Engagement in Health**

Multiple commitments have been made to advance PSE globally and in the EMR. Those include the 2016 World Health Assembly (WHA A63.27) resolution that called for the improvement of countries' effective engagement, oversight, and regulation of private health care providers in recognition of the growing and largely unregulated role of the private sector in providing essential health services in many countries.(18) The global resolution was followed by a regional resolution EM/RC65/R.3 in 2018 which endorsed a framework for private sector engagement for advancing UHC.(19)

Even though the endorsement of the resolution and framework represented a significant milestone towards effective PSE in the Region, concerns were raised about the distinction between objectives, strategies, and tools during the operationalization stage of the framework. The framework also fell short in addressing different private sector actors and did not clearly acknowledge the sector as a partner in service provision.

In 2020, WHO developed a strategy for “Engaging the private health service delivery sector through governance in mixed health systems”. The strategy redressed the practice gap in governing the private sector in health by operationalizing health systems governance concepts for a practitioner audience. The WHO strategy proposed a socio-ecological and practice-based approach for the effective governance of mixed health systems through introducing six governance behaviors – **Figure 1.(9)**

Concomitantly, WHO EMRO undertook organizational restructuring to institutionalise a PHC approach and to promote shared responsibility and accountability for UHC and Health Security. This was followed by the endorsement of seven regional priorities for Building resilient health systems to advance universal health coverage and ensure health security in the EMR by member states in the 69th session of the regional committee. Among those priorities is establishing context-specific PHC-oriented models of care.(20)

# EMRO's Approach for Leveraging the Private Health Sector for Primary Health Care using the Governance Behaviors



**Figure 1: WHO Governance Behaviors**

In 2015, WHO/EMRO adopted a four pillared approach which underscored the need for assessment, governance, partnership and continuous learning for its regional work on PSE.(21) In this paper, we aim to focus on the second pillar “governance” which has evolved to align with the six governance behaviours while taking account of EMROs needs, priorities and strategic focus on PHC.

## Deliver Strategy

For governments to be able to deliver a PHC-oriented approach to service provision, it is important to have a *strategic public policy framework to establish the vision, priorities, principles, and values for the health system, and works out how to translate these*

*priorities, principles, and values into practice.*(22)

This implies an explicit statement of the PHC approach in national health policy or strategy that clarifies the roles and responsibilities of both the public and private sectors. The statement of the approach needs to be complemented by mapping and allocating of the needed financial resources that would allow the strategy to materialize. This shift in approach may require revisiting or developing of national governance and financing strategies, policies, frameworks, and guidelines for the private health sector, along with their respective regulatory measures. In this regard, it is important to note that policies are more likely to succeed if the development process is participatory and involves the private health sector

stakeholders at all stages starting from policy formulation moving to strategy development and implementation.

### **Align Structures**

When considering PSE in a PHC-oriented model of care, it is important to recognize that the private health sector is meant to complement rather than replace the public sector. Countries cannot afford for their entire population to seek services at private facilities once contracting arrangements are in place. Thus, government should take the required actions to align public and private structures, processes and institutional architecture to create a fit between policy objectives organizational structures and culture, to ensure that the overall architecture of the health system fits with public policy objectives.(22)

Despite the immediate benefits that come with vertical programmatic interventions, it is advisable to follow a horizontal approach for PSE in order to avoid the difficult-to-undo repercussions of more fragmented approaches. This alignment should thus be guided by the national model of care. A model of care envisions how services should be organized and delivered, including the processes of care, the organization of providers, and the management of services.(8) This includes identifying the roles and responsibilities of different platforms and providers along the pathways of care. For this approach to materialize, several key processes need to be defined at the national level including: the selection and planning of services, service design, organization and management, community linkages and engagement, and health financing. (8, 23, 24) A model of care for a national or subnational area should encompass defined roles for both the public and private sectors in promotion, prevention, diagnosis, treatment, rehabilitation, and palliation services for the population.(24)

This horizontal approach necessitates alignment within public institutions that deal with and govern the private sector in terms of their strategies, policies, approaches and regulations as well as

alignment of private and public structures in a way that ensures the integration of the sector in public health programmes.

In this regard, governments may need to enlist private sector structures/cadres in the delivery of all levels of care including primary care services, define an essential benefits package to be delivered at different levels of care, set up coordinating mechanisms/structures for involving the private health sector in the implementation of the three PHC components, setting up processes and mechanisms for data management, referrals, counter-referrals, emergency transfer across and within the public and private sectors, quality assurance and patient safety.

### **Build Understanding**

Understanding the scale and contribution of the private sector to health services is a key step towards effective engagement. Without reliable data of the whole health system, national health policies and plans will remain compromised especially in contexts where the private sector provides a considerable share of health services. In this regard, governments will need to invest in setting up a national health information system that accounts for the whole health sector while building the capacities to enforce reporting through facilitating information-gathering and sharing about all elements of service provision in the health system to provide intelligence to contribute to better health system outcomes.(22)

Engaging private providers in routine data reporting and sharing may require offering incentives and leveraging digital tools and innovations to facilitate the operations and monitoring in different settings including less equipped lower tier facilities.



Aggregated data from both private and public providers at different levels needs to be followed by a mechanism of data synthesis that would make them useable by policy makers through establishing a link between the health information system and policy monitoring and evaluation mechanisms. Generating empirical evidence on the effectiveness of existing PSE projects, will enable the scaling-up of successful modalities and build institutional memory and learnings for the engagement that failed to deliver the intended outcomes which may then inform the development and implementation of inter-sectoral policies.

As the system transitions to this evidence-informed approach, governments may start gathering data about the sector through conducting small-scale landscaping exercises in which private sector actors relevant to a specific health problem are mapped, their capacities and interest in collaboration assessed, and the most promising actors for PSE are identified.

### **Enable Stakeholders**

Creating an enabling environment for private sector engagement requires governments to *ensure that tools exist for implementing health policy to authorise and incentivise health system stakeholders and, where necessary, impose sanctions to align their activities and further leverage their capacities, towards national health goals.*(22)

The success and sustainability of private sector engagement in a PHC-oriented model of care largely depends on building the capacity and expertise of regulatory staff to manage concerned actors according to the set policies and having strong political support to push the reform process forward.

In this regard, authorities are reminded that effective regulation entails viewing the private health sector as a partner rather than an investor that needs to be only regulated. Governments are thus encouraged to use a diverse set of regulatory tools that represent a mixture of command-and-control regulations besides financial and non-financial incentives to elicit the required behavior of concerned actors. While setting up the regulatory model, it is important to consider the risks and benefits of each model. For example, competition and market incentives encourage innovation. However, the need for providers to protect their competitive edge, could compromise the overall quality of services because knowledge and information are not shared.(25)

Standards created for the implementation of PHC approach need to be applicable to both the private sector as well as the public sector. In this regard, governments are advised to strengthen the public sector through investing in the infrastructure, human resources and systems of public facilities to enable them to compete with private providers in terms of patient satisfaction levels and health outcomes. This may be achieved through decentralization, public provider autonomy, and developing performance-based payment mechanisms.

Key success factors for the operationalization of this behavior include resource mobilization to sustain PSE efforts and enforce regulatory measures as well as unifying private health sector governing institutions through harmonizing processes and regulations and overcoming the long bureaucratic procedures that hinder investments.

## Foster Relations

PSE is a dynamic process that requires continuous tailoring to address emerging needs and changing markets and political contexts. It is thus imperative to establish a positive feedback mechanism between sectors, constantly revisiting the engagement modalities and refining them in a way that ensures that activities are aligned with the vision of the health system.

Fostering relations is about *building and sustaining partnerships* where governments establish mechanisms that allow for establishing and maintaining relevant partnerships with different private sector actors.(22)

The first step in initiating this communication channel involves supporting the organization of the private health sector into representative associations to facilitate dialogue and coordination. This may be followed by engaging in multi-stakeholder dialogue to share ideas, discuss areas of concern and build relations. Such dialogue could be a chance to recognize the private sector as an equal partner and promotes accountability. Multi-stakeholder dialogue can take many forms. It can be regular or *ad hoc*, formal or informal, focused or broad, permanent or time bound. (26) Ensuring the proper, unbiased representation of concerned actors is a key step in ensuring the success of the dialogue process.(27)

Communication with the private health sector may be supported by trusted multilateral organizations that help in brokering the process and formalizing it through the creation of communication platforms and modalities to facilitate and institutionalize the process.

## Nurture Trust

The success of health reforms is highly affected by the socio-political context and the support of populations involved in which mutual trust and accountability play a significant role. Nurture trust *is about ensuring accountability and answerability to a country's population.* This behavior calls on governments to lead the establishment of transparent, accountable and inclusive institutions at all levels to build trust ensuring that all health system actors public and private are accountable for their actions to a country's population.(22)

This necessitates the development of mechanisms to ensure that public-private engagement in PHC and related governance efforts are undertaken in a transparent way, with integrity, and proper accountability to the public. Measures to manage competing and conflictive sectoral interests should be in place with a potential role for an intermediary or a neutral body or entity for inter-sectoral coordination in the implementation of the three components of PHC.

In this regard, it is important to ensure the presence and enforcement of clear and comprehensive consumer protection laws and social accountability mechanisms that protect those seeking care at private health facilities. Such arrangements would warrant the centrality of public interest in engaging the private health sector.



**Conclusion:** *Acknowledging the need for collaboration with the private health sector in implementing PHC approach as a pathway towards UHC is the first step towards effective PSE. Multiple opportunities for effective collaboration exist in the Region, including: the existence of political will ; donor interest; and some institutional capacities, frameworks, and laws for inter-sectoral partnerships.*

*WHO's current draft of its 14th General programme of work (2025-2028) has regarded PHC as the foundation of its overarching goal to promote, provide and protect health and well-being for all people everywhere while including the role of engagement of the private sector in making it happen.*

*WHO EMRO will continue to support its Member States in their efforts to secure health for all by involving all stakeholders including the private health sector, through streamlining PSE across the three strategic priorities of EMR Vision 2023: expanding universal health coverage; addressing health emergencies and promoting healthier populations,(28) and future ones.*

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