Engaging the private health service delivery sector through governance in mixed health systems

DRAFT Roadmap for Consultation

from the Advisory Group on the Governance of the Private Sector for UHC

The Health Systems Governance and Financing Department, World Health Organization HQ

December 2019

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Acknowledgements

The overall coordination of the production of this document was led by David Clarke with the assistance of Aurelie Paviza, both from the Health Governance and Financing Department (HGF) of WHO HQ. This work was carried out under the direction and supervision of Dr. Agnes Soucat, Director HGF, and Dr Pete Salama, Executive Director Universal Health Coverage (Life course). The production of this document was facilitated by Ms. Cynthia Eldridge, Ms. Samantha Horrocks and Dr. Joel Shyam Klinton from Impact for Health.

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Executive Summary | The Advisory Group on the Governance of the Private Sector for UHC recommends a roadmap for the WHO that supports a new way of doing business for governance that integrates the private sector in mixed health systems.

Vision | A well-governed health system in which public and private actors collectively deliver on the realization of UHC.

Mission | To 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.

Theory of Change | WHO has the potential to play a pivotal role in supporting UHC through private health sector service delivery governance given its focus on health and equity. Leveraging this, WHO should focus on supporting member states to strengthen the governance behaviors that will assure the private sector and public sector are aligned to be able to work together to strengthen a health system that delivers UHC to promote equity, access, quality and financial protection for the population.

Goals | The six key governance behaviors critical to aligning private health sector service delivery with health system goals include: **build understanding, deliver strategy, enable stakeholders, foster relations, align structures, and nurture trust.**

Recommendation | WHO should solicit input and guidance from member states on this roadmap, recognizing that this approach means a new way of doing business for both WHO internally and member states. WHO should explore new ways to deliver on this roadmap.

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Consultation | The Advisory Group has advised WHO to consult with stakeholders at the regional and country level to address the following questions to help evolve this roadmap.

1	Will the stated goals and objectives in the roadmap support efforts towards UHC by improving private sector engagement through strengthened governance?
2	Are there other activities that would support these objectives more effectively? Within these activities, are there specific tools that should be developed to support the adoption of these behaviors? If yes, what tools do you think should developed as a priority?
3	In which ways could WHO most effectively and efficiently catalyze action to achieve the goals set out in the roadmap?

Kindly provide feedback. An online survey form is available here* **https://www.surveymonkey.com/r/58W2GYQ

In person briefings and consultations will be conducted in early 2020. Please direct any inquiries to ***David Clarke*** *at clarked@who.int.*

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Methodology | The Advisory Group selected for their expertise in different elements of private sector engagement drafted the roadmap between Q2 and Q4 2019. This version for consultation will be developed into a final version in 2020.

Member
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At the behest of WHO and supported by Impact for Health, the Advisory Group formulated its recommendations on private health sector engagement to meet UHC goals in a way that responded to member states' needs in a clear, compelling and actionable way through a roadmap. In 2020, the Advisory Group will work to recommend an approach that catalyzes action against the roadmap.

Q2 2019	Q3 2019	Q4 2019
• 1 teleconference	• Face to face meeting • Consultations • 2 teleconferences	• Face to face meeting • Consultations • 2 teleconferences

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Roadmap Outline

- Rationale
- Vision, Mission & Theory of Change
- Goals
- Recommendations

Roadmap Outline

- **Rationale**
- Vision, Mission & Theory of Change
- Goals
- Recommendations

Rationale | Why is a roadmap on governance of private health sector delivery necessary for WHO now? *From different perspectives, need is high, demand is growing, and support is critical for achieving UHC.*

Demands of Universal Health Coverage	UHC seeks to improve equity, access and financial protection for health care. Pursuit of UHC means that countries take ownership of healthcare – irrespective of the disease or where the person seeks care.[1]	…which means all stakeholders within UHC need to engage with the private sector
Demand from the population	Whether poor or rich, urban or rural, male or female, people seek care from the private sector for many different sicknesses and for many different reasons	…which means the people's governments need to deal with the private sector
Demand from private health service delivery sector	As a critical stakeholder in realizing UHC, the private health service delivery sector needs a convener with the public sector. It can not just try to work around the government to do what it thinks is right	…which means the private health service delivery needs to come to the table
Demand from governments	Governments are encountering real challenges in working with private sector. Simply strengthening the public sector doesn't make the private go away. Evidence on what works is limited. Creating favorable a political economy is difficult.	…which means that governments can benefit from working with a trusted partner like WHO.
Demand within WHO regions	Responses to the private health service delivery governance have been isolated initiative, like in the EMRO region, and accomplished with limited support.	…which means that guidance from WHO headquarters will help to catalyze action.
Demand from WHO headquarters	A traditional focus on the public sector and working with the MOH has left WHO with the challenge of adapting to the needs of UHC…	…which means that WHO needs to invest in evolving its function and form to better support UHC
Demand from development partners	Development partners have funded multiple private sector engagement initiatives over the years, but scale has been challenging…	..which means working with WHO could help increase the impact of their investments.

Quotes from consultation on demand conducted in 2019

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Source: 1. Hallo De Wolf A, Toebes B. Assessing private sector involvement in health care and universal health coverage in light of the right to health. Health Hum Rights. 2016;18:79–92

Rationale | This roadmap uses a governance framework focused on achieving six critical behaviors to help health system stakeholders meet the need, address the demand, and support in a new way of doing business.

Demands of Universal Health Coverage	UHC seeks to improve equity, access and financial protection for health care. Pursuit of UHC means that countries take ownership of healthcare – irrespective of the disease or where the person seeks care.	…which means all stakeholders within UHC need to engage with the private sector
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Demand from development partners	Development partners have funded multiple private sector engagement initiatives over the years, but scale has been challenging…	..which means working with WHO could help increase the impact of their investments.

…which all highlight the need for ***a new way of doing business***

Governance behaviors

1. building understanding
2. delivering strategy
3. enabling stakeholders
4. fostering relations
5. aligning structures
6. nurturing trust

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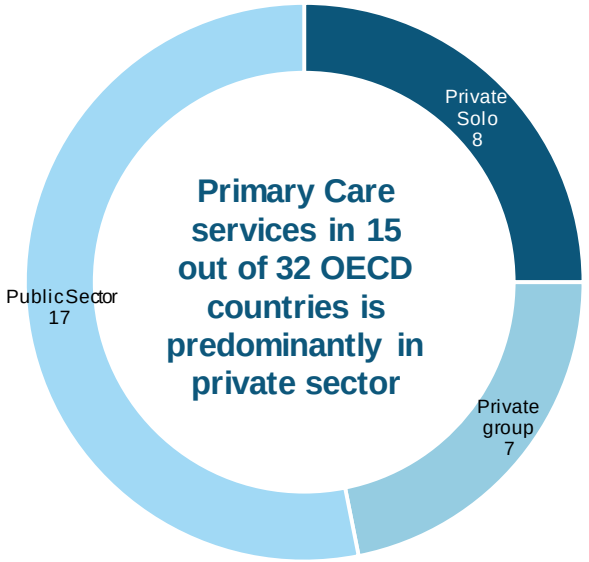
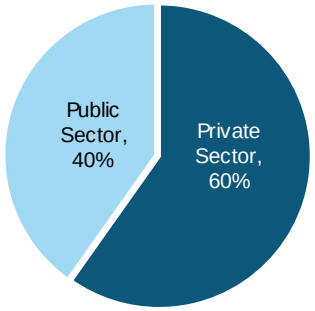
Rationale | The demand for private health sector service delivery is well established – especially for primary health care services and for the poor and underserved globally

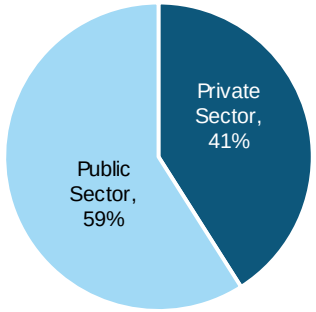


OECD | The private sector is as predominant as the public sector in delivery of primary care in OECD countries[2]

Outpatient and Ambulatory services - EMRO

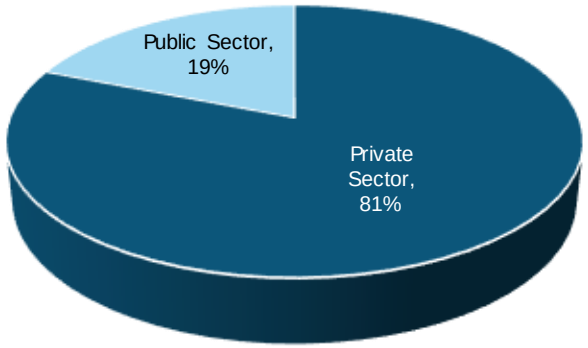


Health services utilized by poorest quintile - EMRO



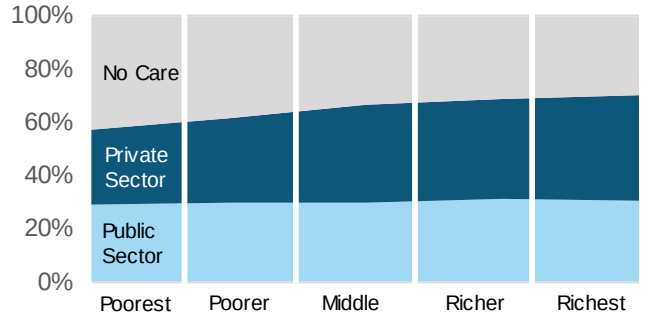
EMRO | The private sector provides the majority of outpatient and ambulatory services and is highly utilized by the poorest quintile in the Eastern Mediterranean region[3]

Initial presentation of disease symptom in SEARO

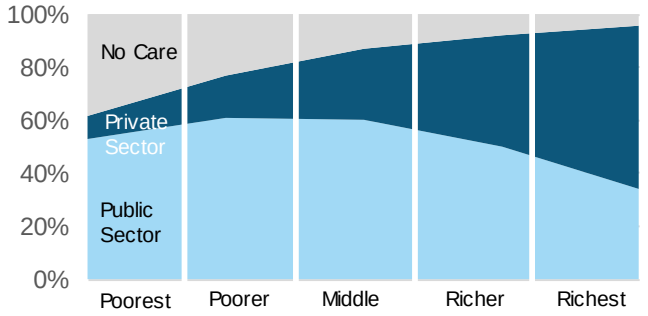


SEARO | The majority of the population in South Asia first seek care in the private sector[4]

Source of Outpatient Health Care by Wealth Quintile - AFRO



Source of Inpatient Health Care by Wealth Quintile - SEARO



The private sector is a major source of outpatient and inpatient health care for the rich as well as the poor.[5]

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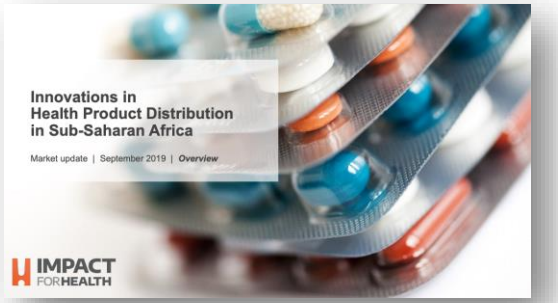
Sources: 2. OECD survey on health system characteristics. 2016; 3. Regional Committee for the Eastern Mediterranean. Sixty-fifth session: Private sector engagement for advancing Universal Health Coverage. October 2018; 4. Wells WA, Uplekar M, Pai M (2015) Achieving Systemic and Scalable Private Sector Engagement in Tuberculosis Care and Prevention in Asia. PLoS Med 12(6): e1001842. https://doi.org/10.1371/journal.pmed.1001842 5. 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.

Challenge | Private health sector service delivery continues to grow and change, especially with the advent of digital health, which is challenging a historical focus on regulation. To remain relevant to governments, the WHO must offer guidance and support.

Innovations in Digital Health

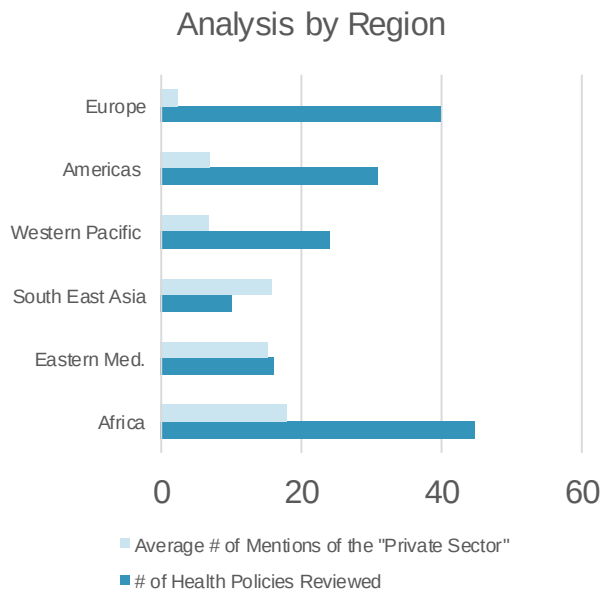
- ✓ There are 150 promising private digital health startups working to transform the healthcare industry with new models of primary care to emerging tech solutions for providers[7].
- ✓ The combination of rapidly increasing access to the internet, low-cost diagnostic technologies, and evidence-based treatment guidelines are creating big opportunities for improving healthcare.
- ✓ Big internet platforms are making very substantial investments in digital health[8].
- ✓ New partnerships are emerging between the health and communications sectors and between government and the private sector[9].
- ✓ Governments (not just Ministries of Health) have an important role in ensuring that digital health meets the population's needs, rather than those of specific interest groups or of only the more affluent.



A recent report for the Bill & Melinda Gates Foundation looked at trends in health product distribution[10] and found that:

- ✓ Private sector is changing the way health products are delivered to providers and consumers.
- ✓ The potential for e-commerce direct-to-consumer services may improve coverage of priority health products, while removing the connection to the provider.
- ✓ Traditional categories of information are blending as product-focused companies begin to expand offerings to include service delivery.

An increasing number of references to the private sector in health policies demonstrate that developing countries are striving for a relationship with the private sector[6].



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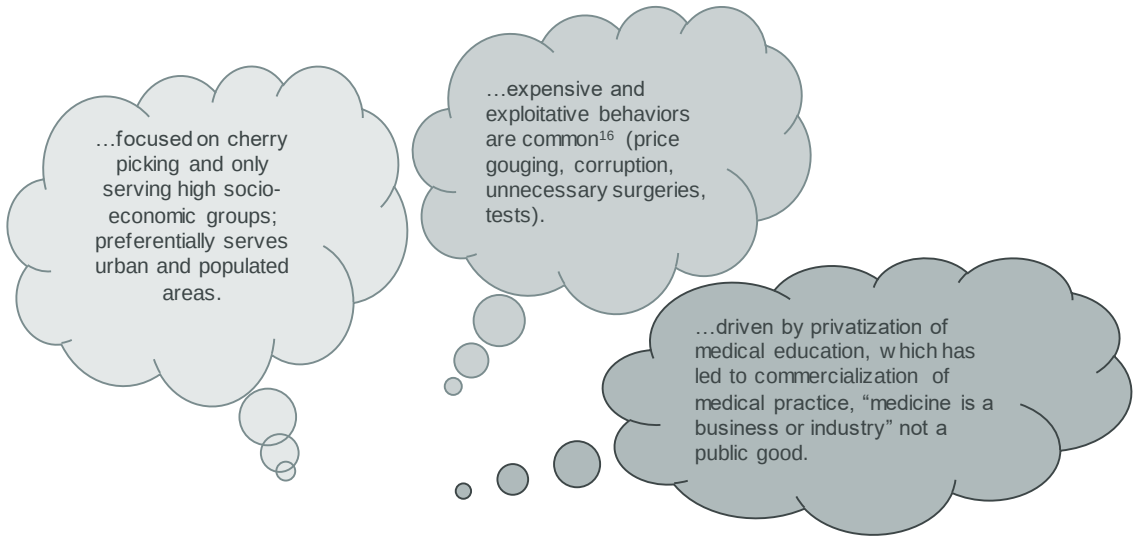
Source: 6. Analysis of WHO's policy document data base. 2019 7. CB Insights. Annual cohort of Digital Health 150. October 2019; 8. Bloom G., Berdou, E., Standing, H. et al. ICTs and the challenge of health system transition in low and middle-income countries. Global Health 13, 56 (2017) doi:10.1186/s12992-017-0276-y; 9. Roland J, Bhattacharya-Craven A, Hardesty C, Fitzgerald E, Varma N, Aufegger L, Orlović M, Nicholson D. Health Returns: The Role of Private Providers in Delivering Universal Health Coverage. Doha, Qatar: World Innovation Summit for Health, 2018; 10. Hansen Staples M, Eldridge C. Innovation in Health Product Distribution in Sub-Saharan Africa. Adapted version of slide deck (external) presented at: Bill and Melinda Gates Foundation; 2019 Aug 6; Seattle, WA.

Challenge | Despite the importance of the private health service delivery sector, often critical concerns – both evidence-based and otherwise – remain unaddressed.



The private health service delivery sector is…

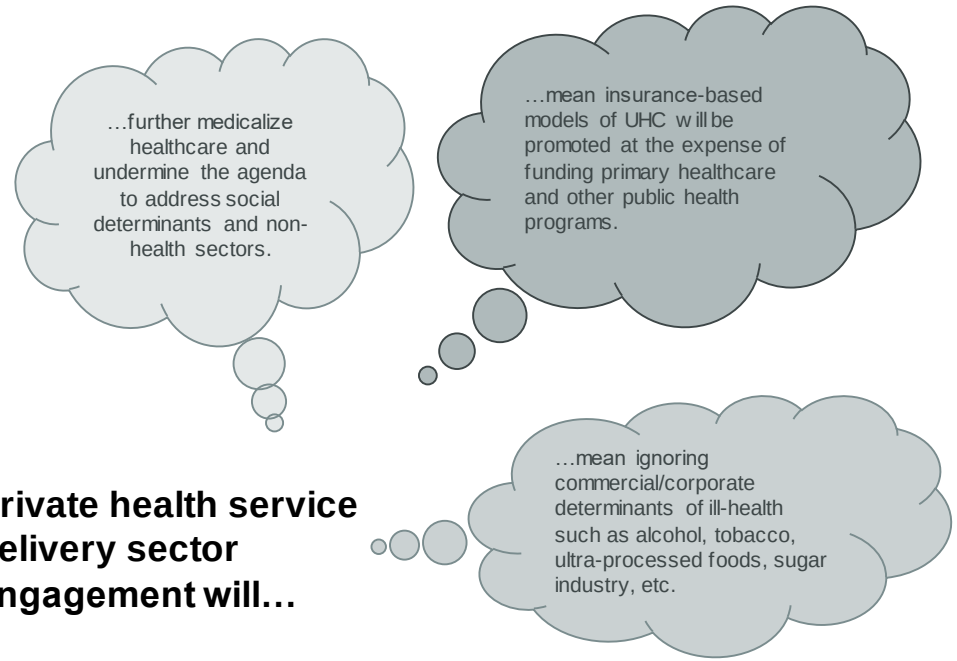
…highly heterogenous and fragmented and very difficult to engage[11]

…poor or highly variable in quality of care; and health outcomes are worse[12]

…difficult to evaluate or survey as the data and information systems are not easy to work with.[13]

…is hopeless at self regulation.[14]

…favorable towards tertiary, hospital care, increasingly monopolized by large, super-specialty hospitals; thereby undermining primary health care[15]



Private health service delivery sector engagement will…

<u>Not</u> addressing private health sector service delivery means subjecting the population to unacceptably high risk for poor quality of care and catastrophic expenditure[17].

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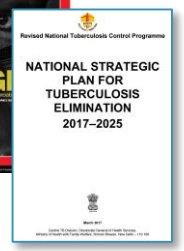
*Sources: **11**. Basu S, Andrews J, Kishore S, Panjabi R, Stuckler D (2012) Comparative Performance of Private and Public Healthcare Systems in Low- and Middle-Income Countries: A Systematic Review. PLoS Med 9(6): e1001244. doi:10.1371/journal.pmed.1001244 **12**. Kwan A, Daniels B, Saria V, Satyanarayana S, Subbaraman R, McDowell A, et al. (2018) Variations in the quality of tuberculosis care in urban India: A cross-sectional, standardized patient study in two cities. PLoS Med 15(9): e1002653. https://doi.org/10.1371/journal.pmed.1002653. **13**. Kruk, ME, Gage, AD, Arsenault, C, Jordan, K, Leslie, HH, Roder-DeWan, S, Adeyi, O, Barker, P, Daelmans, B, Doubova, SV, English, M, García Elorrio, E, Guanais, F, Gureje, O, Hirschhorn, LR, Jiang, L, Kelley, E, Tekle Lemango, E, Liljestrand, J, Malata, A, Marchant, T, Matsoso, MP, Meara, JG, Mohanan, M, Ndiaye, Y, Norheim, OF, Reddy, KS, Rowe, AK, Salomon, JA, Thapa, G, Twum-Danso, N, and M. Pate, 2018. High-quality health systems in the Sustainable Development Goals era: time for a revolution. The Lancet Global Health Commission. www.thelancet.com/lancetgh Vol 6 November 2018. **14**. Hellowell, M. and B. O'Hanlon, 2018. Managing Markets for Health (MM4H) Training Course, University of Edinburgh and the Global Financing Facility, https://edge.edx.org/courses/course-v1:UniversityofEdinburgh+MM4H101+2018T1/about.. **15** Crowdsourced data from TB PPM community. 2019. 16, McPake B, Hanson K. Managing the public-private mix to achieve universal health coverage. Lancet. 2016 Aug 6;388(10044):622–30. doi: http://dx.doi.org/10.1016/S0140-6736(16)00344-5 PMID: 27358252**17**. Global Burden of Disease Health Financing Collaborator Network. Past, present, and future of global health financing: a review of development assistance, government, out-of-pocket, and other private spending on health for 195 countries, 1995–2050. Lancet. 2019*

External Opportunities | Some governments – both OECD and LMIC – successfully engage the private health sector for service delivery. Learning from these examples is critical.

In Uganda, the Private Partnership for Health (PPPH) policy is operational and a PPPH health sector working group chaired by the Uganda Healthcare Federation (UHF) which is the recognised Secretariat for the private sector healthcare providers that include manufacturers, healthcare providers at all levels spread over the entire country. UHF is also the agency that is now working with WHO, The World Bank and Makerere School of Public Health to support Ministry of Health in the development of the UHC roadmap[19].

Pharmacy chains, like Farmacies Similares, in Mexico have helped increase access to high quality generics through affordable prices[18].

Near-seamless integration of public and private primary and in-patient care in Thailand[23]



South Africa has a well documented presidential health compact supported by the WHO country office that involved the private sector in its drafting and specifically mentions engagement with the private sector as a primary focus area for health improvement[20].

TB's PPM success story in India saw a vertical health program leveraging the private sector to affect health system change[21]

Rapid expansion of trained provider attendance at delivery with the private midwife initiative in Indonesia[22]

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Sources: ***18.*** *Chu, Michael, and Regina Garcia-Cuellar. "Farmacias Similares: Private and Public Health Care for the Base of the Pyramid in Mexico." Harvard Business School Case 307-092, January 2007. (Revised April 2011.)* ***19.*** *Barbara O'Hanlon et al. Exploring Partnership Opportunities to achieve universal health access. 2016 Uganda private sector assessment in health. 2017.* ***20.*** *WHO supported "Presidential Health Compact" is launched. World Health Organization. 2019.* (https://www.afro.who.int/news/who-supported-presidential-health-compact-launched accessed on 13 December 2019). **21.** Ministry of Health with Family Welfare. National Tuberculosis Control Programme. National Strategic plan for Tuberculosis 2017-25 Elimination by 2025. March 2017. **22.**World Health Organization. MLHW Country Case Studies. Indonesia Case study (https://www.who.int/workforcealliance/knowledge/resources/MLHWCountryCaseStudies_annex10_Indonesia.pdf accessed on 13 December 2019) **23.** Primary health care systems (PRIMASYS): case study from Thailand, abridged version. Geneva: World Health Organization; 2017

Internal Opportunities | Over the years, WHO has made progress towards recognizing and engaging the private sector, but support has been siloed within internal WHO teams. A more harmonized, system-wide approach is now required.

2006
Guide for national TB programs on how to engage all relevant health care providers in TB control[24]

2010
Resolution WHA 63.27 adopted Strengthening the capacity of governments to constructively engage the private sector in providing essential health services[25]

2015
SDG for 2030 adopted
SDG 3.8: UHC
SDG 17: Partnerships for the goals

2018
Focused document on private sector in Technical series on Primary Health care[26]

2018
Public-Private Mix for TB Prevention and Care: Landscape and Roadmap Released[27]

2018
WHO-EMRO RC 65 Framework for Private sector engagement in the EMRO countries towards universal health coverage[28]

Internal WHO Teams	*Challenge faced in private sector work*	*Key opportunity identified[29]*
Essential Medicine	Lack of capacity in rural areas	Understand delivery models within regulatory framework
NCD	Generating a productive dialogue with private actors amidst serious conflict of interest	Understand the full issues & develop a strategic approach
Health Financing	Weak governance leading to weak purchasing	Clear definition of spending flows, market structure and governing mechanisms
Health Work force	Education, Employment and Engagement of private providers	Institutional framework and capacity building
Immunization	Lack of data and example of best practice	Collect and analyze existing data
Malaria	Lack of resources to support Private Sector for National strategy	National forums for policies and investment
Maternal and Child Health	Lack of engagement with private sector in policy development and accountability	Private sector to be part of policy making and be recognized
Primary Health Care	Poor access to quality and affordable primary care	Build support & assess capacity to engage, gather intel on private sector
Reproductive Health	Lack of access to quality health services	Provide technical support to both sectors to operationalize solutions

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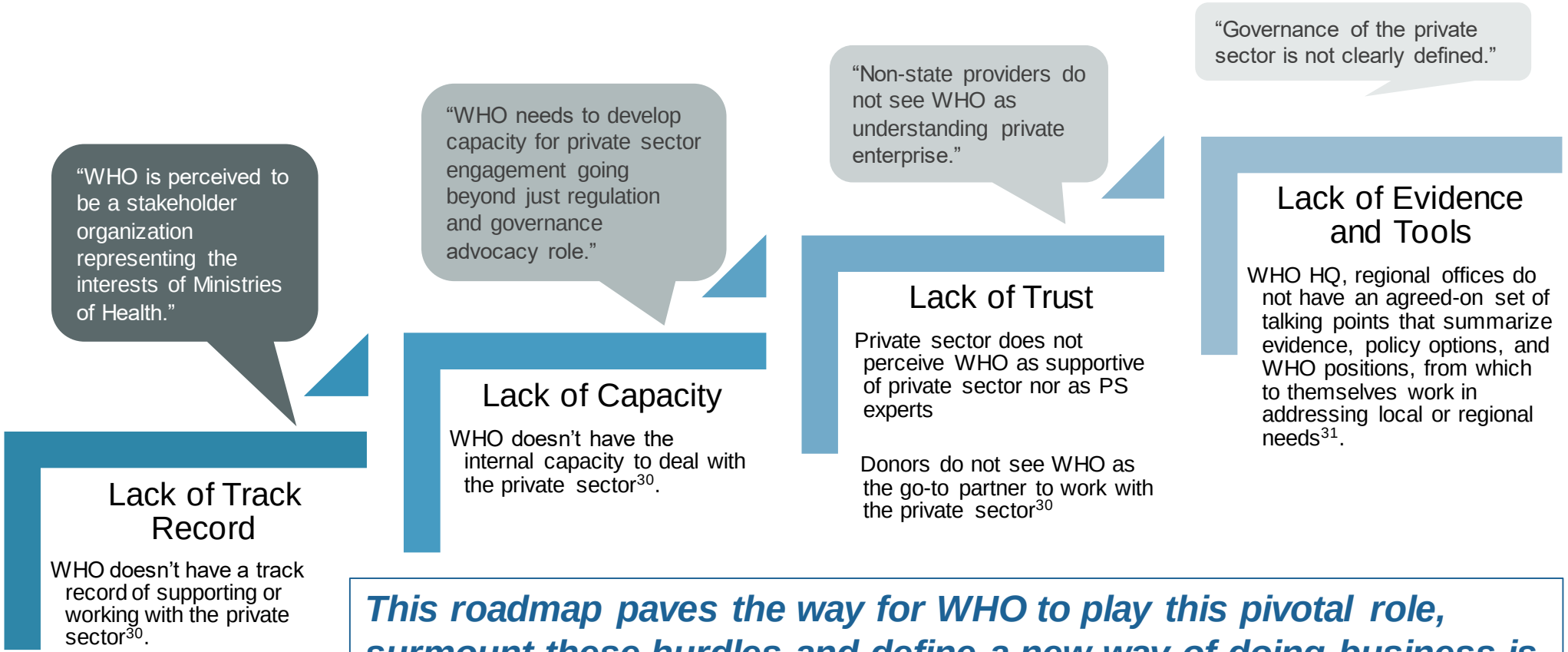
*Sources: **24**. Engaging all health care providers in TB control: guidance on implementing public–private mix approaches. Geneva: World Health Organization; 2006; **25**. Resolution WHA 63.27/EM/RC57/10. Resolutions and decisions of regional interest adopted by the 63rd World Health Assembly. Agenda Item 7(a). 2010; **26**. The Private Sector, Universal Health coverage and Primary Health care: Technical series on Primary Health Care. Geneva: World Health Organization; 2018 27. Public–private mix for TB prevention and care: a roadmap. Geneva: World Health Organization; 2018. **28**. Regional Committee for the Eastern Mediterranean. Sixty-fifth session: Private sector engagement for advancing Universal Health Coverage. October 2018; **29**. Private Sector Advisory group workshop facilitated by Impact for Health with nine internal teams of WHO comprising of Essential Medicine, Non-Communicable diseases, Health Financing, Health work force, Immunization, Malaria, Maternal and Child Health, Primary Health Care and Reproductive health. October 2019*

Opportunity | WHO has the potential to play a pivotal role in supporting UHC through private health sector service delivery governance, but it must overcome critical hurdles.



This roadmap paves the way for WHO to play this pivotal role, surmount these hurdles and define a new way of doing business is needed within WHO to support a new way of doing governance globally, regionally and at the country level.

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*Sources: **30**. Private Sector Governance Advisory Group. Pre-Workshop Input. 2019. **31**. David Clarke et al. The Private sector and Universal Health coverage. Bull World Health Organ 2019;97:434–435;*
Quotes come from the interviews conducted in June/July 2019 by the Advisory Group with different experts and Ministry of Health officials to explore demand for WHO support in private sector governance.

Roadmap Outline

- Rationale
- **Vision, Mission & Theory of Change**
- Goals
- Recommendations

Vision and Mission | A new way of doing governance for private health service delivery sector for WHO and stakeholders

Vision

A well-governed health system in which public and private actors collectively deliver on the realization of UHC.

Mission

To facilitate a new way of governing mixed health systems by building consensus around the means and strategies of engaging the private sector in health care service delivery.

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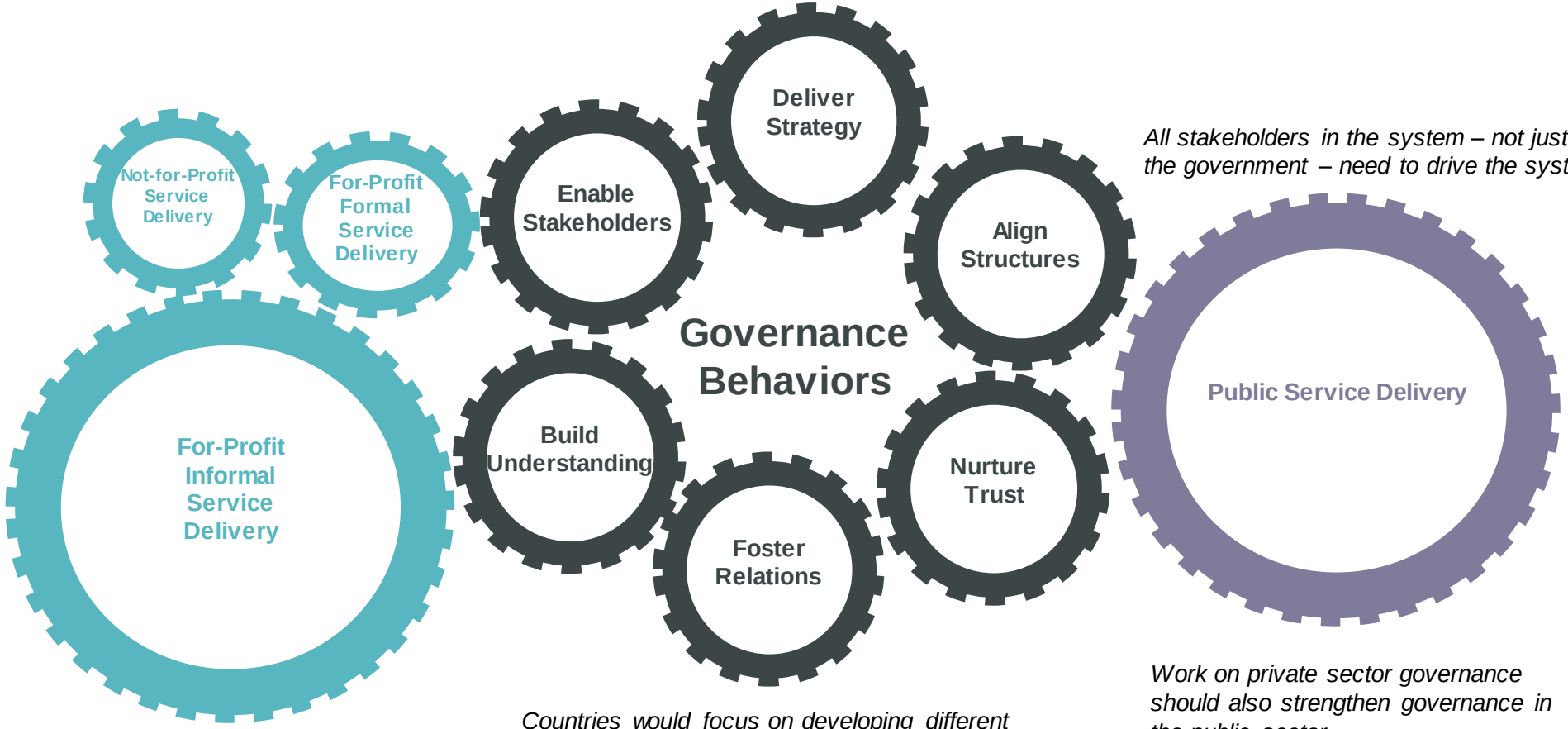
Theory of Change | WHO needs to support the strengthening of governance behaviors to assure the private sector and public sector work together to drive UHC in ways that promote equity, access, quality and financial protection for the population.

None of the behaviors acts in isolation and no hierarchy exists between the behaviors.



All stakeholders in the system – not just the government – need to drive the system

Given the heterogeneity of the private sector, different behaviors would be prioritized for different groups.

Countries would focus on developing different behaviors relative to the maturity of their health systems and the role of the private sector. Failures and set back are to be expected in the process.

Work on private sector governance should also strengthen governance in the public sector.

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Results Framework | The vision and mission are driven by the adoption of the governance behaviors. For each of the behaviors, a goal was set for the roadmap. Implementation against these goals will test the proposed theory of change.

Goals/Outcomes	Governance Behaviors	Mission	Vision
Come to a shared understanding and appreciation of the need for improved health governance through collection and analysis of data that allows alignment of priorities for action.	**Build understanding**	To facilitate a new way of governing mixed health systems by building consensus around the means and strategies of engaging the private sector in health care service delivery.	A well-governed health system in which public and private actors collectively deliver on the realization of UHC.
An agreed sense of direction, articulation of roles & responsibilities, and openness to change for a mixed health system that includes the private sector.	**Deliver strategy**		
An institutional framework that recognizes the autonomy of actors, creates decision-making space and builds capacity to work together.	**Enable stakeholders**		
Where actors are working openly and effectively (with trust and sustainability) together to achieve shared objectives in a new way of doing business.	**Foster relations**		
Relevant stakeholder groups are structured/reorganized and work to actively align with policy.	**Align structures**		
Mutual trust exists amongst all actors as accountable participants in a mixed health system.	**Nurture trust**		

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Behavior | Build Understanding

Goal Come to a shared understanding and appreciation of the need for improved health governance through collection and analysis of data that allows alignment of priorities for action

OVERVIEW

Key Insight Building understanding will need clear agreement on the experiences of different socio-economic groups in using private providers, the way that private providers can improve users' access, the challenges that private providers face in providing that access, and institutions available for influencing provider performance. Intelligence will come from studies conducted from a multiplicity of perspectives on the system.

Definition Generation of Intelligence. It is the provision of reliable and up-to-date information on current and future trends in health and health system performance. It includes identifying important contextual factors and actors, documentation of the perceptions of different stakeholders on problems that require regulatory intervention and identifying policy options. This could improve performance and avoid undesirable outcomes based on national and international evidence and experience

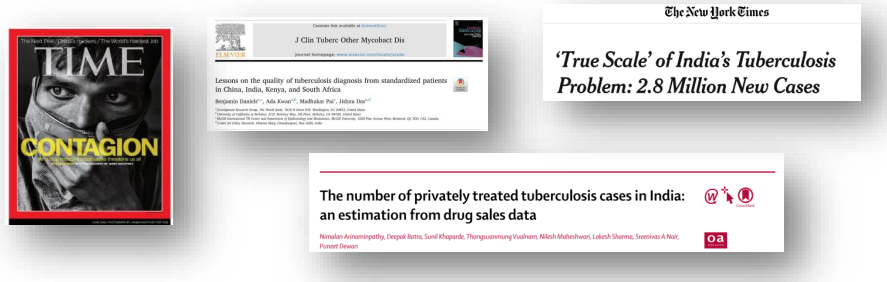
OBJECTIVES

- To promote commitment and ownership of the objectives for health governance interventions and the roles and responsibilities of different stakeholders in achieving these objectives.
- To create a shared understanding of the situation of the health system for the purpose of solving problems and designing a strategy for change.

SPOTLIGHT

India's TB Program

In the past 3 years, new data has helped inform India's TB program: more than doubling previous estimates of care provision within the country and helping adjust financing allocations for care and oversights, while improving plans for long term data collection.



DRAFT

Source: 32. Daniels B, Kwan A, Pai M, et al. Lessons on the quality of tuberculosis diagnosis from standardized patients in China, India, Kenya, and South Africa. J Clin Tuberc Other Mycobact Dis2019;16:100109.doi:10.1016/j.jctube.2019.100109

Behavior | Deliver Strategy

Goal An agreed sense of direction, articulation of roles & responsibilities, and openness to change for a mixed health system that includes the private sector.

OVERVIEW

Key Insight The health system decision makers need to know "where they are going" to be able to make efficient use of finite resources – finance, human resources, etc. One of the more critical elements of the strategy includes the openness to change to recognize a health system that includes the private sector.

Definition Formulating Strategic Policy Direction – The articulation of health system goals and objectives, clear definition of roles, identification of policy instruments and institutional arrangements, outline of feasible strategies, guidance for prioritizing health expenditures, and outline of arrangements to monitor performance.

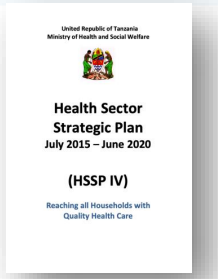
OBJECTIVES

- A consultative process that includes the private sector in national strategy
- A system to allocate (and update) representation into a participatory process

SPOTLIGHT

Private Sector Strategies and Action Plans in East African Countries

Several East Africa countries have developed, through consultative processes, private sector engagement/private sector strategies/private sector action plans (e.g. Malawi, Tanzania, Uganda, Ethiopia).


United Republic of Tanzania
Ministry of Health and Social Welfare

Health Sector Strategic Plan
July 2015 – June 2020

(HSSP IV)

Reaching all Households with Quality Health Care

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Source: 33. Ministry of health and social welfare. United Republic of Tanzania. Health Sector Strategic Plan July 2015 -June 2020. HSSP IV. 2015 https://www.childrenandaids.org/sites/default/files/2017-04/Tanzania_Health-Sector-Strategic-Plan_2015.pdf accessed on 04 December 2019.

Behavior | Enable Stakeholders

Goal An institutional framework that recognizes the autonomy of actors, creates decision-making space and builds capacity to work together.

OVERVIEW

Key Insight Governments and other stakeholders (including third party agents) must have the capacity – resources, expertise and staff – by which to manage (policies, tools and incentives) all the different actors. Setting the rules means defining what each of the actors must do, how they must do it, by whom and for whom.

Definition Ensuring Formal Tools for Implementation including powers, incentives and sanctions – Good governance involves ensuring that the actors have the powers to do their jobs, and to ensure that others do theirs.

OBJECTIVES

- All actors agree with roles and provided with enabling capacities and authority to deliver on their role
- Government has enough capacity to play a regulatory role and engage effectively with stakeholders
- WHO has developed, adopted and disseminated guiding principles and frameworks

SPOTLIGHT

South Africa Presidential Health Compact

Few countries that have the necessary systems, capacity, experience in place to enable stakeholders, especially in the private sector. A few examples with emerging experience include India, South Africa, Philippines, Thailand. These countries demonstrate this governance behavior and use supporting tools. South Africa has a well documented presidential health compact supported by the WHO country office that involved the PS in its drafting and specifically mentions engagement with the PS as a primary focus area for health improvement[20].

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Behavior | Foster Relations

Goal: Where actors are working openly and effectively (with trust and sustainability) together to achieve shared objectives in a new way of doing business.

OVERVIEW

Key Insight A clear strategic direction and empowered stakeholders still need strong relationship to make change happen. A fully encompassing ecosystem needs to be developed through a charrette *(the word charrette may refer to any collaborative session in which a group of designers drafts a solution to an issue).*

Much of the relationship work depends on having clear communication channels in place.

Definition Building and sustaining partnerships and coalitions – To be fully effective and create positive change, other actors and relationships must be built and maintained to complement other, more formal, ways of exerting influence through regulation, legislation and similar means.

OBJECTIVES

- Models prototyped for public-private dialogue and coordination platforms, steered by member states and WHO
- Routine convening mechanisms at national, regional and global levels are leveraged for increased engagement
- Prioritized number of member states have institutionalized mechanisms for developing, managing and monitoring shared mixed health system objectives

SPOTLIGHT

Thai Hospital Accreditation Board

Hospital Accreditation THAILAND

The Thai Hospital Accreditation Board was created with an initial grant from WHO in 1997. This quasi-independent organization covers accreditation of both public and private hospitals. A Thai equivalent of the Joint Commission International. The accreditation approach has fostered strong relationship between the public and private sector through greater transparency[34].

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Source: 34. Smits, H., Supachutikul, A. & Mate, K.S. Hospital accreditation: lessons from low and middle-income countries. Global Health 10, 65 (2014) doi:10.1186/s12992-014-0065-9

Behavior | Align Structures

Goal: Relevant stakeholder groups are structured/reorganized and work to actively align with policy.

OVERVIEW

Key Insight The organization of the health structures (both public, private and civil society) must reflect and deliver on the policies that have been established. To do so effectively, actors must be convened to determine the structure to avoid overlap, clearly separate the functions and ensure that communication channels are established between the functions. It requires a new way of doing business.

Definition Ensuring a fit between policy objectives and organizational structure and culture - Ensuring the implementation of policies designed to achieve health system goals. This includes having and exercising the powers to guide the behavior of different actors, 'coalition building', and ensuring fit between policy and organizational structure and culture.

OBJECTIVES

- A harmonious and effective institutional structures and enabling eco-system are supported
- Government has consultatively set guidelines for organizations to maximize relevant representation
- Framework has been legally established with consensus from actors

SPOTLIGHT

Emerging examples in Philippines, Afghanistan, Ghana and Australia

In many countries the private sector is organized through medical associations (individuals), hospital associations (facilities), syndicates, etc. However, formalized and structured relationships between the public sector and private sector (hospitals) also exist under the social health insurance and purchasing arrangements in countries like Chile, Brazil. For vertical programs like TB control, HIV/ AIDS and MNCH, there are forums / associations (of specialist doctors) that act as nodal contracting agency with the public sector in countries like India and Indonesia. In countries like Philippines, Afghanistan, Ghana, Australia formal structures exist within ministries of health for Private Sector Engagement. However, in countries like India some provinces have created Private Sector Engagement units (mainly supported by development partners under HSDP) but there is no federal level structures.

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Source: 35. Inputs from Advisory group member Venkat Raman. November 2019

Behavior | Nurture Trust

Goal: Mutual trust exists amongst all actors as accountable participants in a mixed health system.

OVERVIEW

Key Insight Accountability systems need to be put in place to foster trust in relationship. The starting point is often a high level of dis-trust. A ground swell is needed to change this. To be trustworthy, we need to understand if accountable actions are possible by both parties in the relationship. This requires shared goals, the means to work together, strong leadership, organizational culture to facilitate the trusting relationship.

Definition Ensuring Formal Tools for Implementation including powers, incentives and sanctions – Good governance involves ensuring that the actors have the powers to do their jobs, and to ensure that others do theirs.

OBJECTIVES

- Consensus on shared metrics on accountability reached
- Process and mechanism to collect and report metrics agreed
- All actors are openly and regularly sharing data/info on an agreed set of metrics

SPOTLIGHT

Uganda Healthcare Federation

Uganda Healthcare Federation (UHF) is an umbrella body that brings together all the private sector actors to harmonize service delivery, regulate the operations and promote good governance and accountability of the health sector. UHF is comprised of all the medical bureaus, private for profits providers, professional bodies including the Uganda medical and Dental Practitioners' Council, Uganda medical Association, Uganda Allied Health Professionals Council, Uganda midwives and nurses' council, insurance companies, health training institutions and other bodies such as Uganda manufacturers association; medical technologies and civil society. Through the PPPH node, a PPPH strategy was developed and an online registration portal has been launched to foster regulation and accountability for the stakeholders. This will enhance capacity building, regulate the market prices and mode of operation, but also direct appropriate business areas for the private sector where public system is still remote[19].

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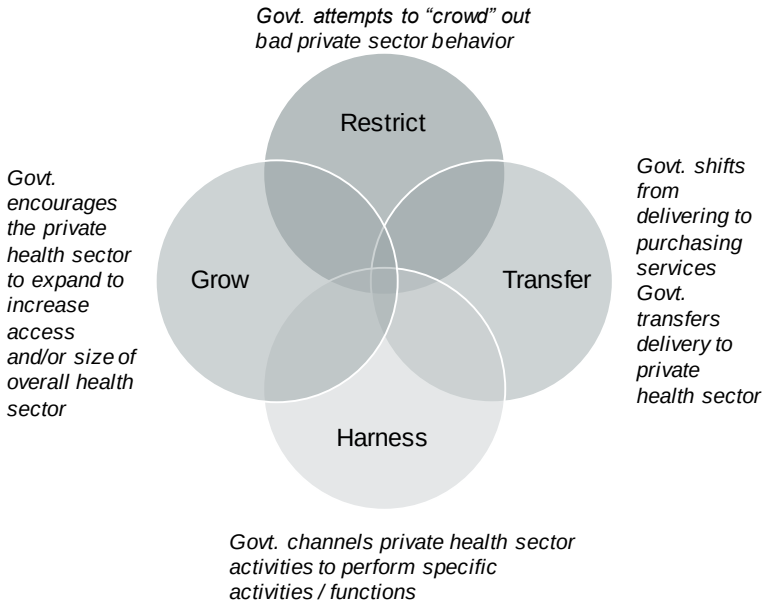
Outline

- Background
- Vision
- Goals
- **Recommendations**

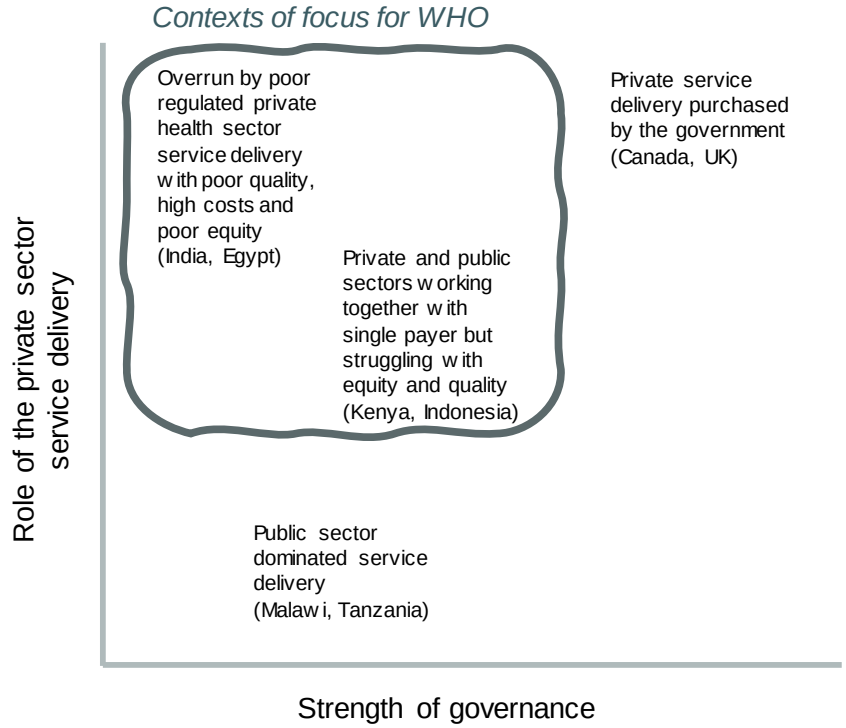
Recommendation | WHO seeks to catalyze change in a way that meets countries where they are and supports them in their respective pathway towards to UHC. *WHO should support member countries to evolve their governance approach to ensure that the private health sector is positioned to ensure the best health outcomes* for the population.

Every country will have different objectives with respect to their private sector engagement. WHO respects these different objectives.



Source: Adapted from Harding & Preker, Private Participation in Health Services, 2003.

Every country is starting from a different point for private sector engagement given the role of the private sector and the strength of their governance approach and systems.



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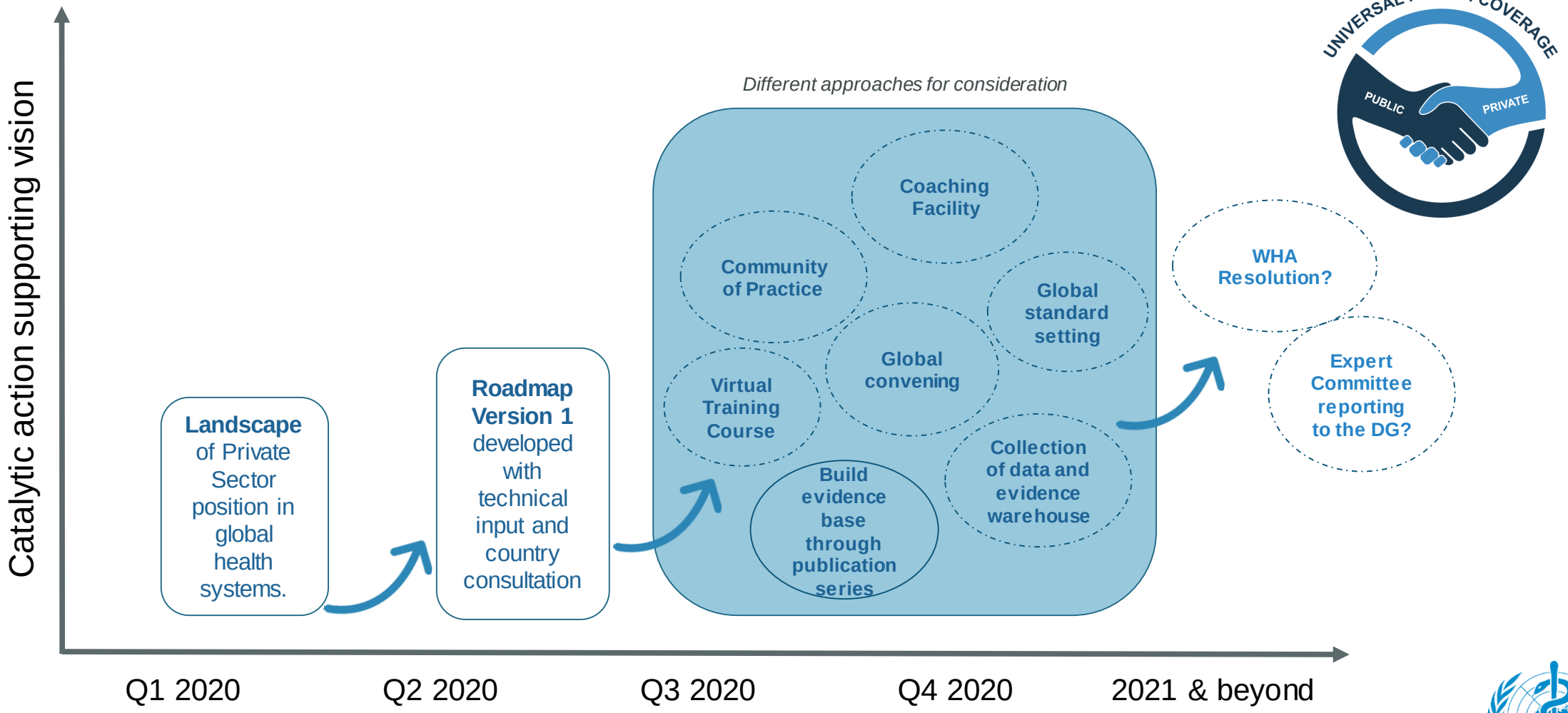
Recommendation | In 2020, the advisory group will analyze different approaches for catalyzing action for the roadmap. Research and learning will be key to implementation.



Pending activities under Advisory Group consideration

Confirmed activities

DRAFT

Recommendation | Of the different approaches, a coaching facility could be best placed to develop the tools and support needed to respond to the global and country demands.

VISION Helping improve the health of the population by strengthening health systems through better integration of the private health sector.

MISSION To strengthen interested governments' capacity to work with the private health sector to achieve public health goals.

OVERVIEW

The coaching facility approach recognizes the demand for hands-on, tailored support overtime that builds and empowers, rather than just doing. It could support developing-country clients through building regional support by brokering knowledge, serving as an agent for change, providing strategic advice, and offering technical implementation support for engagement strategies. It could drive evidence and analysis used by WHO and others for a community of practice that uses virtual training, global convening, global standard setting, and data collection & evidence warehouse.

Governance Structures	**Regional technical advisory boards to provide strategic advice and technical direction.**	**A council composed of representatives from contributing donors to oversee facility's management and operations.**	**An operational unit to responsible for the facility's daily operation, financial management and, primarily, technical activities.**
Illustrative Support	Conduct private-sector assessments and offer recommendations for improving the role of the private sector.	Review policies and regulations and recommend policy actions to expand private-sector contributions to health system performance, sustainability, and other goals.	Establish and facilitate consultative forums to foster greater communication, cooperation, and collaboration between public and private stakeholders.	Collect data to analyze and better understand the private health sector.

DRAFT FINANCIAL REQUIREMENTS

Although facility would be conducted as a separate entity and receive funds from multiple sources, the coaching facility would support the WHO.

START-UP FUNDS

It's estimated that the launch of the coaching facility will require **US $5 million.** These seed funds will cover the cost of recruiting four-six staff in the operational unit with the primary responsibility of laying the groundwork for the future of the coaching facility.

FOUR YEARS OF OPERATIONS

In addition to the seed funds, the coaching facility will need an estimated **US $20 million over four years** to establish itself and launch country-support activities. With an estimated 16 country-support tasks per year will cost **US $5 million** per year.

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ANNEX

Critical Definitions | Discussions around challenges and opportunities revealed a persistent lack of conceptual clarity around key terms despite decades of work and investment in these areas. This roadmap is focused on governance of private sector service delivery which support more effective private sector engagement.

PRIVATE SECTOR

The private sector refers to all non-state actors involved in health: profit and not-for-profit, formal and informal, domestic and international. This includes Service Providers (Formal, Informal), Training and Educational Institutions, Manufacturers of Equipment, Pharmaceuticals and Pharmacies, Support service providers and contractors, and technology interface agencies. In general, they are not fully dependent on budgetary or financial support from the government or outside the direct operational control of the Government.

ENGAGEMENT

Private sector engagement denotes a partnership between the public and private sectors to achieve a specified goal. There are three broad categories of private sector engagement:

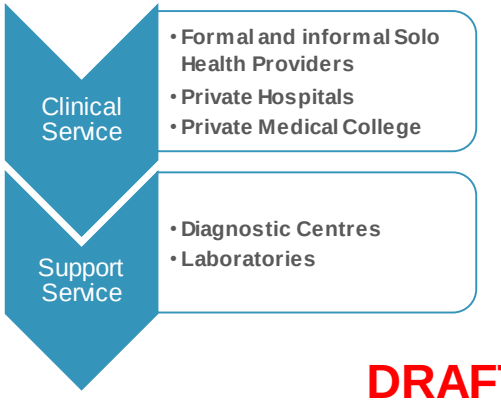
1. Including private actors in the development of public health policy and the development of ownership and contracting arrangements
2. Influencing private sector behavior through regulatory and financing policy tools.
3. Assigning "private attributes" to public sector organizations

"Today, the participation of the private sector in health is a reality. The question, therefore, is not if, but how they should engage."

SERVICE DELIVERY

The private sector's involvement in health systems is significant in scale and scope encompassing:

- health related services,
- medicines and medical products,
- financial products,
- training for the health workforce,
- information technology,
- infrastructure
- support services



GOVERNANCE

Governance is seen as the capacity to formulate and implement sound policies. Some people view governance as almost synonymous with the function of stewardship.

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Source: Regional Committee for the Eastern Mediterranean Sixty-fifth session: Private sector engagement for advancing Universal Health Coverage; Phyllida Travis, Venkat Raman A.: Advisory Group on the Governance of the Private Sector for UHC Interview. June 2019; David Clarke et al. The Private sector and Universal Health coverage. Bull World Health Organ 2019 The Private Sector, Universal Health coverage and Primary Health care: Technical series on Primary Health Care. Geneva: World Health Organization; 2018; Venkatraman A. Private sector in Health Care. WHO EMRO. August 2015; Independent Accountability Panel for Every Woman, Every Child, Every Adolescent. 2018 report: Private sector: who is accountable? for women's, children's and adolescents' health Geneva: World Health Organization; 2018. Phyllida Travis. Towards Better Stewardship: Concepts and critical Issues. World Health Organization. 2002

Behavior Dissection | For each governance behavior, the roadmap presents the definition, rationale and evidence for the importance of the behavior to private sector service delivery, details on the goals, objectives as well as illustrative activities.

Governance behavior

Definition adapted from Travis 2002 paper

Recommendations

Behavior | Build Understanding

Definition | Generation of Intelligence. Providing reliable and up-to-date information on current and future trends in health and health system performance, important contextual factors and actors, documentation of the perceptions of different stakeholders on problems requiring regulatory intervention, identification of policy options to improve performance and avoid undesirable outcomes based on national and international evidence and experience.

Rationale

In building understanding, it will be important to demonstrate the magnitude of the role of the private sector to explain why WHO and other actors need to engage with it.

Common understanding will support consensus on the potential benefits of engaging more effectively with private actors and the problems that government interventions can tackle and potential short- and long-term risks that require policy attention.

It will be important to ensure that local experts have the capacity to generate country-level understanding and continue to support the implementation of change and generate learning about effective strategies for improving the performance of a pluralistic health system.

Spotlight

In the past 3 years, new data has helped inform India's TB program: more than doubling the scale of previous estimates of care provision within the country and helping adjust allocations for care and oversights, while improving plans for long term data collection.

CONFIDENTIAL | 23

Details on the importance of this governance behavior for private sector service delivery

Country level case study or story to illustrate the importance of this behavior.

Insight from the Advisory Group on the strategic priority

Goals and objectives for the behavior

Recommendations

Behavior | Build Understanding

Insight | Building understanding will need a clear agreement on the experiences of different social groups in using private providers, the way that private providers can improve users' access, the challenges that private providers face in providing that access, and institutions available for influencing provider performance. Intelligence will come from studies conducted from a multiplicity of perspectives on the system. Progress on working together will also be critical.

GOAL			1. Come to a shared understanding and a collection and analysis of data that allo
OBJECTIVES			1. To promote commitment and ow and responsibilities of differ t stakeho 2. To create a shared understanding of th and designing strategy for change.
ILLUSTRATIVE ACTIVITIES	COUNTRY LEVEL	PUBLIC	Understand/acknowledge the private secto private sector to inform the responses and
		PRIVATE	Build understanding of the public health ob
	WORLD HEALTH ORGANIZATION	REGIONAL	Develop cross country learnings and best p
		GLOBAL	Series in the WHO bulletin to make the cas Build towards data reporting system
	DONOR & UN AGENCIES	GLOBAL	Landscape private sector actors, activities,

Critical stakeholders have been included:

- Public sector include the MOH and other ministries
- Private sector includes formal, informal, for-profit, not-for-profit, and more.
- WHO regional offices
- WHO headquarters level with different vertical teams
- Donors (multi, bilat, and private foundations) and UN agencies

Illustrative that can be filled out in collaboration with regions and countries.

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Behavior | Build Understanding

Definition | Generation of Intelligence. Providing reliable and up-to-date information on current and future trends in health and health system performance, important contextual factors and actors, documentation of the perceptions of different stakeholders on problems requiring regulatory intervention, identification of policy options to improve performance and avoid undesirable outcomes based on national and international evidence and experience.

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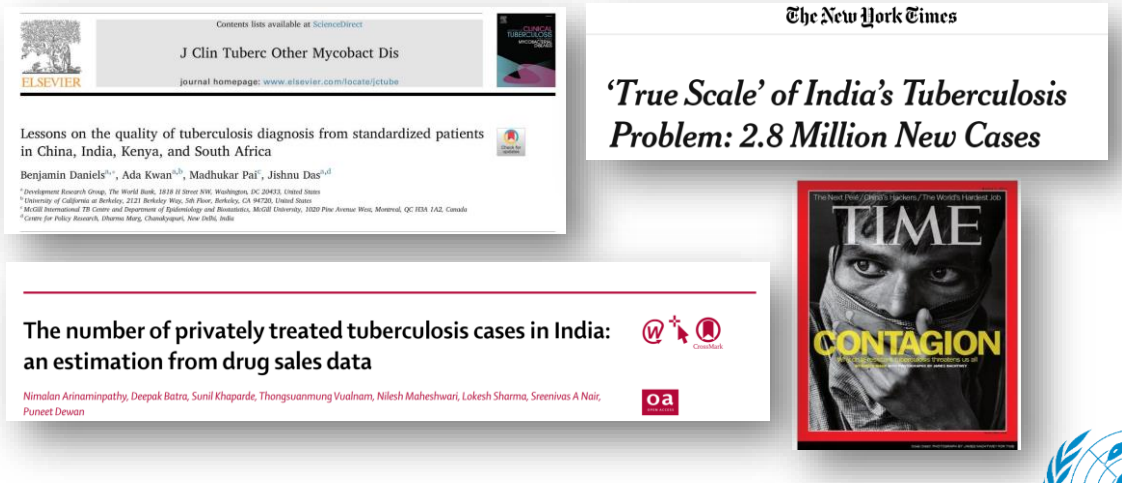

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Behavior | Build Understanding

Insight | Building understanding will need clear agreement on the experiences of different socio-economic groups in using private providers, the way that private providers can improve users' access, the challenges that private providers face in providing that access, and institutions available for influencing provider performance. Intelligence will come from studies conducted from a multiplicity of perspectives on the system.

GOAL			1. Come to a shared understanding and appreciation of the need for improved health governance through collection and analysis of data that allows alignment of priorities for action
OBJECTIVES			1. To promote commitment and ownership of the objectives for health governance interventions and the roles and responsibilities of different stakeholders in achieving these objectives. 2. To create a shared understanding of the situation of the health system for the purpose of solving problems and designing a strategy for change.
ILLUSTRATIVE ACTIVITIES	**COUNTRY**	**PUBLIC**	*Understand/acknowledge the private sector. Be able to draw on examples of effective governance of the private sector from other countries to inform national responses and interventions.*
		PRIVATE	*Build understanding of the public health objectives and public sector needs at the country level*
	WORLD HEALTH ORGANIZATION	**REGIONAL**	*Analysis of country and/inter country dynamics (cross boarder and multi-country institutions)*
		GLOBAL	*Develop cross country learnings and best practices including the private sector* *Series in the WHO bulletin to make the case for service delivery governance that includes the private sector.* *Build towards data reporting system*
	DONOR & UN AGENCIES	**GLOBAL**	*Landscape private sector actors, activities, successes and failures*

DRAFT

Behavior | Deliver Strategy

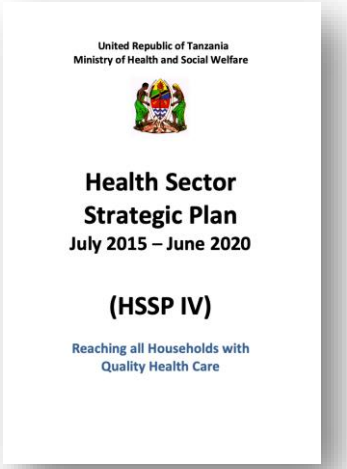
Definition | Formulating Strategic Policy Direction – The articulation of health system goals and objectives, clear definition of roles, identification of policy instruments and institutional arrangements, outline of feasible strategies, guidance for prioritizing health expenditures, and outline of arrangements to monitor performance.

Rationale

"We need to know where we are going and how to involve other actors". Delivering strategy is important because systems need direction to know where they are going from the start. To define where they are going, other actors need to be involved the process.

Government (beyond MOH including trade, industry, finances, and economic development), in partnership with private sector actors, needs to jointly agree on strategic directions, to jointly identify policies and funding needed to support these directions, and co-designs strategies (interventions) that harness the private sector for UHC. This may not mean a dedicated private sector engagement strategy.

Private sector needs this stable strategy direction in order to support its own investment. "Having a stable direction allows actors to commit, invest and act".


United Republic of Tanzania
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Health Sector Strategic Plan
July 2015 – June 2020

(HSSP IV)

Reaching all Households with Quality Health Care

Spotlight

Several East Africa countries have developed, through consultative processes, private sector engagement/private sector strategies/private sector action plans (e.g. Malawi, Tanzania, Uganda, Ethiopia)

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Behavior | Deliver Strategy

Insight | The health system decision makers need to know "where they are going" to be able to make efficient use of finite resources – finance, human resources, etc. One of the more critical elements of the strategy includes the openness to change to recognize a health system that includes the private sector.

GOAL			1. An agreed sense of direction, articulation of roles & responsibilities, and openness to change for a mixed health system that includes the private sector.
OBJECTIVES			1. A consultative process that includes the private sector in national strategy 2. A system to allocate (and update) representation into a participatory process
ILLUSTRATIVE ACTIVITIES	**COUNTRY**	**PUBLIC**	*Provide guidance on policy formation that considers the private sector*
		PRIVATE	*Offer a clear vision for what it can do and offer commitments*
	WORLD HEALTH ORGANIZATION	**REGIONAL**	
		GLOBAL	*Put in place WHO HQ framework and strategy on service delivery governance including the private sector* *Support and harmonize the integration of private sector approaches and work into different streams within WHO through: clear vision and plan, strong management support, budget allocation, strong communications plan & key messages*
	DONOR & UN AGENCIES	**GLOBAL**	*Develop a harmonization strategy that ensure political commitment*

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Behavior | Enable Stakeholders

Definition | Ensuring Formal Tools for Implementation including powers, incentives and sanctions – Good governance involves ensuring that the actors have the powers to do their jobs, and to ensure that others do theirs.

Rationale

No "blue print" or "terms of engagement" to guide countries on how to govern/steward all stakeholders in health system.

All relevant actors need to have authority (political, legal) supporting their rule in the health system.

All actors must have the capacity and incentives (defined as expertise, tools, experience and financing) to perform their respective role in governing the health sector.

Spotlight

Few countries that have the necessary systems, capacity, experience in place to enable stakeholders, especially in the private sector. A few examples with emerging experience include India, South Africa, Philippines, Thailand. These countries demonstrate this governance behavior and use supporting tools. For example, India is gaining experience in strategic purchasing but has limited public private dialogue experience. Uganda has excellent public private dialogue and policy framework but more limited strategic purchasing capabilities to undertake PPPs[1].

Sources: 1. Personal communication from Barbara O'Hanlon. October 2019.

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Behavior | Enable Stakeholders

Insight | Governments and other stakeholders (including third party agents) must have the capacity – resources, expertise and staff – by which to manage (policies, tools and incentives) all the different actors. Setting the rules means defining what each of the actors must do, how they must do it, by whom and for whom.

GOAL			1. An institutional framework that recognizes the autonomy of actors, creates decision-making space and builds capacity to work together.
OBJECTIVES			1. All actors agree with roles and provided with enabling capacities and authority to deliver on their role 2. Government has enough capacity to play a regulatory role and engage effectively with stakeholders 3. WHO has developed, adopted and disseminated guiding principles and frameworks
ILLUSTRATIVE ACTIVITIES	**COUNTRY**	**PUBLIC**	*Support the development of legal/policy frameworks for public-private engagement* *Build public sector capacity to administer/coordinate agreements with private sector*
		PRIVATE	*Technical and policy support for establishment of groups that can represent the private sector to government including building capacity for group membership*
	WORLD HEALTH ORGANIZATION	**REGIONAL**	*Develop and share cross country best practice*
		GLOBAL	*Produce guidance on developing policies and/or legal frameworks that enable private sector engagement by the public sector* *Document and share good practice on effective public-private dialogue*
	DONOR & UN AGENCIES	**GLOBAL**	*Financially support establishment of groups that can represent the private sector to government including building capacity for group membership*

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Behavior | Foster Relations

Definition | Building and sustaining partnerships and coalitions – To be fully effective and create positive change, other actors and relationships must be built and maintained to complement other, more formal, ways of exerting influence through regulation, legislation and similar means.

Rationale

Intentional processes and structures are needed to foster public private dialogue and constant communication that will build trust and form working relationships to co-create policies and strategies and co-design and co-implement market interventions. The goal is to move beyond just understanding to working together.

Governments, on their own, may have limited capacity to manage mixed health systems. It will be essential to bring together all actors who can contribute to this including regulatory agencies concerned with health system performance and with audit, non-government health service delivery organisations, a variety of intermediary organisations, organisations specialising in research and policy advice, civil society groups and representatives of different types of users of health systems. Over time, they will need to construct these new relationships to support a new way of doing business.

Spotlight

The Thai Hospital Accreditation Board was created with an initial grant from WHO in 1997. This quasi-independent organization covers accreditation of both public and private hospitals. A Thai equivalent of the Joint Commission International. The accreditation approach has fostered strong relationship between the public and private sector through greater transparency.[1]

Hospital Accreditation
THAILAND

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Source: Smits, H., Supachutikul, A. & Mate, K.S. Hospital accreditation: lessons from low- and middle-income countries. Global Health 10, 65 (2014) doi:10.1186/s12992-014-0065-9

Behavior | Foster Relations

Insight | A clear strategic direction and empowered stakeholders still need strong relationship to make change happen. A fully encompassing ecosystem needs to be developed through a charrette*. Much of the relationship work depends on having clear communication channels in place.

GOAL			1. Where actors are working openly and effectively (with trust and sustainability) together to achieve shared objectives in a new way of doing business.
OBJECTIVES			1. Models prototyped for public-private dialogue and coordination platforms, steered by member states and WHO 2. Routine convening mechanisms at national, regional and global levels are leveraged for increased engagement 3. Prioritized number of member states have institutionalized mechanisms for developing, managing and monitoring shared mixed health system objectives
ILLUSTRATIVE ACTIVITIES	**COUNTRY**	**PUBLIC**	*Engage the private sector in dialogue to develop responses to health challenges.*
		PRIVATE	*Participate or develop coordinated private sector groups to engage a wider section of the private sector.*
	WORLD HEALTH ORGANIZATION	**REGIONAL**	*Support regional offices to develop and implement a regional framework and strategy (EMRO documentation, champions, peer-to-peer support)*
		GLOBAL	*Develop guidance and skills for WHO to act as an intermediary and convener for the different stakeholders within the global health system.*
	DONOR & UN AGENCIES	**GLOBAL**	*Champion interagency support for private sector engagement*

Definition of Charrette: A meeting in which all stakeholders in a project attempt to resolve conflicts and map solution

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Behavior | Align Structures

Definition | Ensuring a fit between policy objectives and organizational structure and culture - Ensuring the implementation of policies designed to achieve health system goals. This includes having and exercising the powers to guide the behavior of different actors, 'coalition building', and ensuring fit between policy and organizational structure and culture.

Rationale

Coalition building is needed among different care levels of private providers to formally negotiate and implement service delivery objectives, enhance value for money and oversight, and avoid duplication.

Unless there is clarity in the relative roles, responsibilities, accountabilities and powers of governments, WHO, and public and private sector providers, in the execution of policy, then there will be duplication, dis-incentivization, disruption, lack of coordination and communication, and poor performance in the delivery of healthcare in a mixed health system.

Organizational structures are needed to implement consultative policy processes and implementation as well as market interventions harnessing the private sector. WHO and development partners are able to play an important role.

Spotlight

In many countries the private sector is organized through medical associations (individuals), hospital associations (facilities), syndicates, etc. However, formalized and structured relationships between the public sector and private sector (hospitals) also exist under the social health insurance and purchasing arrangements in countries like Chile, Brazil.

For vertical programs like TB control, HIV/ AIDS and MNCH, there are forums / associations (of specialist doctors) that act as nodal contracting agency with the public sector in countries like India and Indonesia.

In countries like Philippines, Afghanistan, Ghana, Australia formal structures exist within ministries of health for Private Sector Engagement. However, in countries like India some provinces have created Private Sector Engagement units (mainly supported by development partners under HSDP) but there is no federal level structures.

Inputs from Advisory group member Venkat Raman. November 2019

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Behavior | Align Structures

Insight | The organization of the health structures (both public, private and civil society) must reflect and deliver on the policies that have been established. To do so effectively, actors must be convened to determine the structure to avoid overlap, clearly separate the functions and ensure that communication channels are established between the functions. It requires a new way of doing business.

GOAL			1. Relevant stakeholder groups are structured/reorganized and work to actively align with policy.
OBJECTIVES			1. A harmonious and effective institutional structures and enabling eco-system are supported 2. Government has consultatively set guidelines for organizations to maximize relevant representation 3. Framework has been legally established with consensus from actors
ILLUSTRATIVE ACTIVITIES	**COUNTRY**	**PUBLIC**	*Establish organizational units, institutional structures and systems within ministries of health and other appropriate ministries to initiate and manage formal relationship / collaboration with the private sector as envisaged in country's policy. Build capacity for facilitating formal dialogue, structuring of relationship, and define governance framework for such relationships.*
		PRIVATE	*Build formal networks of private providers (and aggregators of individual care providers); Create formal forums for interaction/ collaboration with the public sector towards achieving service delivery objectives within defined governance framework*
	WORLD HEALTH ORGANIZATION	**REGIONAL**	*Shape eco-system including stakeholder consensus on the role of private health sector in UHC, develop a broad governance framework for private health structure engagement in the region, facilitate cross country learnings through information exchange and facilitate exchange of officials / managers of public and private sector for cross country learning*
		GLOBAL	*Document case studies of best practices, models of organizational structures and institutional framework, and dissemination / exchange of information. Organize capacity building in administrative reforms through experts from institutes of public governance.*
	DONOR & UN AGENCIES	**GLOBAL**	*Pool expertise, resources and country experiences in building technical and managerial capacity of the ministries of health in building organizational structures and institutional framework for formal collaboration. Help build coalitions and networks of private health sector (with support from private sector and public sector) in member states*

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Behavior | Nurture Trust

Definition | Ensuring accountability - Ensuring that all health system actors (public and private, providers, players, producers of other resources, stewards) are held accountable for their actions for the population

Rationale

Successful collaborative work is built on good relationships which in turn are built on trust. Sharing information and opinions helps to build accountability in the system and create a culture to learn and adapt to private sector.

In many contexts, to build trust, the private sector needs to be held accountable for its actions with respect to integrity issues and socially responsible practices. Conversely, the private sector is often left out of debates and when they are brought in, the conversations are not sustained and partnerships are only for a season and often at the behest of governments.

Spotlight

Uganda Healthcare Federation (UHF) is an umbrella body that brings together all the private sector actors to harmonize service delivery, regulate the operations and promote good governance and accountability of the health sector. UHF is comprised of all the medical bureaus, private for profits providers, professional bodies including the Uganda medical and Dental Practitioners' Council, Uganda medical Association, Uganda Allied Health Professionals Council, Uganda midwives and nurses' council, insurance companies, health training institutions and other bodies such as Uganda manufacturers association; medical technologies and civil society.

Through the PPPH node, a PPPH strategy was developed and an online registration portal has been launched to foster regulation and accountability for the stakeholders. This will enhance capacity building, regulate the market prices and mode of operation, but also direct appropriate business areas for the private sector where public system is still remote.

Source: Inputs from advisory group member Robinah Kitungi. November 2019.

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Behavior | Nurture Trust

Insight | Accountability systems need to be put in place to foster trust in relationship. The starting point is often a high level of dis-trust. A ground swell is needed to change this. To be trustworthy, we need to understand if accountable actions are possible by both parties in the relationship. This requires shared goals, the means to work together, strong leadership, organizational culture to facilitate the trusting relationship.

GOAL			1. Mutual trust exists amongst all actors as accountable participants in a mixed health system
OBJECTIVES			1. Consensus on shared metrics on accountability reached 2. Process and mechanism to collect and report metrics agreed 3. All actors are openly and regularly sharing data/info on an agreed set of metrics
ILLUSTRATIVE ACTIVITIES	**COUNTRY**	**PUBLIC**	*Explain role of non-state providers (civil society perspective)*
		PRIVATE	*Host forums for developing shared goals*
	WORLD HEALTH ORGANIZATION	**REGIONAL**	
		GLOBAL	*Support cross country learnings*
	DONOR & UN AGENCIES	**GLOBAL**	*Lessons from partnerships in health and other sectors*

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