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Organization

Private Sector Landscape in Mixed Health Systems





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The editor for this publication is David Clarke (technical lead for WHO's work on private sector engagement for UHC).

Work on this publication has been coordinated by Aurelie Paviza (WHO) with support from Anna Coccozza (WHO).

The authors of this publication are David Clarke (WHO), Dr Dominic Montagu (Metrics for Management), Nirali Chakraborty (Metrics for Management), Andrea Sprockett (Insight Metrics), Shekwoduza Baba (Insight Metrics), Yuen Wai Hung (Impact for Health), Joel Klinton (Impact for Health), Cynthia Eldridge (Impact for Health), Barbara O'Hanlon (O'Hanlon Health Consulting), Dr. Mark Hellowell (University of Edinburgh), Gabrielle Appleford (Impact for Health).

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Abbreviations

ADB	Asia Development Bank
AfDB	Africa Development Bank
AFRO	WHO Regional Office for Africa
AHME	African Health Markets for Equity
AMC	Advance Market Commitment
ANC	Antenatal care
ARI	Acute Respiratory Infection
BCC	Behaviour change communication
BMGF	Bill & Melinda Gates Foundation
CHE	Current Health Expenditure
COP	Conference of the Parties
COPD	Chronic Obstructive Pulmonary Disease
CSO	Civil society organizations
CVI	Childhood Vaccine Initiative
CVP	Childhood Vaccine Program
DFID	Department for International Development
DHS	Demographic and Health Surveys
DOH	Department of Health
DRG	Diagnosis Related Group
EMRO	WHO Regional Office for Eastern Mediterranean
EURO	WHO Regional Office for Europe
FP	Family Planning
FBOs	Faith Based Organisation
GAFTM	Global Fund to Fight AIDS, TB and Malaria
GFF	Global Financing Facility
GHED	WHO Global Health Expenditure Database
GIIN	Global Impact Investing Network
GP	General Practitioners
GPPP	Global Public-Private Partnerships
GPW	General Programme of Work
HIC	High Income Countries
HIES	Household Income and Expenditure Surveys
HMIS	Health Management Information Systems
HMO	Health Maintenance Organization
HNP	Health, Population and Nutrition
HSS	Health System Strengthening
HQ	Headquarters
IAVI	International Aids Vaccine Initiative
IFC	International Finance Corporation
INGOs	International non-government organizations
ITNs	Insecticide-Treated Nets
LMICs	Low- and middle-income countries
MDSR	Maternal Death Surveillance and Response
MICS	Multiple Indicator Cluster Surveys (MICS)
MOH	Ministry of Health
M4P	Markets for the Poor
MM4H	Managing Markets for Health

MMV	Medicines for Malaria Venture
MVI	Malaria Vaccine Initiative
NHA	National Health Accounts
NCDS	Non-Communicable Diseases
NMDS	National Minimum Data Set
NGO	Non-government organizations
NHI	National Health Insurance
NMDS	National Minimum Data Set
NORAD	Norwegian Agency for Development Cooperation
NTP	National Treatment Programmes
OECD	Organization for Economic Cooperation and Development
OOP	Out of Pocket
ORS	Oral Rehydration Salts
PAHO	Pan American Health Organization
PBF	Performance Based Financing
PHC	Primary Health Care
PHSA	Private Health Sector Assessment
PPA	Patient Pathway Analysis
PPM	Public Private Mix
PPPs	Public Private Partnerships
PSE	Private Sector Engagement
PSI	Population Services International
PPD	Public Private Dialogue
RDTs	Rapid Diagnostic Tests
RH	Reproductive Health
RMCNH	Reproductive, maternal, child and nutrition health
SARA	WHO's Service Availability and Readiness Assessment
SDG	Sustainable Development Goals
SEARO	WHO Regional Office for South East Asia
SHI	Social Health Insurance
SHOPS	Sustaining Health Outcomes through the Private Sector
SM	Social Marketing
SPA	Service Provision Assessment
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TMA	Total Market Approach
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
WHO	World Health Organization
WHO HGF	World Health Organization Health Governance and Financing Department
WONCA	World Organization of Family Doctors
WPRO	WHO Western Pacific Regional Office

Foreword

In 2019, the World Health Organization set up an advisory group on the Governance of the Private Sector for Universal Health Coverage. The group was formed with the primary goal of providing advice and recommendations on the regulation and engagement of the private sector in the context of WHO GPW goal of 1 billion more people benefiting from Universal Health Coverage, and in particular outcome 1.1.4, “Countries enabled to ensure effective health governance”.

In late 2020, the advisory group finished a new strategy designed to help WHO facilitate a new way of governing mixed health systems by building consensus around the means and strategies of engaging the private health sector in health care service delivery. This new strategy focuses on the governance of the whole health system - both private and public – to ensure that all people have access to quality health care without suffering financial hardship, irrespective of where they seek care.

The eight studies in this volume were commissioned by WHO to help the advisory group to complete its work on the new strategy. Each of these studies also contributes valuable information to broader discussions about the role of the private sector in health care and the growing momentum to using cross-sector partnerships to achieve the health-related SDGs.

The eight studies in this volume were commissioned by WHO to help the advisory group to complete its work on the strategy to facilitate a new way of governing mixed health systems.

David Clarke, Health Systems Governance Department, WHO

Introduction

All 193 Member States of the United Nations have committed to working towards the goal of universal coverage (UHC)(1). Increasingly, health services are delivered through mixed health systems of public and private providers, where the private health sector is an essential source of health-related products and services, including for the poor. So the private health sector is a crucial partner for work on UHC. However, the private health sector will not self-regulate and the three dimensions of UHC: ensuring coverage, access, and financial protection are unattainable without effective governance of the private sector(2,3,4).

Increasingly, health services are delivered through mixed health systems of public and private providers.

While mixed health systems are a reality in many countries, challenges to the achievement of health objectives are becoming more pressing, and it is clear that some governments are ill-equipped to steer mixed health systems. They lack policy frameworks for private sector engagement, have inadequate information about the private sector, or lack the expertise to develop and manage strategies to influence and collaborate with the private sector. Governments also inherit unfavourable legacies of mistrust, a focus on vertical programming and an over-reliance on certain forms of engagement (for example regulation).

While some countries have successfully navigated these challenges, many have not, and the behaviours and tools of government necessary for the governance of the private sector, such as dialogue, contracting, policy and regulation, have not been high on their list of priorities. Instead, many have fallen back on a reflexive approach focused on managing the public health sector and ignoring the private. This situation creates an essential and urgent need for governments to evolve their governance role. Hence, the decision to develop a new WHO's Strategy Report.

The COVID-19 pandemic has served to starkly reinforce the need for the strategy to help deliver more robust governance of the private sector as part of global, regional, and national health security efforts. The pandemic has exposed the limitations of not having a governance strategy or the corresponding resources necessary for effectively engaging with the private sector in health care service delivery.

The COVID-19 experience has revealed best- and worst-case health system scenarios, with the trajectory (whether negative or positive) being primarily determined by the state of countries pre-existing relationships between public and private sectors and by the strength of its governance of the private sector. Countries with robust governance arrangements for the private sector have been able to leverage them in their response to the pandemic through strategic action. In contrast, those with weak governance arrangements have not. This is why it makes sense to pursue strategic action to improve health systems governance. It is also why the formalisation of effective public-private engagement is critical if we are to make progress on longer-term health goals, including UHC, which is why the new WHO's Strategy Report and these eight studies are so important.

David Clarke, Health Systems Governance and Financing Department, WHO

1 <https://undocs.org/en/A/RES/74/2>

2 Morgan, R., Ensor, T. and Waters, H. Performance of private sector health care: implications for universal health coverage. The Lancet. 2016. doi:10.1016/S0140-6736(16)00343-3

3 Nabyonga-Orem, J., Nabukalu, J. B. and Okuonzi, S. A. Partnership with private for-profit sector for universal health coverage in sub-Saharan Africa: opportunities and caveats. BMJ Global Health. 2019. doi:10.1136/bmjgh-2018-001193

4 Clarke, D. et al. The private sector and universal health coverage. Bulletin of the World Health Organization. 2019 doi:10.2471/BLT.18.225540.



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The eight studies

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Study 1 looked at the role of the private sector in 65 countries in Latin America, Africa, Europe and Asia to advance the understanding of the importance of private-sector policies, and facilitate the sharing of lessons across countries with similar public-private distributions.

1 Private Sector Utilisation: Insights from Standard Survey Data

Countries often lack data on the scope and scale of their private health sector. This data gap is regularly highlighted as a primary barrier to private sector engagement, especially in low and middle-income countries (LMICs). The challenge in many LMICs is that the public and private health sectors operate in two parallel and separate spheres. Moreover, the private health sector is often fragmented and disorganised.

To better understand this problem, study 1 looked at the role of the private sector in 65 countries in Latin America, Africa, Europe and Asia to advance the understanding of the importance of private-sector policies, and facilitate the sharing of lessons across countries with similar public-private distributions. The study confirms earlier studies that show the private sector remains a dominant source of outpatient care in many countries, particularly in WHO's African, Eastern Mediterranean and South-east Asia regions, and provides significant inpatient care across the same parts of the world. The study finds that:

- the WHO Eastern Mediterranean Region has the most significant reliance on the private sector. Weighted regional results indicate that 53% of inpatient and 66% of outpatient care takes place in the for-profit private sector. With data from Egypt and Pakistan heavily influencing this result;
- in the WHO African Region, 35% of those who seek outpatient care go to the for-profit private sector, while 17% seek care at shops, faith healers and other informal providers. Overall, 26% of care-seeking occurs in the formal private sector (e.g. medical clinics and nursing homes), with an additional 10% with informal providers. The most significant proportion of private-sector care-seeking occurs in Nigeria (52%), while in Cameroon, Uganda and Benin, greater than 40% of care is sought in the private sector.

The study concludes that advances to UHC will in many countries necessitate private sector inclusion in the dissemination and adherence to standards of practice for quality, access, transparency of pricing, reporting of care practices, and the integration of private providers in countries referral systems. It also highlights the importance of WHO's work on the governance of mixed health systems and the importance of WHO developing guidance and actively supporting countries to assure that formal private care providers are well integrated into the overall health system.

2

The Provision of Private Healthcare Services in European Countries

The authors of the first study noted that the type of data used in the study meant that the study poorly represented private sector utilisation in Europe. A second study was commissioned in 2020 to address this limitation. This second study concentrates on European countries which are part of the OECD and places the countries into four categories based on each country's relative level of reliance on the private sector (ranging from mostly private health systems to mostly public).

This second study concluded that there are significant variations in how the private sector is engaged to provide healthcare within European health systems. The variety demonstrates that there seem to be multiple service configurations for delivering effective health care in Europe.

The study concludes that the European experience shows that historical experiences and path dependency may dictate whether the private sector is an essential provider of care in a country. The varied models, and success, of Europe, show that any extant delivery mix can be managed. Well planned national policies and financing can assure effective universal coverage regardless of the delivery structures used (public or private).

This second study concentrates on European countries which are part of the OECD and places the countries into four categories.

The third study is closely related to studies one and two. It hypothesises that the key to understanding the private sector's contribution to UHC is to build the best available picture using existing data

3

Measuring the Size of The Private Sector: Metrics and Recommendations

The third study is closely related to studies one and two. It hypothesises that the key to understanding the private sector's contribution to UHC is to build the best available picture using existing data, while simultaneously investing in multisectoral improvements to standard data availability. The study recommends 12 new metrics to measure the private sector's role in UHC and explores the feasibility of using these metrics in a set of four case studies.

Study 3 concludes that WHO can support countries to bolster their knowledge of the private health sector through:

- the selection of key data and encouragement to report;
- research that advances the knowledge of promising existing data sources; and
- the development of new guidelines on standard data collection on the health workforce and service delivery points.

4

Landscape Analysis: Engagement with the Private Health Sector in the Journey towards Universal Health Coverage

Previous studies and reports have underlined the importance of engaging the private health sector and developed various strategies and approaches for effective public stewardship of mixed health systems. However, actual progress on private health sector engagement across LMICs in different regions remains unclear. Study 4 assesses the level of private health sector engagement in 18 LMICs with the highest overall utilisation of private health providers across six WHO regions. Reviewing official documents, grey literature, and peer-reviewed literature, it completes a landscape analysis of private health sector engagement in the 18 countries using the domains in the World Bank/International Finance Corporation's private health sector engagement assessment framework.

The study finds a general recognition of the private health sector's role in achieving population health goals, though finds that specific policies on private sector engagement and formal dialogue mechanisms remain rare. The study recommends that WHO should develop explicit norms and guidance across all six domains in the World Bank/International Finance Corporation's private health sector engagement assessment framework. The goal is to ensure a more efficient system-wide approach for the effective governance of the private sector within mixed health systems.

Study four assesses the level of private health sector engagement in 18 LMICs with the highest overall utilisation of private health providers across six WHO regions.

Study five discusses “three waves” of private sector engagement activities in global health.

5

International Organizations and the Engagement of Private Healthcare Providers

Study 5 had three objectives:

- to map the current private sector engagement activities of key global health actors, with a focus on the goals, geographical foci, and programmatic approaches, of such activities;
- to assess the strengths and limitations of these activities from the perspective of work on UHC; and
- to analyse how WHO, as a relatively new player in this area of work, can deploy its distinctive strengths to accelerate progress towards UHC.

The study discussed “three waves” of private sector engagement activities in global health, focusing respectively on: social marketing, international public-private partnerships, and market systems in the health sector. The study found that: these efforts concentrated on programme-specific objectives; approaches to engagement used were not well-aligned with UHC; and the initiatives did little to strengthen the governance of mixed health systems.

Study 5 recommends improving the availability of data on the private sector, developing more evidence-based approaches to private sector engagement, and better coordinating private sector activities between global health actors working in the area of private sector engagement.

Study six considers accountability and its arrangements for health service delivery in the context of UHC.

6

Private Sector Accountability for Service Delivery in the Context of Universal Health Coverage

This study considers accountability and its arrangements for health service delivery in the context of UHC. The paper draws on a short literature review, both academic and practice-oriented, on accountability and health service delivery. Primary data was collected through informant interviews with experts working on accountability, health sector governance and service delivery.

The study highlights four critical areas for WHO to work on to strengthen the accountability of the private sector:

- package learning and advice on how to design and implement accountability systems;
- develop diagnostic tools for the private sector and accountability environments in mixed health systems;
- support Member States with the development of transformative accountability agendas, based upon social compacts between sectors, grounded in diagnosis and dialogue;
- research to understand the contextual factors that promote or hinder accountability environments in mixed health systems.

7

Engaging the Private Health Sector to Advance Universal Health Coverage: A Case Study from WHO Regional Office for Eastern Mediterranean Region.

Study 7 is a case study which illustrates how a WHO region can support its Member States work on private sector engagement.

The study discusses the experiences of WHO Regional Office for Eastern Mediterranean Region in developing its “Framework for Action on Effective Engagement of the Private Sector to Expand Service Delivery for UHC”. The work on this framework is highly instructive for other WHO regions as well as Member States planning similar work.

Study 7 is a case study which illustrates how a WHO region can support its Member States work on private sector engagement

Study eight analyses lessons learnt from countries which have been able to implement effective governance of mixed health systems.

8

Principles for Engaging the Private Sector in Universal Health Coverage

This study analyses lessons learnt from countries which have been able to implement effective governance of mixed health systems. These lessons were then used as the basis for developing a set of evidence-based principles to orientate the actions of governments working on the governance of the private sector.

First, a well-functioning mixed health system relies on strong governance. Governments must correct market failures to ensure the appropriate health services are delivered. They have three tools at their disposal (financing tools, regulatory tools, and information tools) that would usually be used in combination to influence different aspects simultaneously.

Second, effective private sector engagement approaches are defined by “problems” and not “solutions”. The article underlines a common failure of private sector engagement activities: they are often composed of pre-designed solutions; instead, the starting point should be the problems that the country is facing.

Third, successful governance of the private sector requires data. Sound policies that can harness private sector capacity to advance UHC objectives cannot be developed without adequate data. Countries have several options to gather those data:

- sector analysis;
- health market analysis;
- provider research; and
- consumer research.

Fourth, the private sector needs to be engaged in a meaningful dialogue. Increasingly, development partners, governments, and the private health sector alike agree that sustainable development requires all key players to work together for change. The study highlights six attributes of successful public-private dialogue.



1

Private Sector Utilization: Insights from Standard Survey Data

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