World Health Organization
REGIONAL OFFICE FOR Africa

PRIVATE SECTOR ENGAGEMENT TO ADVANCE PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE

A multi-country consultation in the African Region

22–23 November 2022

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I. Introduction

1. Background and rationale

The private sector's involvement in health systems is growing and includes the provision of health-related services, medicines and medical products, financial products, training for the health workforce, information technology, infrastructure, and support services. It is estimated that the private sector accounts for a large proportion of service delivery in African health systems. In sub-Saharan Africa, it is estimated that 35% of outpatient care is delivered by the private-for-profit sector and an additional 17% by informal private providers [1].

The Sustainable Development Goals (SDGs) — specifically SDG 17, "partnerships for the goals" — call for cooperation, collaboration, and partnership between government, civil society, and businesses. To reach the health-related SDG targets and Universal Health Coverage (UHC) 2030 agenda, commitment and resources from all actors involved in health is needed. A resolution to engage the private sector in providing essential health services was adopted in the sixty-third World Health Assembly (WHA). Since then, the World Health Organization (WHO) has made progress towards recognizing and engaging the private health sector, but a larger system-wide shift is necessary to catalyze action for UHC [2].

The emergence and evolution of a diverse plethora of global health challenges in the 21st century has further cemented the need to pursue innovative strategies. The need to adopt more multisectoral and whole-of-society approaches to address emerging health needs is ever-growing. The Primary Health Care (PHC) approach calls for a reorientation of health systems to accelerate progress towards UHC, and one of the critical components of the PHC approach is multisectoral policy and action.

In the African Region, 17 countries[1] requested technical support for private sector engagement (PSE) in health and outlined PSE as a priority in their 2022/2023 work plans. This request for technical support included support to host in-country workshops and/or dialogue sessions to improve awareness, generate evidence for how to better engage the private sector, develop frameworks for engagement and associated evaluation plans, and disseminate country-led studies on the private sector.

It is with this background that the health strategies and governance (HSG) unit in the Universal Health Coverage & Life Course cluster at the WHO Regional Office for Africa, in collaboration with colleagues from WHO headquarters and EMRO region, organised a multi-country consultation on PSE for UHC to build awareness and foster leadership. This multi-country consultative and sensitization workshop convened country teams from the 17 countries that included PSE in their 2022/2023 work plans, inviting country teams to participate. Country teams include senior staff from ministries of health working with the private sector, private sector representatives, WHO Country Office, and other relevant country partners. The meeting spanned two days, averaging an estimated 60 participants in attendance per day.

[1] Angola, Botswana, Burkina Faso, Burundi, Capo Verde, Chad, Comoros, Congo, Côte d'Ivoire, Kenya, Mauritania, Nigeria, Senegal, Sierra Leone, South Sudan, Uganda, and Zambia

2. Objectives of the consultative meeting

The overarching aim of the consultative meeting was to seek diverse country reflections on PSE to facilitate a dialogue on opportunities to leverage PSE for advancing UHC within the Region. The specific objectives were to:

1. Present and discuss the rapid assessment on PSE in the African Region, conducted to inform the meeting
2. Explore the existing and potential roles of the private sector in health in the context of UHC
3. Share country experiences on PSE
4. Identify actionable next steps for tailored country support

3. Approach

To address emerging country support needs, a two-pronged approach was adopted as part of the technical series on PSE in the African Region. First, a rapid survey [3] was conducted to ascertain the status of PSE in health in countries in the African Region, using the WHO's six governance behaviours. And second, this survey was complemented by a multi-country consultation that was convened to facilitate dialogue and share experiences, lessons learned, and best practices (the meeting agenda is available in Appendix 1 and concept note in Appendix 2).

The two-day multi-country consultation was hosted fully online with simultaneous translation into English, French, and Portuguese. The meeting was very interactive with open discussion and feedback sessions facilitated with the use of an online tool that automated the analysis of participants' responses (*menti-meter*) to probing questions that were presented to participants after each session. Participants were also encouraged to use the online chat box for questions and suggestions.

The first day of the meeting was fully dedicated to providing an overview of the role of the private sector in health and sharing various PSE experiences. PSE experiences included those: during COVID-19, in the Eastern Mediterranean Region, delivering quality maternal and newborn health services in Nigeria, hosting a PSE Forum and developing a working group in Sierra Leone, and efforts taken in ensuring sustainable PSE in Senegal. The second day of the meeting included providing an overview of the WHO's six PSE governance behaviours, sharing findings on the PSE governance environment from the rapid survey conducted in advance of the meeting, and informing participants of the technical resources on PSE the WHO affords to all. During both days, interactive sessions were built into the consultative meeting to gauge participant perspectives on thematic areas of discussion, including on the six governance behaviours, and collect insights to outline next steps for tailored support. The consultative meeting led to both engaged and fruitful discussion, leading to renewed enthusiasm for ongoing and future efforts on PSE.

II. Emerging thematic areas

1. Recognizing the significant role of the private sector in health in the African Region

In sub-Saharan Africa, 35% of outpatient care is delivered by the private-for-profit sector and in some countries, an additional 17% is delivered by informal private providers [1]. There have been some global and regional efforts to improve PSE in health, with several policy and governance frameworks and declarations being

adopted.[2],[3],[4],[5] In alignment with the UHC agenda, appropriate governance prerequisites such as institutions, management capacities, and culture to collaborate, are necessary to allow effective partnerships and delivery designs that target those who are less privileged [4].

At present, the private sector's role in health in Africa falls in four main buckets:

- formal arrangements for providing direct health services, such as health facilities registered under national regulations (i.e., for-profit and non-profit);
- informal arrangements for providing direct health services, such as informal providers without health certifications or accreditations (e.g., unregistered providers and drug shops);
- undertaking a range of activities that support health service provision but may fall outside of the umbrella of health care (e.g., marketing of healthy products; training; support services like cleaning, laundry, and catering; and drug manufacturing and infrastructure development); and
- approaches that support government policies and programmes (e.g., contractual agreements, strategic partnerships bound by a memorandum of understanding, sector-wide approaches, and voucher programmes).

Some key challenges envisioned for PSE include: seeking health equity, given that the private and public sectors are likely to prioritize health equity in different ways; ensuring preventative and promotive services are not neglected through a focus on treatment; and ensuring complementarity across and within sectors to avoid duplicate efforts. This can be broken down into additional areas for consideration which vary based on country contexts, but are focused on addressing: (i) access to private services mainly in urban areas; (ii) pricing and affordability; (iii) quality assurance; (iv) varying capacities — from hospitals to one-person venture clinics; (v) the burden of preventable disease (vs. profits on treatments) and improving social public health services; (vi) complementarity between public and private services; (vii) the enforcement of norms, standards, and price controls; and (ix) little implementation of PSE in health despite rhetoric.

To strengthen the regional evidence base, a landscape analysis [5] was conducted by WHO to gauge the status of PSE on six governance behaviours that are thought to be critical to private sector governance in health. These six governance behaviours seek to: (i) align structures: government takes the required actions to align public and private structures, processes, and institutional architecture; (ii) build understanding: government facilitates information-gathering and sharing about all elements of service provision in the health system; (iii) foster relations: government establishes mechanisms that allow all the relevant stakeholders to participate in policymaking and planning; (iv) enable stakeholders: government authorizes and incentivizes health system stakeholders to align their activities and further leverage their capacities for national health goals; (v) nurture trust: government leads the establishment of transparent, accountable, and inclusive institutions at all levels to build trust; and (vi) 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 report provides several key recommendations to foster more inclusive and effective governance of the health system, and

[2] Agenda 11.3 at the World Health Assembly 69.10, held in May 2016, which adopted a framework of engagement with non-state actors
[3] The 2019 WHO framework, *Engaging the private health service delivery sector through governance in mixed health systems*, which addresses a critical health system governance gap for effective PSE in health in the context of UHC
[4] A 2019 African Union-WHO study that reaffirmed the importance of the private sector, finding that the private health sector is an essential source of health-related products and services, especially for PHC for those with lower socioeconomic status
[5] The African Union Africa Leadership Meeting 2019 declaration that calls for better collaboration between multisectoral actors — regionally and globally — to strengthen existing health systems in African Union Member States

recommendations emphasize the need for the private sector to be engaged and consumers need to be at the heart of strategy.

At the regional consultative meeting, participants were probed on their reflections around the six governance behaviours in their respective countries at the consultative meeting. In asking about behaviours that require the most attention, participants indicated a fairly distribution across all six governance behaviours. However, "aligning structures" had 20 votes, "building understanding" had 19, and "delivering strategy" had 17. Following these initial participant reflections to probe initial dialogue, country context and further inquiry should inform which of these behaviours requires targeted support — being mindful of the interplay between all six behaviours.

2. Reflections on PSE for the COVID-19 response

Private sector players supported COVID-19 response efforts in various ways. These engagements were outlined as relating to: infrastructure (e.g., building of Isolation Centres in Nigeria, renovated isolation center in The Gambia, Nigeria); treatment of COVID-19 cases (e.g., South Africa, Rwanda, Nigeria); local production (e.g., face masks, gloves, gowns, personal protective equipment, ventilators, disinfectants); in-kind contributions (e.g., provision of various supplies); and financial contributions (e.g., response plans in Benin, Ghana, Nigeria, Uganda, and other countries). More specifically, the private health sector in Kenya supported COVID-19 response activities through public awareness campaigns, laboratory testing, and other response measures, and these efforts were guided by the government's rapid response and preparedness plan, which the private sector was a part of [6]. Private sector facilities, including the Polyclinique du Plateau which is one of the largest private clinics in Kigali, were instructed to increase capacity to receive and manage suspected COVID-19 patients [7].

In the Democratic Republic of Congo, Nigeria, Senegal, and Uganda, the private sector played a role in strengthening laboratory, case management, risk communication, and health service continuity systems [8]. In all four countries, the private sector also supported increased access to COVID-19 testing services through partnerships with the public health sector [8]. In the Democratic Republic of Congo and Nigeria, private facilities supported contact tracing and surveillance activities [8]. In Senegal and Uganda, governments partnered with the private sector to manufacture COVID-19 rapid diagnostic tests [8]. The private sector has also contributed to the treatment and management of COVID-19 cases and private entities have provided personal protective equipment [8]. Ultimately, the private sector contributed to the COVID-19 response by engaging in surveillance, screening, treatment and case management, risk communication and health promotion; and maintaining access to other essential services [8].

More specifically, civil society organizations played a critical role in COVID-19 response efforts, particularly at the community-level with key interventions in: surveillance, infection prevention and control, and risk communication and community engagement; supporting access to health care by linking the community and the broader health system; promoting acceptance of public health measures (e.g., immunization, particularly given the context of very low COVID-19 immunization coverage in the African Region); health promotion in specific populations (e.g., women and girls in Borno State, Nigeria). In Zimbabwe, Dot Youth Zimbabwe worked with people living with disabilities and brought them to the health facility to get vaccinated for COVID-19, while in Kenya, the Organization of African Youth organized infection prevention and control interventions on public transport.

At the regional consultative meeting, participants were asked about how working relationships between the private sector and ministries of health (MOHs) can be improved to continue successful efforts against COVID-19. Participants identified: strengthening MOH capacity for PSE with 18 votes, transforming the private sector to become an active partner in the development of national health systems with 17 votes, and strengthening collaboration with 16 votes.

3. PSE experiences from the Eastern Mediterranean Region

In the Eastern Mediterranean Region, for-profit private providers offer 53% of inpatient services and 66% of outpatient services. These patterns are not exclusive to those with higher socioeconomic position, as 26% and 42% in the lowest wealth quintile reported seeking inpatient and outpatient services from the for-profit private health sector. Private sector providers are also sought by Syrian refugees, as 64% of Syrian refugees in Egypt who are registered with the United Nations High Commissioner for Refugees seek care in the private sector and 24% of Syrian refugees in Jordan use the for-profit sector. It was also noted that 58% of Syrian refugees who sought medical care in Jordan went to a private facility first.

In 2015, 11.8% of the population in the Eastern Mediterranean Region faced financial hardship, defined as spending more than 10% of resources as direct out-of-pocket payments, which increased to 12.5% in 2017. Household out-of-pocket payments ranged from 79% as a percentage of current health expenditure in Afghanistan, 67% in Sudan, and 63% in Egypt, to 7% in Oman in 2019. However, almost half of the population in the Eastern Mediterranean Region does not have access to 16 essential health services. Actions have been taken to improve the situation. In 2018, Member States endorsed Resolution EM/RC65/R.3 in the WHO EMRO Regional Framework, that requests that the regional director "*support assessments to identify challenges and opportunities related to the engagement of private care providers in service delivery in order to develop strategic action plans for effective partnership towards achieving UHC*" [9]. These Regional Framework strategies cover: the policy framework, strategic purchasing, quality of services, regulatory mechanisms, and monitoring and evaluation. In line with this work, an in-depth assessment of the private health sector was conducted in 19 countries with respect to: financing, quality control, governance, access, and public-private partnerships; and the private sector is being engaged as part of the Models of Care initiative that is focused on rebuilding health systems for UHC and health security through assessing health services in different delivery platforms.

Despite the contribution of the private health sector to service delivery, it is seldom included in national health systems planning and is not sufficiently regulated, which results in high out-of-pocket payments and low service coverage. The Eastern Mediterranean Region is the only WHO region that has an endorsed regional resolution for effective PSE in health, yet the operationalization has been hindered by COVID-19. The WHO EMRO is now seeking to engage the private health sector through a four-pillar approach that seeks to: assess, govern, partner, and learn.

During the AFRO consultative meeting, many participants were interested in learning more about EMRO's four pillar approach to PSE and the tool for assessing the operational environment of the private sector in health, with each receiving 30% of participant votes. This was followed with participants who were interested in the EMRO's PHC-centred Models of Care initiative (23%) and how countries engaged the private sector during COVID-19 and the challenges faced (16%). Further, participants sought to know if there is need to adapt generic implementation strategies designed at global and regional levels to be contextualized within countries to allow for more effective implementation. In this process, the private sector should be seen as a component of the health system and a stakeholder in national planning, implementation, and monitoring cycles.

Another discussion focused on how PSE can be strengthened, given that some not-for-profit organizations behave like for-profit companies.

III. Country experiences

1. NIGERIA — PSE to deliver quality maternal and newborn health services: policy analysis and dialogue findings and recommendations

A multi-stakeholder analysis and dialogue was conducted in Nigeria to review and assess mechanisms for PSE in delivering maternal and new-born health services and to propose models for effective engagement. This study found that despite the private sector delivering about 60% of health care services in Nigeria that are highly utilized due to ease-of-access, short waiting times, and respect by providers, the private sector is highly fragmented, poorly regulated in terms of service delivery, and is not fully engaged in the development of health policies and strategies. The private sector faces several challenges, including challenges around: stewardship and governance, health policies, regulation, engagement, accountability, quality of services, communication, and market conditions. The results of this study point to a host of recommendations, including involving the private sector in the development of national health policies and implementation strategies. Several recommendations were made which included the need to adequately involve the private sector (both for-profit and not-for-profit entities) in the development of national health policies and implementation strategies; instituting mechanisms for continuous public-private dialogue and engagement; and disseminating health policies, strategies, plans, and the latest guidelines and quality standards to all private sector actors. Moreover, data tools (e.g., health management information system registers, Tally sheets) should be provided to private sector health service providers; government capacity to regulate and oversee the private sector should be strengthened and adequate financial and human resources should be provided to health regulators to effectively monitor the private sector; capacity building for private sector providers should be organized and facilitated; and adequate financial and non-financial incentives for private providers should be developed to ensure quality services (e.g., by expanding access to low interest loans and other financial products with less stringent requirements for the private sector).

The private sector has organised under the Healthcare Federation of Nigeria ("HFN") and is proactively engaging government to provide support and partnership opportunities to address the health system issues. Some of the key milestones achieved include:

- Advocacy for the establishing and implementing "Pro-Health Taxes" to finance the healthcare sector and strengthen the health ecosystem. Tax deductions have commenced but yet to be ring fenced for health.
- In collaboration with the House and Senate Committee on Health and other stakeholders, advocacy for the creation and implementation cancer health fund (CHF) to subsidize the cost of care for indigent patients.
- During the outbreak of the COVID-19 pandemic, HFN successfully advocated for private-sector participation to complement the efforts of the government resulting in integration and a subsequent increase in the amount of patient testing and management done in the country. In addition, HFM successfully advocated for inclusion of private sector in the Covid vaccine rollout.

- Advocated for the Central Bank of Nigeria (CBN) N100b intervention fund for the health sector including that CBN maintain the 5% interest rate for the Covid-19 intervention Fund for stakeholders in the healthcare sector.
- Supported the legislative arm of government towards Universal Health Coverage, and recently proposed an amendment at the National Assembly to provide protection for first responders at the scene of an emergency (aka Good Samaritans law) in Nigeria.
- In partnership with NIPC, World Bank and the Federal Ministry of Health to develop the draft National Policy on Incentivising the Healthcare Service Delivery Industry.
- Proactively involved in the Nigeria AfCFTA Implementation Strategy and advocated for the health sector to be included as a priority sector on AfCFTA.

During the consultative regional meeting, when asked to relate to the experiences in Nigeria with that of their own countries, participants noted that all the challenges experienced Nigeria resonated with them. However, the majority of participants observed that private sector entities were not fully engaged in the development of health policies and strategies. This was the most pressing concern, followed by the lack of electronic systems to support health regulation. From this interactive session, other challenges were noted by participants which included: a lack of properly implemented health policies that support PSE despite being well-articulated; regulatory mechanisms — though available — are not being enforced or well-implemented, due to poor funding and a shortage human resources to effectively monitor the private sector; a lack of electronic systems to support health regulation; the high overhead cost of delivering quality services by private sector providers; and limited skilled human resources in the private sector, both in terms of quantity and quality.

2. SIERRA LEONE — Building bridges between the public and private health sector: setting a strong foundation

The Private Health Sector Assessment Report (2020), produced by the World Bank and the Ministry of Health in Sierra Leone, identified a gap in collaboration and lack of policy dialogues between the public and private sectors in the health care system. Subsequently, the first health summit, held in April 2022 with several hundred participants, produced an aide memoire recommending that the government should increasingly involve the private sector in health service delivery as part of the national effort towards UHC. Following from these efforts, the WHO and the Ministry of Health and Sanitation co-facilitated the Private Sector Engagement Forum that brought together a mix of public and private sector stakeholders (21 stakeholders from the public sector and 20 from the private sector). As part of this forum, a seven-member interim technical working group was formed, the terms of reference were adopted, and the workplan will be developed by their next meeting. The three key achievements of the PSE forum are: a jointly identified and agreed upon rapid situation analysis with proposed interventions to improve the situation around the WHO's six PSE governance behaviours; interventions outlined to act on the recommendations of the Private Health Sector Assessment (2020) report; and a roadmap presented by the Ministry of Health and Sanitation that was discussed and agreed on by all participants to ensure that the decisions taken at the workshop are carried out.

The consultative meeting assessed whether a similar forum would be of interest to participants and it was found that 83% of participants agreed to host a PSE forum in their respective countries and an additional 12% responded with uncertainty.

3. SENEGAL — Sustainable engagement with the private sector

In Senegal, the contribution of the private sector is growing and there is a long history of collaboration between the government and the private sector. Senegal's Ministry of Health and Social Action (MSAS) mapped private health structures and developed a strategy in 2017-2018 to strengthen the health system through the private sector, which has been strongly supported by USAID and the World Bank. Today, there are over 1436 private health care structures and 60% of these are based in Dakar. A study entitled *Strategic Note on Public-Private Partnerships in the Health Sector*, conducted by MSAS, with support from its partners, focused on the status of public-private partnerships and identifies four strategic areas of intervention: health service delivery, social protection, strengthening governance of partnerships in the health sector, and health information systems; and the results of this report are being used to mobilize additional resources.

In 2019, the Division of Private Medicine and Occupational Medicine was established, which sits within the Directorate of Private Health Establishments within the General Directorate of Health Establishments. This division mobilized political will to ensure the concerns of the private sector are appropriately considered. The directorate's mission is to: (i) to ensure compliance with the regulations governing the practice of private medicine; (ii) promote partnerships between private and public health establishments and to monitor the implementation of agreements; and (iii) secure proper planning of health care officers, on behalf of both public and private sectors.

Summary of PSE activities in Senegal

- The MHSA established the Private Health Sector Alliance of Senegal in October of 2014 as a permanent consultation framework to coordinate actions between the government and the alliance
- established regional offices for the alliance in all regions
- integrated actors in regional coordination bodies and in the implementation of priority programs (e.g., COVID-19)
- implemented tutoring in the private sector, called IntraHealth International
- integrated data in the DHIS2 through adapted tools focused on tracer indicators
- the World Bank Health in Africa group conducted an evaluation of the private sector in 2014 to help support the development of the strategic briefs for the private sector
- drafted the Strategic Note on Public-Private Partnerships in the health sector that led to drafting action line ten in the National Health and Social Development Plan 2019-2028
- established a guide to public-private partnership projects in the health sector in Senegal in 2020
- created decree number 2021-1443 and implementing Law Number 2021-23 of March 2, 2021, on public-private partnership contracts; and
- held a ministry organized PHC Financing Forum from September 20-25, 2022, to share private sector contributions.

Senegal's planned activities are to: (i) update the mapping of private structures to monitor progress and measure contributions; (ii) promote access to inputs for private sector actors for the implementation of priority programs; (iii) revise and popularize the texts that govern the conditions for opening private health facilities to make the sector attractive to investors; (iv) support the signing of agreements with health districts to improve collaboration at the operational level, particularly for the completion of health data; and (v) support the signing of agreements between the Union of Mutual Health Insurance Companies and the Private Health Sector Alliance for tariff arrangements in private health structures in application of the strategies for achieving UHC.

At the consultative meeting, participants were asked if any similar approaches to Senegal are being taken, such as seeking support and signing agreements with the health districts to improve collaboration at the operational level. Most of the participants indicated that there were no such activities in their respective countries, with only a quarter of participants indicating such activities exist, and another quarter that were unsure.

4. General country reflections on upstream PSE

It is important to note that the six WHO governance behaviours are not exclusive to the point-of-care when people receive services (i.e., downstream efforts). These governance behaviours are needed in advance of service delivery in securing investments and policy development (i.e., upstream efforts). Reflections were sought from countries on upstream PSE. In Kenya, examples were shared from COVID-19 response efforts, including the private sector pooling funds and establishing the governance structures to support the response at an upstream level. It was felt by some participants that the governance behaviours are largely focused on PSE in service delivery, which may be due to the incentive structure being clearer. Whereas for upstream engagements, there may be a need for more technical guidance. However, as noted, this is not the case, as the governance behaviours are focused on both downstream and upstream efforts [5].

In Nigeria, an example of upstream engagement is the recently inaugurated End Malaria Council by the Nigerian President. The Council is headed by Aliko Dangote, one of the billionaires in Africa, which demonstrates a good example of an upstream approach to raising investments for malaria activities. A second example is another billionaire whose network supports a malaria vaccination program in the country. There are various examples in disease programs, but overall, there is an alliance of businesses in Nigeria that support health initiatives strategically. What requires consideration is how integrated approaches can be better harnessed to leverage private sector investment in health. It is also noted that it is very critical to consider how upstream investments will trickle down into service delivery.

IV. The WHO's governance behaviours and PSE in Africa

The WHO Advisory Group on the Governance of the Private Sector for Universal Health Coverage conceptualized governance behaviours that are designed to foster more resilient and responsive health systems. These behaviours were established as part of the WHO strategy, *Engaging the private health service delivery sector through governance in mixed health systems* [2], launched in 2020. The strategy contributes a specific focus on the role of the private sector as a part of health system governance and health system strengthening. The governance behaviours use simple descriptors and statements to convey behavioural intent. Thus, this strategy enables stakeholders to focus on broader institutional arrangements for health system performance, which include priorities, strategic direction, articulation of principles and values of the health systems, and the underlying policy and regulatory framework.

These governance behaviours are believed to be "critical to private sector health service delivery governance" and are: (i) deliver strategy, "agreed sense of direction and articulation of roles and responsibilities"; (ii) align structures, "organizational structures to align with policy objectives"; (iii) enable stakeholders, "institutional framework that empowers actors"; (iv) build understanding, "collection and analysis of data to align priorities for action"; (v) foster relations, "working together to achieve shared objectives in a new way of doing business"; and (vi) nurture trust, "mutual trust amongst all actors as reliable participants" [2].

During the consultative meeting, a question was posed to participants to foster dialogue, asking which of the six behaviours they believe needs the most attention in their respective countries. The South Sudan team shared that a key behaviour in the short-term is nurturing trust, given that for a long time the public sector has tended to take the lead. The public sector felt that the public interest should be the business of the public sector and that the for-profit sector did not have shared interests in UHC. This has led to distrust. A participant from Côte d'Ivoire seconded South Sudan's point about the importance of nurturing trust and expressed that nurturing trust can be accomplished through facilitating discussions to align public and private sector objectives. The participant also added that the capacity of the private sector on public health issues and epidemic control needs to be built, including around technical skills, financial means, and training. A participant from Angola noted that there were no statistics on PSE but sensed that the contribution is quite high. The participant noted that a mapping activity can help generate evidence for policymakers and can foster synergies, leading to an opportunity to push UHC in Angola. Because Angola is embarking on the process of developing the national development plan, these six WHO governance behaviours should be considered and discussed. In addition, the participant noted that the private sector supports the public sector in controlling and fighting against diseases, such as through clinics that provide treatment to COVID-19 patients. However, a challenge is that the ministry does not have the means to monitor the work undertaken by the private sector, particularly when it comes to supporting the public sector. And lastly, a participant from Mauritania added that COVID-19 demonstrated that the two sectors need to work together, but the country is lacking a proper framework that contains well-defined roles for collaboration between the two sectors.

1. Using private sector means to achieve public policy goals

PSE in health work in the WHO was driven by the strategic shift in the SDG framework, moving away from governments working to provide health services themselves to a realization that as part of the efforts to achieve the SDGs, including UHC, there was a need to work with others, including the private sector and communities. SDG 17 emphasizes the importance of partnership between governments, the private sector, and civil society to attain health-related goals and UHC. Member States have adopted the SDG agenda but will not be able to achieve these goals through public sector service delivery alone. Many low- and middle-income countries have a large and growing contingent of private sector health service delivery actors that have historically been weakly governed and poorly coordinated. They are often the main source of PHC services to the poor and the underserved globally.

A 2019 WHO study reaffirmed the importance of the private sector, finding that the private health sector is an essential source of health-related products and services, especially for PHC for those of lower socioeconomic status [10]. Although tensions exist between public policy goals and private sector incentives and motivations, good governance can support the alignment of actors. The WHO recognizes that governments must reconsider their role in the health system, in relation to new stakeholders that emerge through new policy processes, and in countries with decentralized health systems. Therefore, to steward the whole health sector, national health authorities need to have a comprehensive view on health care provision, including various governance challenges, which include the fact that: (i) governments have a limited track record of engagement with the private sector due to mutual suspicion, lack of information, and lack of history of communication; (ii) the private sector may have separate management procedures, patterns of care, and information systems hampering effective collaboration; (iii) there may be concerns about the opportunity cost of resources channelled through the private sector at the "expense" of the public sector; (iv) the vision and ethos — an important element of governance — in the public and private sectors may also be perceived as incompatible; and (v) government

may lack the skills and competencies to engage with autonomous actors through more flexible and consensual approaches, as opposed to direct control.

The consultative meeting fostered discussion on what can be done in countries that do not have much PSE, such as South Sudan, particularly around which six WHO governance behaviours should be focused on. It was suggested that a first step can entail understanding how the private sector is operating in South Sudan now — not necessarily an in-depth assessment, but just to get an idea of the possibilities of working with the private sector and the challenges. In parallel to this, looking at setting up a dialogue between public and private sector, such as a national dialogue with key actors. This can afford a better understanding of both what the private sector can do to support the public sector and improve the private sector's understanding of what the public sector needs and asks are. Those are two areas — a dialogue and assessment— that can be prioritized, which can be followed by a process to establish the government's policy position. Following this, implementation can be designed, taking into consideration the other governance behaviours, which are not designed to occur in sequential stages. Another challenge was shared by a participant from Nigeria, who noted that a common perception among government colleagues is that government has all that is required, while private sector believes that they have all the solutions to government challenges. However, these groups do not communicate. In Nigeria, actions have been taken to establish structures to facilitate coordination, communication, and to build trust, such as the Healthcare Federation of Nigeria an NGO with membership from the private healthcare associations and organisations in Nigeria and recognised by Public-Private Partnership Unit in the Federal Ministry of Health, the Private Sector Health Alliance of Nigeria (PSHAN), the Coalition Against COVID-19 (CACOVID), etc.

2. The governance environment for PSE in Africa: findings from a rapid assessment

A rapid assessment was conducted by the WHO to provide an overview of PSE in health in African countries[6]. A Qualtrics survey was carefully developed to collect responses around the six WHO governance behaviours and meeting participants were invited to complete the survey prior to the consultative meeting. The 74 respondents were based in the public sector (n=30), private sector (n=10), and were development partners (n=34). Of the 34 development partner respondents, 31 were based at a United Nations agency (which includes the WHO), and three were at other organizations. Various perspectives on how countries can improve PSE efforts with respect to each of the six governance behaviours was collated.

First, for the delivery of the national health strategy, respondents identified the need to: formalize mechanisms for dialogue and consultation (e.g., periodic meetings); involve the private sector in national policy and strategic document development; define roles and responsibilities to enhance synergies (e.g., through a memorandum of understanding); establish monitoring mechanisms; improve data sharing; and map stakeholders.

Second, respondents proposed suggestions to align structures, including: forming a joint monitoring committee; engaging the private sector in procurement; undertaking common planning, budgeting, and implementation; establishing a unified health system; creating an umbrella organization for private sector actors to enhance communication; developing norms, guidelines, and/or partnership agreements (e.g., memorandum of understanding that outlines roles and obligations); establishing partnerships (e.g., for the provision of services, such as vaccines, to essential and/or underserviced areas); providing incentives and subsidies for the private

[6] Respondents were from the following countries: Angola, Burkina Faso, Burundi, Cabo Verde, Comoros, Congo, Côte d'Ivoire, Kenya, Mauritania, Nigeria, Senegal, Sierra Leone, and South Sudan.

sector (e.g., for supply chain equipment and inputs); and synchronizing data collection and use between government and private stakeholders/providers. Additionally, Ministries of health can seek greater involvement from universities and health institutes; steer the attention of the private health sector to have a greater focus on improving human health over profit; and establish a tool to consider equity in private sector health delivery.

Third, to enable stakeholders, there were several proposals from countries., including: strengthening private sector integration in collecting, processing, disseminating, and using health information; harmonising reporting (e.g., information systems, indicators, EMRs) and integrating private sector data into the HIS that can be facilitated with a data sharing framework and a single, user-friendly, joint database; ensuring mandatory routine reporting and enforcing reporting for relevant actors from all sectors; considering incentives and sanctions for negligence and failures; facilitating mechanisms for dialogue (e.g., regular discussion meetings, meetings to review data at various levels, PSE in ministry of health annual reviews); and capacity building (e.g., training on HIS database). Evidently, engaging different parties in data collection (e.g., patients, managers, community leaders, private sector representatives) to secure private sector commitment along with conducting a survey to identify PSE in the health sector are possible next steps.

Fourth, the survey collected suggestions to build understanding between public and private sector stakeholders. Responses received varied and included: engaging in decentralized county dialogue; improving formalized dialogue, coordination, and accountability (e.g., joint planning, shared HIS platforms, create private-public network, transparency in the management of health care funds); encouraging participation in existing structures (e.g., PSE in national health policies and strategies, private sector data in health reviews); developing a policy framework for PSE; using COVID-19 as a case for PSE to better control epidemics and improve health; and inquiring about other entities joining the Global Fund's existing Country Coordination Mechanism.

Fifth, ideas were collected around how relations can be fostered from respondents that included: improving the application of relevant government texts or creating them where absent (e.g., health financing strategies that emphasize the notion of "invested with a public mission"); building regulatory capacity for institutions (e.g., audit training) or strengthening the functions of regulatory bodies using health laws; considering incentives for the private sector through financing mechanisms and for regulatory bodies to enforce rules; developing clear regulations and a comprehensive regulatory framework and ensure compliance with standards; harmonizing pricing at the private level and adopting strategic purchasing to ensure fair access to public and private providers; improving the social insurance network; monitoring the implementation of policy decisions and equity implications; and fighting against corruption to ensure goodwill in public-private interactions.

And lastly, respondent suggestions for nurturing trust between public and private health stakeholders and the public were collected in the survey. Respondents noted opportunities to: establish partnerships, improve coordination, and facilitate active participation; define roles and identify areas of collaboration; develop an investment case to attract the private sector; involve the private sector in developing government policy; engage the private sector in evaluation; create an operational framework for experience sharing across countries; develop public and private sector regulations and guidelines (e.g., at the health facility level); engage in discussing state budgets; and seek a value-based health care system that provides quality services at an acceptable price.

There are several common responses across two or more of the six categories — and in some cases, actions suggested may not precisely fit under the governance behaviour respondents presented it within. Many of these outlined overlapping concepts are not exclusive to one behaviour, thus, it is evident that when targeted, there is the potential to improve numerous governance behaviours. This further reiterates the view that the

governance behaviours should be understood as connected and not unrelated areas. Overall, it appears that there is a strong emphasis on enhancing collaboration and coordination between the public and private sectors to improve health outcomes. This includes increasing PSE, defining roles and responsibilities, improving data sharing, providing incentives and subsidies, and supporting capacity building efforts.

3. The WHO Country Connector

The WHO Country Connector was established to support governments in managing PSE on national health priorities by fostering country experience sharing and learning. The Connector also connects countries to resources, tools, and guidance to improve governance and coordinates the efforts of multiple actors, helps with efforts to build strong and resilient health systems, and works to ensure that country-level needs, and demands are focussed on. The primary audience for the platform is Member State governments, particularly Ministries of Health, but also private sector partners and multilateral and donor agencies within specific countries. The secondary audience the various funding agencies that work in this space as well as multilateral agencies, civil society, and consumer representatives at the global level.

The Connector is a multifaceted platform which provides different resources and tools to support people to create stronger health system governance and better public policy around PSE in health. First, the Connector includes an online repository of tools curated by the WHO around the governance of the private sector in health. Second, the Connector affords a clearing house, which is a thematic collection of articles and media about emerging issues around PSE in health. Third, the Connector is a support desk, which is a technical platform to support regional and country officers with their work with ministries of health to support countries to engage the private sector in health. The Connector collects requests from countries and provides tailored support through WHO regional and country offices, galvanizing the collective expertise of WHO regional, country, and global experts and involves PSE experts at local, regional, and global levels. The repository of tools, the clearing house, and the support desk can inform efforts and guide troubleshooting with PSE challenges, which can help foster the delivery of strategy that is inclusive of the private sector — a governance behaviour. Fourth, the Connector provides access to a OpenWHO platform that houses various training courses. For instance, the OpenWHO training course is intended to build capacity and skills on governance of the private sector in health and is available free-of-charge to any person who wants to register to participate. This course can be used to not only train private sector colleagues on information about health systems to promote the alignment of structures but can also work to enable stakeholders to gather and share information in an integrated manner — two governance behaviours. Fifth, the Connector operates numerous working groups comprising of ministry of health staff, staff from the WHO, and staff from other agencies who combine to provide expertise to generate best practices and guidance on governing the private sector in health. For instance, some of the working groups are on data, maternal and child health, and health system resilience and emergencies. Valuable information can be gleaned from others' experiences, such as how others built understanding and fostered relations between sectors and what types of regulatory and financing mechanisms were employed — another two governance behaviours that can also lead to improved transparency and thus, foster trust between both sectors and the general public — another governance behaviour. And lastly, the Connector collates research and learning products on governance in the private sector in health to promote learning and is intended to be action-oriented to support countries with day-to-day work.

V. Next steps for tailored support

1. Country needs for targeted WHO AFRO support

Meeting participants were asked to identify PSE challenges faced, and most respondents noted that there is a lack of information and data on the private sector and that the private health sector is fragmented. To foster initial discussions on tailored country support considering the challenges cited, participants at the consultative meeting were asked to identify two to three governance behaviours that they believe require the most attention in their respective countries in the short-term. The largest number of participants noted that there is a need to "align structures". For example, a participant from Burundi indicated that establishing an agreement between the public and private sectors is needed alongside strengthening of stakeholder capacities is urgently needed. Second, many participants noted that there is also a need to "build understanding". For example, a participant from Côte d'Ivoire noted that there is a state private sector consultation framework that has been posed for discussion. And third, "deliver strategy" was also similarly highly rated by participants. A participant from Mauritania noted that COVID-19 demonstrated the need for the public and private sectors to work together, particularly in light of overlapping roles, whereby the private sector uses public personnel. And lastly, the need to "nurture trust" was flagged by both Mauritania and South Sudan who emphasized that this is critical given mistrust between the public and private sectors.

Select country PSE challenges

- Fragmented private sector landscape (Nigeria)
- Lack of information on the private sector landscape (Angola)
- No cross-sectoral roadmap (South Sudan) or framework being discussed (Côte d'Ivoire)
- Little trust between public and private sectors (South Sudan and Mauritania)
- No formal agreement between the public and private sectors (Burundi)
- Reluctance to work with the private sector and lack of well-defined roles (Mauritania)

Regarding specific country needs for better PSE, most participants identified needing "technical assistance to support policy dialogue between the public and private sectors", "implementation of inclusive public health policy"; and "integration of private sector in national health information systems". It is interesting to note that no participants identified the "establishment of a private sector network entity (e.g., associations, federations, networks)" as a pressing need.

2. Country-specific next steps

To build on the momentum from the meeting, participants were also invited to identify country-specific next steps to improve PSE. Angola will use the WHO's six governance behaviours to generate information on the private sector landscape. Sierra Leone will focus on capacity building to strenthen the public-private partnerships in health unit and developing the policy and strategic plan. In addition, effors will be taken to host a private sector engagemement forum with an established structure that will liaise with the responsible government unit. South Sudan identified technical assistance for a rapid assessment and plans to host a national dialogue to create with a roadmap to guide collaborations between the Ministry of Health and private sector entities. Nigeria will strengthen capacity of the Public Private Partnership (PPP) Unit in the Federal Ministry of Health (FMOH) to improve coordination and harmonization of the fragmented private sector landscape, while providing a trusted platform for integrated private sector investment in health. Zambia identified developing a strategic framework to guide public-private sectoral engagement, to host policy dialogues on the public-private

sector policy; establish a common platform on HIV and wellness; and create memorandums of understading to guide partnerships on areas of particular interest. Côte d'Ivoire identified public-private consultations to establish a collaboration plan and define areas where action is needed. Burundi mentioned the need to improve internal data reporting in DHIS2 and continue to advocate for inclusive policy within the Ministry of Health. Cabo Verde will work on creating a capable regulatory system with a secure framework and oversight to ensure quality services, both in the public and private sectors. Other countries mentioned building an evidence base on the comparative value of the private sector to improve trust, translate existing PSE guidelines and frameworks into action, and adapting intervention strategies to make them more inclusive for a win-win partnership.

VI. References

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6. World Health Organization, *Private Sector Engagement in the COVID-19 response: Kenya country experience*, in *World Health Organization's Private Health Sector Engagement for COVID-19 Initiative (WHO-PCI)*. n.d.
7. World Health Organization, *Private sector engagement in the COVID-19 response: Rwanda country experience*, in *World Health Organization's Private Health Sector Engagement for COVID-19 Initiative (WHO-PCI)*. n.d.
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10. Montagu, D. and Chakraborty, *Analysis of DHS and MICS surveys from 27 AFRO countries representing 732.7M people; and eight SEARO countries representing 1,880M people.* 2019.

VII. Appendix

1. Meeting agenda

Time	Topic	Speaker/Facilitator
Day 1: Moderator Dr Sam Omar		
14:00-14:05	Opening Remarks	Dr Juliet Nabyonga
Setting the scene		
14:05-14:20	1. Private Sector Engagement: Recognizing the significant roles of PSE in health development in the African Region	Dr Sam Omar
14:20-14:25	Interactive Mentimeter discussion	Impact for Health
14:25-14:40	2. What happened during COVD-19: Some experiences of the private sector	Dr Nahounou Noel
14:40-14:45	Interactive Mentimeter discussion	Impact for Health
14:45-15:00	3. What is happening in elsewhere: PSE Experience from EMRO	Ms Thabet Aya
15:00-15:05	Interactive Mentimeter discussion	Impact for Health
15:05-15-15	Q&A discussion with all speakers	Moderator
15:15-15:20	BREAK	
Country experiences		
15:20-15:35	4. Supporting Service provision; the contribution of PSE in RMNCH in Nigeria	Dr James Femi
15:35-15:40	Interactive Mentimeter discussion on country experience	Impact for Health
15:40-15:55	5. Bridging collaboration gaps for PSE: Building the foundation. The case of Sierra Leone	Dr Selassi D'Almeida
15:55-16:00	Interactive Mentimeter discussion on country experience	Impact for Health
16:00-16:15	6. Senegal: Sustainable engagements with the private sector	Dr Ibrahima Baldé
16:15-16:20	Interactive Mentimeter discussion on country experience	Impact for Health
16:20-16:30	Q&A discussion with all speakers	Moderator
16:30-16:35	Closing remarks and end of meeting	Moderator
Day 2: Moderator Dr Sam Omar		

11:00-11:05	Introduction to Day 2	Moderator
11:05-11:20	7. Deep dive on WHO Strategy's Governance Behaviours	Mr David Clarke
11:20-11:25	Q&A directed to speaker	Moderator
11:25-11:45	8. The governance environment for PSE In Africa: Findings from a rapid assessment.	Dr Michelle Amri
11:45-11:55	Q&A directed to presenter on findings	Moderator
11:55-12:05	9. On-line demonstration on WHO technical resources on private sector	Mr David Clarke
12:05-12:10	Q&A discussion with all speakers	Moderator
12:10-12:15	BREAK	
12:15-12:40	Next steps for tailored support 1. Interactive Mentimeter – poll on types of support and ask questions about the composition of country teams (who would be involved in national bodies focusing on PSE?). 2. Discussion by subregion on strategic needs for engaging with the private sector and support on taking forward the PSE agenda. 3. Country specific next steps to be requested (start collecting suggestions from the previous session).	Moderator
12:40-12:45	Closing remarks and end of meeting	Mr David Clarke Dr Mercy Mwangangi

2. Concept note for the meeting

Multi-country consultation on private sector engagement for UHC

WHO Regional Office for Africa 22nd to 23rd November 2022

Concept note

Background and rationale

The sustainable development goals (SDGs) of Transforming our world – and specifically SDG 17 – call for cooperation, collaboration and partnership between government, civil society, and businesses. To reach the 2030 Agenda, and notably the health-related SDG targets, the commitment and resources from all health actors are needed. The effective engagement and participation of the private sector, a recognized mix of non-state health actors, who provide a range of complementary services, operationalizes SDG 17 in support of the achievement of SDG 3 SDG 3: "Ensure healthy lives and promote well-being for all at all ages", and its ambitious target of attaining universal health coverage (UHC),

It is estimated that in African health systems the private sector accounts for a large proportion of healthcare service delivery. In sub-Saharan Africa, 35% of outpatient care is delivered by the private-for-profit sector and an additional 17% is delivered by informal private providers[7]. The private sector's involvement in health systems is growing in scale and scope and it includes the provision of health-related services, medicines and medical products, financial products, training for the health workforce, information technology, infrastructure and support services. The private sector comprises private for-profit (PFP) and private not-for-profit (PNFP), both of which have key roles in health but vary widely including in size, relationships with governments, expertise, and other capacities. Another categorization of private sector, particularly in low-income countries, is between formal and informal private sector. The latter includes those with little or no formal documentations, but they have significant contribution in low-income countries, particularly for underprivileged populations. Significant Development partners, like the World Bank and other multilateral partners, view the private sector as the engine for development and progress using the free-market ideology. Consequently, support for national socio-economic policies is increasingly being linked to pro-active private sector engagement[8].

COVID-19 pandemic showed in many settings that the private sector has a crucial role to play in the health system to support governments in the fight against the pandemic, bringing resources, skills and capacities to maximize the national response. Lessons need to be learnt from the impasse that occurred relating to availability and access to COVID-tools and the ensuing high-level negotiation facilitated by WHO that resulted in the establishment of COVAX facility, a mechanism for private-public solidarity for access to vaccines by vulnerable populations. This innovative approach is not only inclusive and participatory, but well-coordinated and regulated to allow engagement of key actors, including the private sector, and alignment with national health principles.

The potential contribution of the private sector in progressing the UHC agenda in sub-Saharan Africa (SSA) has been well articulated. The impacts of these contributions however depend on appropriate governance prerequisites, including institutions, management capacities, culture to collaborate, amongst others

[7] Montagu D, Chakraborty N. Private Sector Utilization: Insights from Standard Survey Data. In: Private Sector Landscape in Mixed Health Systems. Geneva: World Health Organization; 2020:10-26.
[8] Okuonzi SA. Learning from failed health reform in Uganda. BMJ 2004;329:1173–5

to allow effective partnerships and delivery designs that target the needy and underprivileged[9]. Many countries are facing challenges in working with the private sector in a way that is consistent with UHC principles of accessibility, equity and financial protection. Through governance of the health system as whole countries can harness all health resources to maximize efforts in achieving public health goals, but the private sector needs to be properly regulated and included in the system for it to behave in accordance with national health principles. A change in mindset across the healthcare value chain is thus needed to position the private sector as a co-investor and partner in healthcare systems.

WHO and various partners have been working on how to better engage the private sector in health. The African Union (AU)'s "Addis Ababa Commitment toward Shared Responsibility and Global Solidarity for Increased Health Financing Declaration" also known as the *ALM Declaration* – seeks to galvanise greater cooperation between the public and private sectors for delivering sustainable, effective, efficient and equitable health for all, and to safeguard health security[10]. The 2020 WHO strategy "Engaging the private health service delivery sector through governance in mixed health systems" redresses a critical health system governance gap for the effective engagement of the private sector in health in the context of UHC[11]. The WHO strategy conceptualises six governance behaviours that provided the framework for an AU-commissioned study in 22 African countries to generate evidence on how to better engage with the private sector in health[12]. The same framework is also used to design an on-going assessment of the role the private sector played in maintaining RMHCH essential services in Uganda during COVID-19.

In 2021 WHO set up a Country Connector on Private Sector in Health (CCPSH) to facilitate collaboration and learning and to support countries efficiently harness all actors in their health systems. The Country Connector provides a platform to support countries manage the private sector's contribution to achieve Universal Health Coverage (UHC) and build resilient health systems through strong governance of the health system as a whole.

The Country Connector works by:

1. Documenting and sharing experiences across countries;
2. Connecting countries to the resources, tools and guidance needed for stronger health system governance and better public policy toward the private sector in health;
3. Coordinating the efforts of multiple actors in delivering healthcare services;
4. Helping with efforts to build more resilient and better prepared health systems.

Through the Country Connector, WHO aims at aligning local, regional and global efforts towards a better governance of the health system as a whole, supporting countries steward the private sector in health to achieve UHC. The aim of this multi-country consultation is to raise awareness on the work WHO have done in the African Region on private sector engagement and to agree on technical and other support needed from WHO and other partners to develop and implement public policies towards the private sector in health at the country level.

[9] Nabyonga-Orem J, et al. BMJ Glob Health 2019;4: e001193. doi:10.1136/bmjgh-2018-001193
[10] ALM Declaration. AIDS Watch Africa. 2020.
[11] 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
[12] Towards better engagement of the private sector in health service delivery: a review of approaches to private sector engagement in Africa. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

Approaches to country support on sustainable engagement with the private sector in health

In order to help in addressing the technical capacities gap in engaging the private sector in health, the WHO together with the African Union and key partners, is committed to support countries creating behavioral and policy changes for establishing enabling environments for effective engagement with the private sector in health.

The following approaches are being used:

1. **Raising Awareness**: Build awareness about the need for engaging the private sector in health to achieve UHC and the SDGs and lay the groundwork for long-term change in policies, sharing cross-country learnings and best practices, and strengthening evidence-base on private sector engagement.
2. **Building capacities**: Develop and strengthen governance behaviours for private sector engagement and know-how to make and implement public policy about the role of the private sector in health service delivery.
3. **Stepping up leadership**: Establish political momentum around a shared and aligned global vision of private sector engagement for health service delivery in the Region.

Through the WHO Country Connector on Private Sector in health, WHO intends to promote joint action of the health and non-health sectors, of public and private actors and of healthcare consumers to serve a common interest: building a more resilient and equitable health system.

Objectives and expected outcomes

This meeting is focusing on the 16 AFRO countries[13] (9 anglophone, 5 francophone and 2 Portuguese speaking) that requested for technical support for private sector engagement in health as one of their priorities in their 2022/2023 work plan. The countries are at different stages of private sector engagement and have requests ranging from support to hold in-country workshops/dialogues sessions to create better awareness, generation of evidence to inform areas of engagement, evaluating and developing frameworks of engagement as well as the dissemination of country led studies on the private sector. To support these various demands, it is better to adopt a comprehensive approach towards sustainable engagement of the private sector in health. Therefore, the objectives of this consultative meeting are:

1. Dissemination of pre-meeting rapid assessment on private sector engagement in participating countries.
2. Sensitization of the participants on the potential roles of the private sector in health
    a. Summary presentation on the joint WHO/ AU assessment report titled "Towards a better engagement of private sector in service delivery A review of approaches to PSE in Africa"
3. Sharing country experience on private sector engagement
    a. Burkina Faso (brief)
    b. Angola (brief)
    c. Nigeria (presentation)
    d. Sierra Leone (presentation)
    e. Senegal (presentation)
    f. Tchad (brief)
4. Disseminate strategies, tools, and resource materials on PSE
    a. Summary presentation on "Engaging Private health service delivery sector through governance in mixed health system: strategy report of the WHO Advisory Group on the Governance of the Private Sector for Universal Health Coverage
    b. Orientation on Country Connector

[13] Angola, Botswana, Burkina Faso, Burundi, Capo Verde, Comoros, Congo, Kenya, Mauritania, Nigeria, Senegal, Sierra Leone, South sudan, Tchad, Uganda, Zambia

5. To initiate the consensus building process on the next steps for tailored country support
    a. Presentation of proposed next steps for discussion and consensus

The expected outcome include:

1. Country participants have better insights into the role of private sector and how to improve their engagement in the health sector.
2. Participants are better informed of where to access and how to use available strategies, tools, and other resource materials for promoting sustainable private sector engagement.
3. Consensus building process on tailored technical support to countries initiated.

Methodology

The 2 half-day meeting will be virtual, two hours in day one to review the status, share country experiences and disseminate strategies and tools for promoting sustainable private sector engagement. Day two will have one hour for practical demonstrations on available tools and resources to be followed by discussions on the next steps for country support. A pre-meeting rapid survey will provide background data to inform discussions.

There will be technical presentations, on-line demonstrations and facilitated discussions on existing situations and for consensus on the ways forward in supporting countries.

Zoom will be used to host the virtual meeting. Its chat and break out room facilities will be used to support active participant engagement as necessary.

Participants: (*about 300)*

1. **WHO staff**,
    a. **Regional office:** UHC/LC cluster units (HSG, HFI, MIMS, RMNCAH, HWF, HIS , service delivery programmes and other clusters
    b. **Country office** 3 per country (HSS focal person and Programmes) (48): these will be nominated by the WRs
    c. **HQ: -** Health Governance unit – 3 participants
    d. **EMRO:** - 1 participant
2. **Ministries of health staff** 5 per country (Director of policies and Programmes)(90): The respective MOH's, will be engaged through the WCO to nominate the respective representatives.
3. **Private sector partners** active in health, 10 per country (160): The MOH will be requested to nominate and invite suitable representatives of the private sector. These representatives should represent groups/ association/ federations and of different categories of private sector actors (service providers, suppliers, pharmaceutical industry etc.) and as much as possible not individual organizations
4. **Health Partners** active with the Private sector engagement, 5 per country (90): The MOH will be supported by the WCO to nominate an invite in-country health partners in consultation with the MOH will identify and MOH

Meeting details

Date: November 22nd to 23rd 2022

Time: 0900 GMT to 1200 GMT

Duration: 2 half days

Format: Virtual

Moderation: A consultant will be recruited as facilitator and to produce the meeting report, working with HSG unit