



Progress report on private sector engagement for advancing universal health coverage

Introduction

1. In the context of service provision, the private health sector includes the individuals and organizations that are neither owned nor directly controlled by government and which are involved in provision of health services. It can be classified into subcategories as for-profit and not-for-profit, formal and informal, and domestic and international.¹
2. In countries of the WHO Eastern Mediterranean Region, health services are delivered through mixed health systems of public and private providers, with a strong and growing private health sector – particularly in low- and middle-income countries. In a 2021 study, the for-profit private health sector was estimated to provide 53% of inpatient services and 66% of outpatient services in the Region. The study also revealed that among the lowest wealth quintile – the poorest fifth of the surveyed population – 26% and 42% reported seeking inpatient and outpatient services from the for-profit private health sector, respectively.²
3. Although the private health sector makes a significant contribution to health services provision in the Region, it remains largely excluded from health sector planning and governance. During the COVID-19 pandemic, a study conducted by the Regional Office found that engagement with the private sector in terms of response planning was generally “moderate-to-poor” in 10 surveyed Member States. Very few countries were found to have significant and coordinated private sector involvement across the six domains of WHO’s action plan for engaging with the private health sector. In general, the role and involvement of the private health sector did not seem to be part of predetermined strategies or whole-of-system planning.
4. This report summarizes the progress made in implementing resolution EM/RC65/R.3 in the Region during the period between October 2020 and June 2022.

Progress achieved since 2020

5. WHO in collaboration the United States Agency for International Development (USAID), the Joint United Nations Programme on HIV and AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children’s Fund (UNICEF) and the World Organization of Family Doctors (WONCA) conducted a study in 10 countries of the Region during the first year of the COVID-19 pandemic to assess the potential role of the private health sector in the response. The assessment identified key challenges in engaging the private health sector and highlighted how some countries have managed to overcome these challenges, which could help to pave the way for better future engagement of the private sector in the health security agenda.

¹ Kinton J. The private health sector: an operational definition. Geneva: World Health Organization; 2020 (<https://cdn.who.int/media/docs/default-source/health-system-governance/private-health-sector-an-operational-definition.pdf>, accessed 18 May 2021).

² Montagu D, Chakraborty N. Standard survey data: insights into private sector utilization. *Front Med (Lausanne)*. 2021;8:624285. doi:10.3389/fmed.2021.624285.

6. Since the adoption of resolution EM/RC65/R.3 in 2018, the Regional Office has conducted in-depth assessments of the private health sector in 19 countries, covering aspects such as financing, modes of access to services, quality control, regulatory frameworks and governance, data collection and public–private partnerships.
7. The Regional Office has finalized a review/analysis of the role of the private health sector in the following thematic areas: reproductive, maternal, newborn, child and adolescent health; communicable diseases and immunization (in Pakistan); strategic and operational deployment of emergency care systems; integrating mental health within primary health care; the management of noncommunicable diseases in primary health care; enhancing nutrition-specific interventions through public health policies and public–private engagement; the role of the private health sector in countries experiencing protracted emergencies; and assessment of health information, data and performance in the private health sector. Moreover, the financing options for engaging the private health sector to advance universal health coverage have been explored.
8. Recognizing the wealth of data gathered through these assessments and the time limitations of policy-makers, the Regional Office has consolidated the main findings into three summary reports: in-depth assessment of the private health sector, 2018–2020; the potential role of the private health sector in the COVID-19 pandemic; and the role of the private health sector in the provision of essential health services in the Region.
9. To help to address the gap in health ministries’ technical capacities with respect to effective engagement with the private health sector, the Regional Office collaborated with the Department of Health Systems Governance and Financing at WHO headquarters and the American Association of Continuing Medical Education to develop an online accredited course on the role of the private health sector in addressing COVID-19 and in achieving health for all by all. The course defines key concepts and presents a range of tools and proven approaches to enable ministries of health to harness private sector capacities to ensure equitable access to COVID-19 tools, while achieving national policy goals that advance health for all.
10. Through consultation with technical departments at the Regional Office and experts in private health sector engagement, a position paper has been developed on WHO’s approach for engaging the private health sector to advance universal health coverage and health security in the Eastern Mediterranean Region. The paper is directed to policy-makers and all actors concerned with private health sector engagement.
11. To accelerate action on effective engagement with the private health sector, a marketplace event was organized as part of the 68th session of the Regional Committee. The event featured a regional compendium of success stories and examples of good practice on private sector engagement in the Eastern Mediterranean Region. The event also showcased three pre-recorded panel discussions between WHO, SDG3 GAP partners¹ and country focal points to share the key findings of the assessment studies.

Main challenges

12. The challenges facing private health sector engagement in the Region can be categorized into three groups, as described below.
13. Informational challenges: lack of data on the size, distribution, types of services and performance of the private health sector remains a significant challenge in most Member States of the Region. This needs to be addressed, because reliable and accurate data are the first requirement for planning private sector engagement and for evidence-based decision-making.

¹ Global Action Plan for Healthy Lives and Well-being for All, see: <https://www.who.int/initiatives/sdg3-global-action-plan>.

14. Governance challenges: despite emphasis on the role of the private health sector in the health visions of most Member States, these visions are not complemented with tactical implementation plans for private health sector engagement due to limited resources and weak government capacities to design effective strategies, frameworks and plans. Many of the private health sector regulatory shortcomings can be traced back to the exclusion of the private sector from health sector planning. Such exclusion deprives national health systems of the benefits of participatory governance, such as effective implementation of plans and strategies, managing expectations, voluntary compliance and regulatory legitimacy.^{1,2} A lack of modalities for monitoring quality of private health services and the poor accountability of private providers are serious implications of such limited oversight.

15. Coordination challenges: currently no mechanism exists for knowledge transfer between the public and private health sectors in most countries of the Region. Communication, if existent, is mostly top-down and one-way which limits its value and effectiveness. Furthermore, the lack of trust between both parties as well as an unequal power dynamic stand in the way of creating a platform for effective communication for better engagement.

Opportunities and the way forward

16. Private health sector engagement is not new to the Eastern Mediterranean Region. Some countries have been engaging with the private health sector in the provision of health care services for decades, through public–private partnerships and by contracting out support services such as catering, cleaning, pest control and laundry.

17. Despite the challenges, multiple opportunities for effective engagement exist in the Eastern Mediterranean Region including political will and donor interest, as well as some institutional capacity frameworks and laws for intra-sectoral engagement.

18. Private health sector engagement is at the heart of health sector reform and universal health coverage plans in many countries of the Region. Strengthening national health systems by engaging the private sector can reduce the “brain drain”, help to reduce the economic costs of patients seeking services abroad, and redirect funds from government-supported “treatment abroad” programmes to national economies.

19. The conducted assessments have revealed the financial and technical assets of the private health sector, which present a huge opportunity to rapidly reduce the strain on the public sector and improve access to quality health care. This can be achieved through a systematic and strategic approach, starting with an assessment of the capacity of the sector and its resources, to involving private players in planning and implementation, and building long-term relations with the private health sector.

20. The challenges posed by the COVID-19 pandemic demonstrated the importance of community and stakeholder engagement in containing public health threats, improving risk communication and reducing strain on the public sector. Consequently, leveraging the collaborations that were established during the course of the pandemic could be a gateway to greater engagement with the private health sector to advance universal health coverage and the health security agenda.

¹ Promoting participatory governance, social participation and accountability [website]. Geneva: World Health Organization (<https://www.who.int/activities/promoting-participatory-governance-social-participation-and-accountability>, accessed 18 May 2021).

² Marshall AI, Kantamaturapoj K, Kiewnin K, Chotchoongchatchai S, Patcharanarumol W, Tangcharoensathien V. Participatory and responsive governance in universal health coverage: an analysis of legislative provisions in Thailand. *BMJ Global Health*. 2021 Feb 1;6(2):e004117.