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RESEARCH FRAMEWORK

Governance of the private sector in health during COVID-19

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Conference Copy

Introduction

The private sector's (both for-profit and not-for profit) involvement in health systems is growing in scale and scope in many countries 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 way the private sector is organised and operates is often influenced by the organisation and behaviour of the public sector, with well governed and competent public health systems generating complementary, reasonable-quality private healthcare service delivery [1]. In contrast, countries with an unregulated private health sector may have an inefficient and inequitable public health system [2].

The COVID-19 pandemic showed in many settings that the private sector has been key to support the fight against the pandemic, bringing resources, skills and capacities to maximize the national response. At the same time, adverse behaviours and opportunistic practices have also been featured by private actors in the health systems. This highlighted the need for a strong governance of the health system as a whole in order to steward all health actors to behave in accordance with national health principles. However, governments often lack the capacities and the know-how to govern health systems as a whole and to engage with non-state actors, whether they are private not-for profit, private for-profit or civic actors.

During the COVID-19 pandemic, WHO launched a strategy report on "Engaging the private health service delivery sector through governance in mixed health systems" [3], focused on the behaviours or set of conditions needed to govern health systems where both the public and private actors are providing a substantial portion of healthcare services. The Strategy has a specific focus on the private sector in health in recognition that increasingly health systems are "collective action problems" [4]. They comprise diverse, and sometimes divergent public and private health entities, operating within devolved health structures. While 'sector' is used to distinguish orientation, in practice the private sector in health is less bounded than the public sector. It consists of both formal and informal providers ranging from drug shops to specialised hospitals, comprising both for-profit and non-profit entities, both domestic and foreign.

The strategy complements WHO's document on health system performance assessment, which defines and proposes measures to assess the health system governance function [5]. This collective body of work seeks to address a gap in the literature by building on policy and governance empirical studies and operationalising health systems governance concepts for a practitioner audience (in a similar way that the building blocks have become synonymous with the operationalisation of health systems).

Purpose statement

COVID-19 has reinforced the need for whole-of-society and whole-of-government approaches to pandemic response.These efforts should facilitate market reliability (e.g., that services and products are available, of a specified quality and affordable) and build trust between the public and the public health authorities and service providers.

The WHO strategy proposes six governance behaviours (Figure 1) critical to the governance of the private sector in health. Through application of this framework, we seek to operationalise health systems governance for public health emergency response, identifying specific governance actions, capacities, behaviours and tools that can be implemented to achieve national public health objectives and build more resilient health systems through the engagement with the private sector in health. A resilient health system is understood as one that can effectively prevent, prepare for, respond, and adapt to public health emergencies while maintaining routine health systems functions [6].

The purpose of this research framework is to guide the development of a body of "intelligence" using the governance behaviours as an analytical and diagnostic tool. Our objectives are two-fold: to strengthen an empirical and comparative understanding of effective health systems governance during the pandemic response; and, to identify pathways for change for effective governance of the private sector in health to achieve public health goals in the long-term.

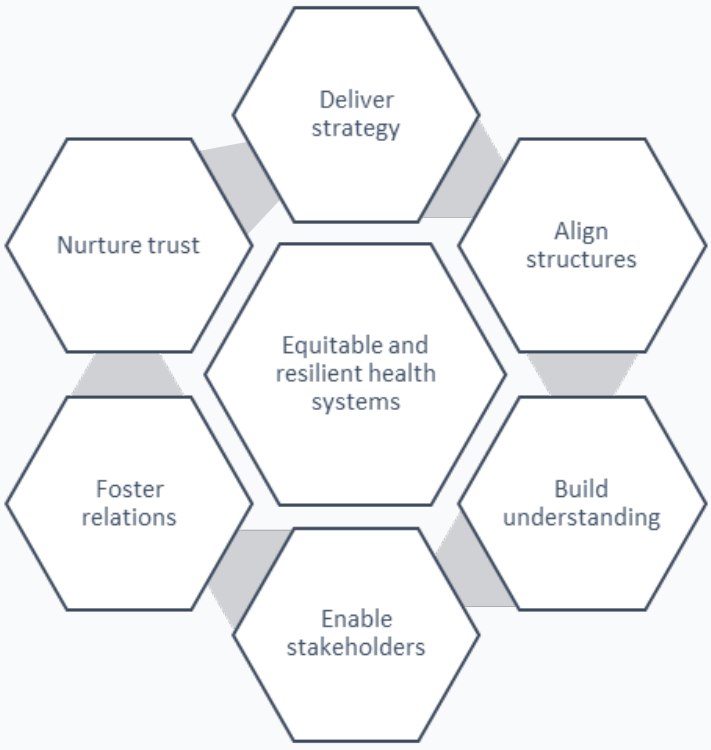

Figure 1: health governance behaviours

Research questions

Research questions have been structured using the WHO governance behaviours. These were developed through a consultative process with the WHO health governance and financing department and the WHO Advisory Group on engaging the private health service delivery sector through governance in mixed health systems.

Governance	Research question	Sub-questions
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*	How was the COVID-19 public health emergency response plan and strategy defined and what was the involvement of different types of non-state actors?	Did the country have a national public health emergency preparedness and response plan? Did this address respiratory diseases including novel coronaviruses? [7] Did the national public health emergency response plan include or envision a role for other non-state actors (e.g., private and civic actors) involved in health? Was the response plan reviewed over the course of the pandemic? Was it able to adapt based on emergent evidence and learning? Was this informed by experience and learning including from other non-state actors? (e.g., from the private and civic sectors) Were these actors consulted or were there any roles made explicit for them in the emergency plan?

Align structures. *Government takes the required actions to align public and private structures, processes and institutional architecture*	How were public and private structures/ resources aligned and adapted for the COVID-19 response?	How was surge capacity addressed in the public and private sectors? Were respective capacities were mapped and aligned? Were any adverse practices displayed by segments of the health sector in response to peaks (surges) in demand? Was any action taken by the government to align practices to national health principles and priorities? To what extent were digital health providers involved in the provision of services outside of physical facilities? To what extent were these services steered/regulated by government? If structures were aligned, did it occur through deliberate government action or other forces?
Enable stakeholders. *Government authorise and incentivise health system stakeholders to align their activities and further leverage their capacities, for national health goals*	How were financing and regulatory systems deployed to authorize and incentivize health system stakeholders in the COVID-19 response?	What regulatory measures were introduced or adapted by government as part of the COVID-19 response? Were any emergency exemptions granted from routine regulations? Were any measures specific to the private sector in health? Were any financing measures, such as subsidies, introduced as part of the response? How was a fair cost established for COVID-19 services in the public and private sectors? How were regulatory measures implemented and monitored? How were finance measures implemented and monitored?

Building understanding. Government facilitates information-gathering and sharing about all elements of service provision in the health system	What were the processes for data collection and how did these facilitate or hinder information exchange for the COVID-19 response?	What data and information were available on the whole health system before the pandemic? What data and information were collected as part of the COVID-19 response? How were data and trends communicated across sectors and levels of the health system during the COVID-19 response? Was there a mechanism put in place to enable information exchange between sectors? How did data and information (e.g., resources deployed, patient movement, adherence to clinical standards and tariffs, surveillance, etc.) inform response decisions, including related sectoral roles? What were the mechanisms to identify problems as they emerged? Who was given access to this information?
Nurture trust. Government leads the establishment of transparent, accountable and inclusive institutions at all levels to build trust	Did the COVID-19 response instil sectoral and patient/civic trust in the health system?	What were public perceptions of the response to COVID-19 (both public and private)? How were competing and conflictive interests managed as part of the COVID-19 response in the public and the private sectors? How was equity considered as part of the COVID-19 response? Were any specific approaches used to promote gender, diversity and equity? Was there any sharing of resources, capacities, skills for establishing trust between sectors?

Foster relations. Government establishes mechanisms that allow all the relevant stakeholders to participate in policymaking and planning	What coordination mechanisms were established and how did these facilitate or hinder sectoral engagement for the COVID-19 response?	Was a risk communication coordination mechanism active in the country and formally implemented (e.g., multi-sectoral RCCE team, working group, task force)? [7] Which private sector entities were represented in coordination mechanisms? What kinds of issues did they raise? How did these entities relay information to their constituencies? What role did associations and professional bodies and other groupings play? What digital tools/platforms (e.g., virtual meetings, online communication, etc.) were established or optimised for communication and coordination? How consistently were tools/platforms used? Were they valued? Was engagement meaningful?
Conclusion and lessons learnt	What were the key learnings from the COVID-19 response? What actions are needed to improve governance of emergency response and health system resilience?	Were there any perceived gaps in terms of tools, resources, and technical assistance to respond to COVID-19? What steps if any are being taken to redress gaps? What plans are there for strengthening governance and private sector engagement in infectious disease preparedness and response?

Key terms

- **Actor:** an individual, group or organization that has an interest in the organization and delivery of health care.
- **Civic sector:** Populations (e.g., lay people), communities and civil society.
- **COVID-19 response:** The public health response in order to prevent and detect further infections; the clinical response to manage infections; and the continuation of essential health services
- **Demand (for health services):** (i) the health care expectations expressed by individuals or communities; (ii) the willingness and/or ability to seek, use and, in some settings, pay for services. May be subdivided into expressed demand (equated with use) and potential demand. May be subdivided into rational demand (demand that corresponds to need) and irrational demand (demand that does not correspond to need).
- **Institutions:** Social, political and economic structures and mechanisms – formal or informal – in a society or economy that shape market players' incentives and behaviors. Institutions establish the "rules of the game" through supporting functions and/or establishing regulations, laws and policies.
- **Leadership and governance:** ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability [9].
- **Policy dialogue:** (i) the process of policy making or policy formation, i.e. of recognition of social demand, transformation into political demand and, eventually, into formulation of a policy statement that provides guidance to subsequent decisions about technical implementation (WHO 1982); and/or, (ii) the social debate and interaction between stakeholders that leads to translation of policy into strategies and plans.
- **Private sector:** The private sector in health includes all entities not owned nor directly controlled by governments. It can be classified into subcategories as for profit and not for profit, formal and informal, domestic and international.
- **Private Sector engagement:** The meaningful inclusion of private providers for health service delivery, using dialogue, policy, regulation, partnerships and financing mechanisms.
- **Regulation:** the imposition of external constraints upon the behaviour of an individual or an organization to force a change from preferred or spontaneous behaviour.
- **Stakeholder:** an individual, group or an organization that has an interest in the organization and delivery of health care.
- **Structures:** A structure is an arrangement and organization of interrelated elements in a system.

References

1. Mackintosh M, Channon A, Karan A, Selvaraj S, Cavagnero E, Zhao H. What is the private sector? Understanding private provision in the health systems of low-income and middle-income countries. Lancet. 2016;388:596-605. doi: 10.1016/s0140-6736(16)00342-1.
2. The World health report : 2000 : Health systems : improving performance. Geneva: World Health Organization; 2000 (https://apps.who.int/iris/handle/10665/42281
3. Meessen B. Health system governance: welcoming the reboot. BMJ Global Health 2020;5:e002404
4. Papanicolas I, Rajan D, Karanikolos M, Soucat A, Figueras J [eds]. Health System Performance Assessment: A Framework for Policy Analysis. Geneva: World Health Organization; 2021 (forthcoming).
5. Kruk ME, Myers M, Varpilah ST, Dahn BT. What is a resilient health system? Lessons from Ebola. Lancet. 2015;385(9980):1910–2. doi:10.1016/S0140-6736(15)60755-3. PMID: 25987159.
6. WHO National Capacities Review Tool for a Novel Coronavirus. WHO/2019-nCoV/Readiness/2020.1
7. COVID-19 Strategic Preparedness and Response (SPRP). Monitoring and Evaluation Framework.
8. Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva, Switzerland: World Health Organization, 2007.

Annex 1.
Topic Guide

The topic guide expands on the research questions outlined in Table 1. It has been used for the development of case studies and guidance on governance of the private sector in health during COVID-19 as part of the Country Connector for Private Sector in Health. The Country Connector offers a platform where local researchers can collaborate with WHO and other members to build understanding and foster relations for stronger health system governance and better public policy towards the private sector in health.

For more information email us at: contact@ccpsh.com

Background
Can you provide a brief summary of your role (*optional*: and that of your organisation)?

Align structures
Was an emergency response plan ('rule book') developed for the COVID-19 response?

- Did this require any changes to the health policy framework?
- Did this require any changes in roles and responsibilities of health actors?

How was surge capacity addressed? (in the public and private sectors)

- Were options for expanding infrastructure identified as part of surge capacity?
- Were the needs of specific populations and locations considered as part of surge capacity? If so, how were they considered?
- Were all available private sector entities included in plans for surge capacity? If not, why?
- Were changes in roles and responsibilities envisaged as part of this?
- Did the response plan cater to the needs and capacities of different private sector entities (e.g. primary care, pharmacies, etc.)?
- To what extent were new digital health providers involved?

Has the response adapted over time?

- Were there any adverse practices displayed by some segments of the health sector during the COVID-19 response that you are aware of? [probe for specific examples]
- Did these emerge over time, in response to emergency peaks in demand?
- What were the root causes?
- What were the consequences?

Foster relations

How was coordination of the COVID-19 response structured?

- Did the coordination platform include the private sector?
- Which private sector entities were represented in coordination platforms?
- How were these entities identified?
- Were individual providers involved, or business associations?
- How did these entities relay information to their constituencies? [probe: formal and informal channels]
- In your opinion, were all critical voices represented? Were any left out? [probe:private and civic sector voices]

What digital tools/platforms have been established or optimised for communication and coordination as part of the response?

Build understanding

What information was available on the private sector before the pandemic?

- How was sectoral reporting included in the national health information system?
- Which parts of the private were reporting?
- What informational gaps were present? [probe: equity, reaching the hardest to reach]
- What data quality gaps were present?

What information was collected on the private sector as part of the COVID-19 response?

- Were private providers identified and mapped for the COVID-19 response?
- What reporting mechanisms were put in place for the COVID-19 response?
- Were any enhancements needed/taken to optimise reporting mechanisms?
- Were any enhancements taken to improve data quality as part of the response?
- Did this vary by private sector type (e.g. hospital, clinic, maternity home, pharmacy, etc.)?

How were data and trends communicated across sectors and levels of the health system during the COVID-19 response?

- What were the sources of data on rapidly emerging problems?
- What were the roles of the routine HIS?
- What was the role of monitoring by health system managers?
- What was the role of the media?

How did data and information inform decisions in relation to the private sector?

What other information sources were available/used during the COVID-19 response?

Enable stakeholders

What regulatory measures were introduced or adapted by government as part of the COVID-19 response?

- When were they introduced/adapted for the response?
- What was the motivation for their introduction/adaptation?
- Were measures specific to the private sector?
- How was compliance monitored and enforced?
- Were there means for receiving feedback to address emergent concerns? [probe: formal and informal]
- Overall, how do you think the regulatory measures performed? [probe: capacities, resources]

Were any financing measures introduced as part of the response?

- When were they introduced/adapted for the response?
- What was the motivation for their introduction/adaptation?
- Were measures specific to the private sector?
- If measures addressed subsidy/reimbursement to the private sector, how was a fair cost established?
- How was compliance monitored and enforced?
- Were there means for receiving feedback to address emergent concerns? [probe: formal and informal]
- Overall, how do you think the financing measures performed? [probe: capacities, resources]

Nurture trust

How were gender, equity and rights considerations integrated in the COVID-19 response?

- How were the needs of specific populations catered for as part of the response?
- How was affordability addressed/monitored?
- How were patient concerns communicated to authorities as part of the COVID-19 response?
- How did government act upon such information/concerns?
- Were perspectives of frontline service providers (public and private) considered as part of the COVID-19 response? [probe: differences by location, position, gender, etc]

Overall, do you think the response instilled trust in the health system?

- Were the mechanisms or practices that the private sector had in place that either helped or harmed vulnerable populations?

Deliver strategy

How did the COVID-19 response perform in your context? Was this considered effective?

- What metrics were defined for the response?
- How were these monitored and communicated?
- How was knowledge generated and consolidated?
- Was there a platform or process for learning/knowledge management?
- Was there solicitation and incorporation of diverse perspectives and feedback as part of this? [private sector, frontline workers, the public/civic sector, what was the gender composition of those providing perspectives and feedback]
- What, in your view, were the key learnings from the COVID-19 response?

What actions are needed to improve governance of emergency response and health system resilience?

- Are there specific actions needed for the private sector in health?
- What steps are needed to initiate change?
- What tools, resources and assistance are needed?
- Are there tools or guidance for engaging the private sector that you have consulted in the past 18 months for the delivery of COVID-19 vaccines, therapeutics, and diagnostics?
- Are there challenges that you are facing in engaging with the private sector for which you would like guidance, tools, or resources?
- What features would make you more likely to use a tool or resource? These could include: website accessible or downloadable, video or audio format, or others factors.
- Are there specific tools or guidance you wish you had or need access to? Do these provide for gender, equity and human rights considerations/analyses?

Closing

Do you have any final comments or questions?