Engaging the private sector in delivering quality maternal, newborn, child and adolescent health services

A step by step workbook to inform analysis and policy dialogue

Draft

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World Health Organization

Contents

Acknowledgements

Introduction

To accelerate progress to reach the Sustainable Development Goals for ending preventable maternal, newborn and child deaths, it is critical that health systems invest not only in increasing coverage of interventions, but also in quality, and ensuring that quality is sustainable at adequate scale. Private health care is one of the fastest growing segments of the health-care system, and private providers (i.e. individuals and organizations that are neither owned nor directly controlled by governments and are involved in provision of health services being for profit and not for profit, formal and informal, domestic and international) are an important source of health care.

The purpose of this workbook is to assist Ministries of Health, health managers and practitioners in engaging with private sector on delivery of quality maternal, newborn and health services in lower- and middle-income countries (LMICs). It suggests approaches and steps supported by various types of guiding tools and learnings in the process. It is not intended to be prescriptive, as the processes should be adapted to suit the needs of the country where it is being used.

The audience for the workbook is those who are involved with organizing and implementing processes for engaging the private sector in delivery of quality maternal, newborn and child health services.

The intention is that the workbook is used in conjunction with a facilitated process that includes a worksheet, guiding tools such as case studies as well as support from a technical team with regular consultations, country exchanges and peer review webinars.

The content is mainly informed by the lessons learned during the implementation of the analysis and multi-stakeholders policy dialogue on the private sector's involvement in delivering QoC for maternal, newborn and child health conducted in Ghana and Nigeria, the strategy report of the WHO Advisory Group on the Governance of the Private Sector for Universal Health Coverage, entitled "Engaging the private health service delivery sector through governance in mixed health systems" and other publications produced by WHO and partners as well as the work of the "Managing Markets for Health".

Figure 1. Overview of the process

Step 1.

Get organized – core concepts

Ministry of Health to decide to engage and/or strengthen private sector in delivering MNCAH services

Identify a senior strategic lead, a local consultant and the technical w/group

Agree on core concepts

W/sheets: Introduction and glossary

Step 2.

Prioritize MNCAH problem (s) and describe public/private mix for services

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Prioritize MNCAH problems to be addressed and describe public/private mix for services supporting them

Map stakeholders

W/sheets: MNCAH problem analysis; Service delivery analysis and Stakeholder analysis

Step 3.

Collect data on policies, governance tools and behaviours relating to MNCAH problem

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Review w/sheets on Policies, Governance tools and Behaviours for information to be collected.

Make a plan for data collection and KI interviews (use stakeholder analysis)

Collect data

W/sheets: Policy, Tools and Behavioural analysis

Step 4.

Analyze and summarize data

Analyze current current policies, governance tools and behaviors applied and relevant for public/private mix for MNCAH services

Summarize analysis in problem statements and opportunities

W/Sheets: Policy, Tools and Behavioural analysis and Summary

Step 5.

Make recommendations and draft background report

Develop actionable recommendations to improve performance of public/private mix for MNCAH services

Draft a background report

W/sheets: Summary and Recommendations

Step 6.

Prepare multi-stakeholder consultation, and engage stakeholders

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Plan and conduct a multi-stakeholder workshop to review and validate background report, including the analysis and recommendations.
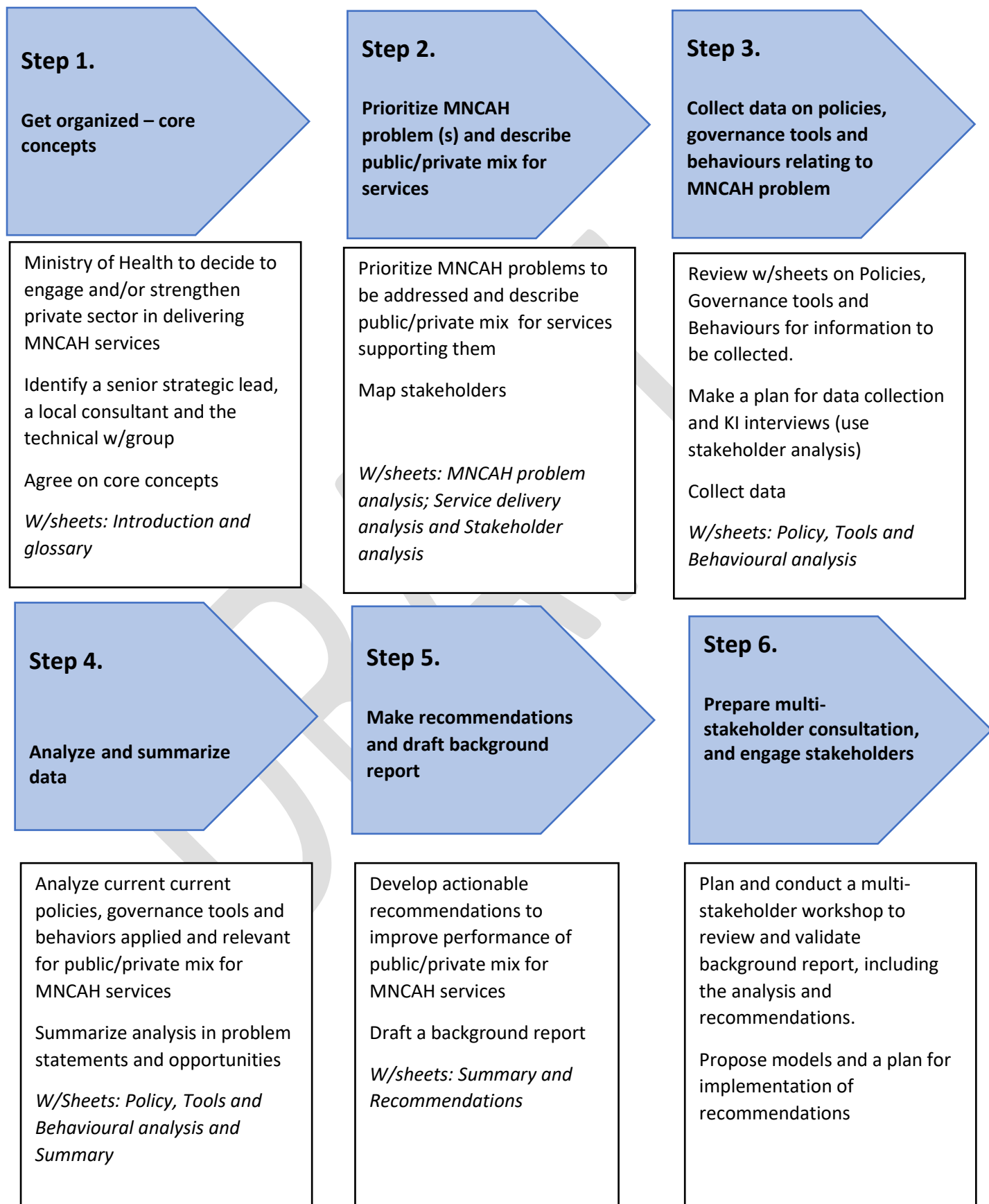
Propose models and a plan for implementation of recommendations

Figure 2: Overview of proposed consultations, country exchanges and peer review webinars

Step 1.

Get organized – core concepts

Webinar 1: Introduction to Core Concepts and Overview of Country Team Process.

Step 2.

Prioritize MNCAH problem (s) and describe public/private mix for services

Webinar 2: Prioritize MNCAH problem (s) and describe public/private mix for services

Ongoing consultation: Review of prioritization of MNCAH problem

Step 3.

Collect data on policies, governance tools and behaviours relating to MNCAH problem

Webinar 3: Data collection

Ongoing consultation: Review data collection plan

Step 4.

Analyze and summarize data

Webinar 4: Data analysis

Ongoing consultation: Review w/sheets

Step 5.

Make recommendations and draft background report

Webinar 5: Draft recommendations and background report

Ongoing consultation: Review of recommendations

Step 6.

Prepare and conduct multi-stakeholder consultation and engage stakeholders

Webinar 6: Preparation for workshop

Ongoing consultation: Review preparations for workshop and next steps

Step 1. Get organized – core concepts

Often, efforts have focused on strengthening the public health sector without addressing the role and contribution of the private sector. However, the engagement of the private sector is critical for progress towards ending preventable maternal, newborn and child deaths. The starting point for the process is an expression of the government's commitment to improving quality of care in the public *and* private sector and to engaging local implementation partners.

Get organized

Each country will decide how to best manage the process, but it has proven useful to establish a technical working group, led by a senior strategic lead in the Ministry of Health and supported by a local consultant with private sector experience. If a country-level working group already exist as part of, for example, the Quality of Care Network's country coordination mechanism, that may be the starting point for initiating and furthering the process. In summary:

1. Identify a senior strategic lead in the Ministry of Health (director level);
2. Recruit a local consultant with private sector experience
3. Establish a national technical working group (TWG) to advise on the process, including:
    - WHO country officer
    - Local consultant with private sector experience
    - Ministry of Health official(s)
    - For-profit private sector representative(s)
    - Not-for-profit private sector representative(s)

The technical working group will

- Plan and oversee the process and steps
- Engage other partners and stakeholders in parts of the process as part of the TWG or on a more ad hoc basis, i.e. professional organizations, academia, developing partners, civil society, etc.
- Interact in webinars, consultations and peer exchanges with other countries and the WHO technical team

The local consultant will in addition prepare and for and collect data, draft reports etc.

Core concepts:

The vision is a well-governed health system in which public and private actors collectively deliver on the realization of UHC. **The mission** is to facilitate a new way of governing health systems by building consensus around the means and strategies to engage the private sector in health care service delivery. In this workbook, we are focused on the delivery of MNCAH services which are critical to achieve UHC.

Public policy on the private sector is essential to deliver on this vision and mission because only a handful of countries rely entirely on the public sector to provide health services. The private sector represents a complex mixture of both opportunities and threats for overall health policy and is highly heterogeneous, so public policy on the private sector needs to distinguish different elements of the private sector, to support and encourage the good and redirect, curtail or eliminate the undesirable.

Effective engagement with the private sector requires an understanding of the health sector's **market structure**, including the relationships within and between the public and private sectors. The Private sector is diverse and includes all non-state providers of health services, which includes for-profit (both formal and

informal) and not-for-profit (NGOs, faith-based organizations, community-based organizations), domestic or international entities. The private sector is thus not a single entity, and public policy may need to differentiate.
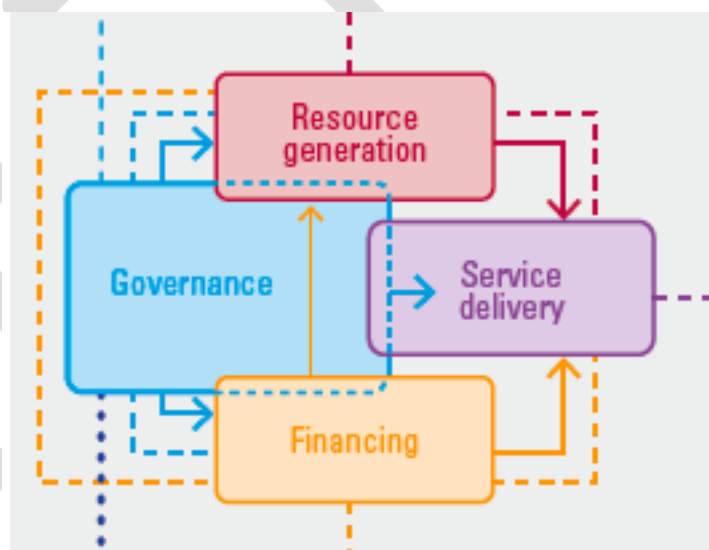
Implementing a public policy on the private sector relies on **effective governance**, a concept that refers to the wide range of functions carried out by governments as they seek to achieve national health policy objectives. Governance success is measured by how well governments can exercise authority to efficiently harness all available resources, align the efforts of all public and private stakeholders, and establish and maintain checks and balances to protect desired public health outcomes including health equity. In many countries the private sector is **under governed and not effectively stewarded** to achieve public health outcomes.

WHO advocates for an inclusive approach to health systems governance where the four health systems functions – **governance, financing, resource generation and service delivery** – are applied to and used to influence the performance of the whole health system.

In health systems, the private sector is:

Figure 1. Health systems functions

- A key focus of **governance** – as effective governance of the whole system implies inclusion of the private sector in the scope of the policies and regulations pertaining to the health system.
- A source of **resources** necessary for healthcare to be provided to the population: health workers, trainings and certification, supply of medical products – can often all be acquired in the private sector.
- A source of **financing** – including through out-of-pocket spending and voluntary prepayment. It can also be a source of financing intermediaries such as insurers or managed care companies which require regulation.
- A source of **health care services** for patients.

Papanicolas I, Rajan D, Karanikolos M, Soucat A, Figueras J [eds]. Health System Performance Assessment: A Framework for Policy Analysis. Geneva: World Health Organization; 2021 (forthcoming).

Governments need to govern health markets as these can be prone to **market failures**, leading to large level of unmet needs, low level of financial protection and growing inequities. In a context of market failures, the operation of the private sector might create issues related to:

- *Information asymmetry*: when patients do not have the information needed to make good decisions about what services they need, from whom, or at what price. Patients are often dependent on providers to make decisions for them – and it is possible that commercial priorities might distort that process.
- *Opportunistic behaviours*: because of the information asymmetry, patients are then exposed to risks – they might be underserved or overserved, be provided with inappropriate care, or subject to price gouging or some other form of exploitation.

- *Abuse of market power*: there might be a concentration in market share, giving some private providers significant 'market power' – so that they can set prices and quantities of care on terms more favourable to them than to their patients.

In the private sector, we might see cream skimming, urban bias, too great a focus on curative rather than promotive and rehabilitative care - as well as, perhaps, the avoidance of some high-risk services such as emergency care.

This explains why there is a need for strong governance of the private sector – including an effective regulatory apparatus. It is the government's role to intervene and ensure that both public and private providers are acting in a way which is consistent with the country's health objectives; that the optimal level of production and consumption of public health goods is achieved; that services provided in the private sector can be equitably access by the poor and the non-poor alike (e.g. through risk sharing mechanisms); etc. Governments have at their disposal tools of governance.

In the health sector, **tools of governance** are instruments deployed by governments and other stakeholders to influence the incentives or capacities of the private sector in health systems and thereby pursue specified policy objectives.

The tools of governance are used to change the environment in which the private sector in health– or a specified entity within the private sector - operates.

Figure 2. Tools of governance with MNCAH examples

Financing tools	
Demand-side	**Supply-side**
Voucher programme for MNCAH services	Contract to delivery free MNCAH services
Insurance cover for MNCAH services	Block grant for MNCAH supplies or human resources (to subsidise cost)
	Loans to upgrade MNCAH infrastructure
Regulatory tools	
Encourage	**Constrain**
Facility licensure	Regulation of pricing for MNCAH services
Certification/accreditation into financing programmes (vouchers, insurance, contracts, etc)	Enforcements of minimum standards for MNCAH services
Information tools	

Demand-side	Supply-side
Consumer information on the MNCAH voucher programme	Provider information on MNCAH health package/minimum standards
Consumer information on accredited facilities in the MNCAH voucher programme	Provider information on procedural requirements (for reimbursement via voucher programme, contracting, insurance, etc)

These may be used, for instance, to change:

- the incentives faced by private providers,
- the regulatory framework they're subject to, or
- the information that they – or their patients – have when making decisions "in the market".
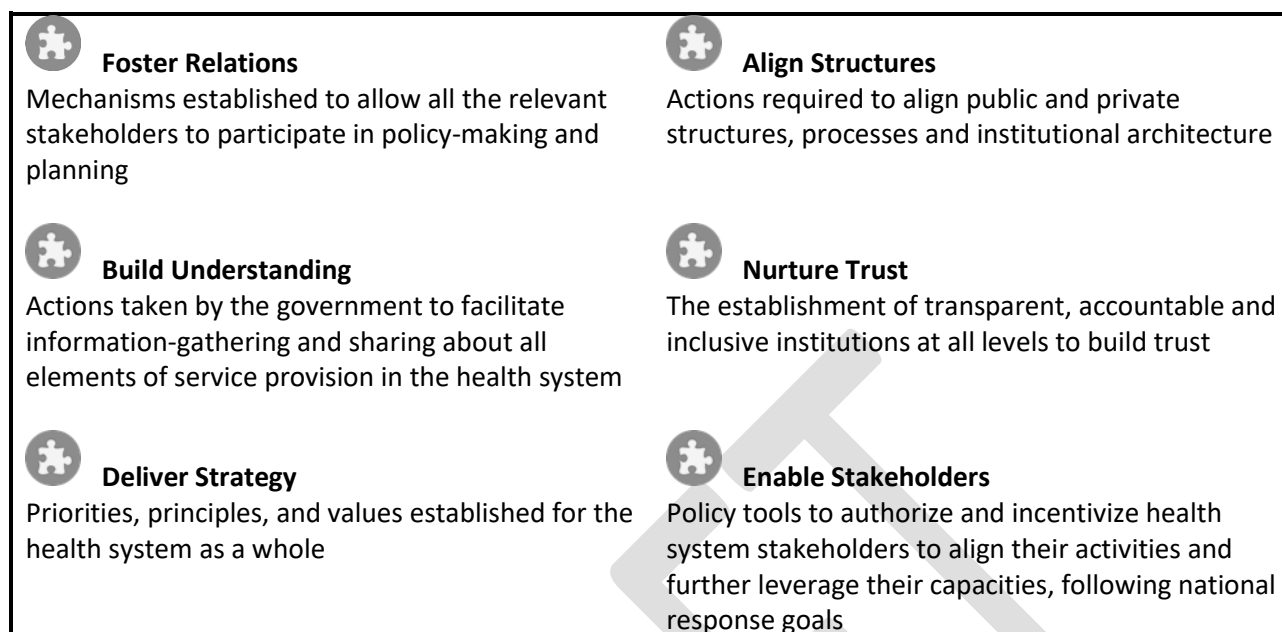
Which tools of governance to apply and how, depend on the objectives. Fig 3 provides some examples of objectives related to MNCAH.

Figure 3. Examples of objectives related to MNCAH

EQUITY OF ACCESS	Achieve equity of access to/ affordable utilisation of MNCAH services to a countries' population, including among poorer and more remote populations and women and children. Ensuring all population groups are aware of the benefits of accessing MNCAH services. This with a particular care towards vulnerable groups such as people with disabilities, refugees and ethnic minorities among others. Expand the scope of MNCAH services available in the private sector.
QUALITY	Ensure all MNCAH services available in the private sector are of high-quality. Ensure that suppliers have the information they need to deliver MNCAH services in line with national/ international standards; and that consumers have knowledge about/ awareness of which private providers are *available and accredited* offer MNCAH services.
FINANCIAL PROTECTION	Increase affordability of MNCAH services. Reduce incidence of out-of-pocket payments and catastrophic expenditures related to utilisation of high-quality MNCAH services.

Private sector engagement refers to a meaningful inclusion of private providers for health service delivery using dialogue, policy, regulation, partnerships and financing. Effective engagement involves the performance of the **six governance behaviours.**

Figure 4. Governance behaviors

Foster Relations
Mechanisms established to allow all the relevant stakeholders to participate in policy-making and planning

Align Structures
Actions required to align public and private structures, processes and institutional architecture

Build Understanding
Actions taken by the government to facilitate information-gathering and sharing about all elements of service provision in the health system

Nurture Trust
The establishment of transparent, accountable and inclusive institutions at all levels to build trust

Deliver Strategy
Priorities, principles, and values established for the health system as a whole

Enable Stakeholders
Policy tools to authorize and incentivize health system stakeholders to align their activities and further leverage their capacities, following national response goals

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

The governance behaviors are fundamental to:

- achieving clarity in the allocation of roles and responsibilities across the full range of public and private actors in the health system, and
- ensuring that the allocation of roles and responsibilities is aligned with the incentives and capacities of individual actors.

The WHO's Country Connector on Private Sector in Health has been recently launched with the aim to share experiences across countries, connect countries to the resources, tools and guidance needed for stronger health system governance and better public policy toward the private sector in health – see under suggested reading below

Resources

W/sheets: Introduction and glossary

Introduction to core concepts and overview of country team process

Strategy report of the WHO Advisory Group on the Governance of the Private Sector for Universal Health Coverage "Engaging the private health service delivery sector through governance in mixed health systems" (https://www.who.int/publications/i/item/strategy-report-engaging-the-private-health-service-delivery-sector-through-governance-in-mixed-health-systems)

The Who Country Connector on private sector in health: https://www.ccpsh.org/

Specific link to Scripts 4 and 5 on PPD

Private sector landscape in mixed health systems:
https://www.who.int/publications/i/item/private-sector-landscape-in-mixed-health-systems

Step 2. Prioritize MNCAH problem (s) and describe public/private mix for services

Prioritize MNCAH problem(s) to be addressed

The reasons for prioritizing already at this point the MNCAH problems(s) are: 1) The process will focus on engaging private sector in health specifically for improving access, quality and affordability of MNCAH services, 2) Experience has shown that if problems are formulated too broadly, recommendations at the end become equally broad and non-specific.

The MNCAH problem we are going to prioritize and further analyze should be at outcome level, ie services and/or products critical for improving maternal, newborn, child and adolescent health. To help prioritizing the MNCAH problem you may:

A. Describe overall status of MNCAH
   You may start reviewing overall status on maternal, newborn, child and adolescent health. What are specific problems of concern in each of the areas or a combination? Which services are critical to improve health outcomes of concern by improving access, quality and affordability?

B. Identify services and/or products critical to improve the health outcomes of concern
   For each of the areas (maternal, newborn, child and adolescent health or a combination), identify the services and/or products critical to improve the health outcomes of concern. Enter those in the w/sheet "MNCAH problem analysis". You may enter as many as you want.

C. Prioritize the MNCAH problem
   To help prioritizing the MNCAH problem for further analysis, apply the following criteria using the w/sheet:
   - *Relevance:* What is the nature of the problem selected? Who does it affect? How does the problem affect this group?
   - *Opportunity:* Does private provision of services play an important role and/or are there opportunities for improving access, quality and financial protection by engaging private provision? What is the opportunity to improve the priority problem? Has something changed to create an opportunity to address the priority health problem?
   - *Feasibility:* Is it feasible to improve the priority health problem? Is the proposed intervention feasible? What are key enablers of change (i.e. technical, financial, political)?

D. Summarize the analysis into a problem statement based on opportunity, relevance and feasibility in the w/sheet

Analyze public/private mix of the services

Key considerations include the range of MNCAH products and services the private sector delivers, the quality of those outputs (e.g. their safety, appropriateness, efficacy and so on), and their prices (which, are often paid by patients 'out of pocket'). We need to understand how aligned it is with MNCAH service objectives such as improved quality, access and utilisation. The private provision of MNCAH services should

be considered in relation to public provision as the market may be responding – or trying to respond -to failures, weaknesses or gaps in public provision.

To help understanding the public/private mix for MNCAH services supporting the problem you may consider the following aspects

- *MNCAH services*: What is the core health service(s)/goods of interest?
- *Performance*: What are the problems in the public/private mix for health service delivery in terms of UHC principles: access?, quality?, costs? or a combination?
- *Demand*: What segment of the population is affected?
- *Supply*: Who are the suppliers (public and private) of the core health service/good of interest? What do they do?

Enter the problem statement for the prioritized MNCAH problem in the w/sheet "Service delivery analysis" and fill in information on the questions as above. Finally, summarize key issues in the public/private mix for service delivery in the w/sheet.

Map and analyze stakeholder

When analyzing the public/private mix of the services, you have already identified some of the stakeholders (public and private suppliers of the health services). There are however others which are important such as management entities, professional entities, funding entities and oversight entities. What are they supposed to do and what do they do in practice? Enter the stakeholders, public and private and their functions in the w/sheet "Stakeholder analysis". This may also help to identify key informants to interview when collecting data and information – step 3.

| Resources |

W/sheets: 1. MNCAH problem analysis; 2. Service delivery analysis and 3. Stakeholder analysis

Prioritize MNCAH problem (s) and describe public/private mix for services

Review of prioritization of MNCAH problem

Step 3. Collect data on policies, governance tools and behaviours relating to MNCAH problem

In step 2 you have identified the key MNCAH problem(s) to be addressed, the public/private mix for MNCAH services that affects as well as a stakeholder mapping/analysis. In this step you will develop a data collection plan that

- Define data needs & sources
- Identify data collection tools (i.e. document reviews, key informant interviews etc)
- Maps a process to involve key stakeholders in data collection

What are the data needs?

This workbook suggests 3 domains of data in addition to the data collected in the previous steps:

- Policies that have implications for the MNCAH problem
- Governance tools relevant for the MNCAH problem
- Governance behaviours which have implications for the MNCAH problem

Review the w/sheets "Policy analysis", "Tools analysis" and "Behavioural analysis" and identify which data are relevant for the MNCAH problem in the specific country context.

Throughout the collection of data and information (as well as in the further analysis) on MNCH problems, the provision of services, policies and the governance behaviors and tools applied, include also information on the gender context and inequalities. Do inequities exist between women and men in the MNCH problems, access to services and in the governance behaviors and tools applied? Are these inequities between men and women different across different population subgroups? Are there subgroups that bear a disproportionate burden of the health problem? See under suggested reading

What are the data sources?

Based on the selected data to be collected, decide which are the sources of information. In some cases it may just include document reviews, but in other cases, documents may not provide the full information. Information on the actual implementation, effects (intended and not intended), acceptability, information sharing etc. of policies and governance tools and behaviours may often require interviews with those involved directly, both among public and private actors – key informants.

Identify data collection tools

Key informant interviews will require a planned process identifying which key informants to be interviewed (look at the stakeholder mapping/analysis) and development of an interview guide with questions.

Make and carry out a data collection plan

Based on the above, make and carry out a plan for data collection and KI interviews including timelines and responsible person(s).

Resources

W/sheets: 4. Policy analysis, 5. Tools analysis and 6. Behavioural analysis

Data collection

Review data collection plan

Generic protocol for conducting the situational analysis (Ghana) –
https://www.qualityofcarenetwork.org/sites/default/files/2021-
06/Ghana%20Research%20Protocol.pdf

Regulation of private primary care – a country assessment guide
https://www.ccpsh.org/sites/default/files/tools/Regulation%20of%20Private%20PHC.pdf

A tool for strengthening gender-sensitive national HIV and Sexual and Reproductive Health (SRH)
monitoring and evaluation systems
https://apps.who.int/iris/bitstream/handle/10665/251903/9789241510370-   eng.pdf?
sequence=1&isAllowed=y

Open WHO training on engaging with the private sector in health Specific links to Tools for
governance and Landscaping (Scripts 7 and 8).

Step 4. Analyze and summarize data

In this step, you will analyze and summarize the data collected in the previous steps.

Enter data collected in step 3 in the w/sheets "Policy analysis", "Tools analysis" and "Behavioural analysis".

For Policy analysis: Enter policies relevant to MNCAH problem and public private mix of services. Analyze them with regards to effectiveness, unintended effects, equity, cost, feasibility and acceptability. Summarize the analysis.

For Tools analysis: Complete table for the most relevant governance tools for the delivery of MNCAH services in relation to the problem. Rank up to five of the tools most critical to the problem. Summarize the selected tools and gaps.

For Behavioural analysis: For each of the six governance behaviours, analyze them using the questions in the w/sheet and score them using the drop-down menu. Summarize gaps for each of the behaviours as pertains to the MNCAH problem.

The summaries from the MNCAH problem analysis, Service delivery analysis, Policy analysis, Tools analysis and Governance behaviour analysis automatically populate the w/sheet "Summary". It acts as an executive summary for the analyses of all the dimensions of the public/private mix for services in relation to the MNCAH problem.

Resources 🛠

Worksheets: 4. Policy analysis, 5. Tools analysis and 6. Behavioural analysis and 7. Summary

Data analysis

Review w/sheets

Step 5. Make recommendations and draft background report

This step will focus on:

- Developing actionable recommendations
- Drafting a preliminary report

Developing actionable recommendations:

Based on the data and information collected, the analysis and summaries, recommendations for each domain (service delivery, policies, governance tools and behaviours) should be made. The recommendations should be actionable and answer 1) What change is needed, 2) Institution/person responsible for implementation - what change is needed? 3) Who should pay? 4) Gender context and inequalities - what change is needed? 5) Role of Government and private sector in facilitating change.

Solutions vs. recommendations
Solutions help to address and overcome the causes of the most important problems.
Recommendations are the specific actions that need to be taken to achieve these solutions to problems.

Recognize that it may not always be possible to identify feasible solutions to a problem. If additional data are required, note these data needs and include them as a recommendation for further action. If problems cannot be immediately solved, then a recommendation may be to allocate responsibility for working on the problem in the longer term.

The recommendations should provide detail on how the solutions identified may be carried out. The recommendations should be specific, action-oriented, feasible and realistic to incorporate into a plan for implementation.

Developing a preliminary report:

The preliminary report will be the background document for the multi-stakeholder workshop for step 6: Prepare multi-stakeholder consultation, deliver & engage stakeholders. The report should include a description of the steps, methodology, data, analysis and recommendations. A possible outline is described below.

Possible outline of preliminary report

Introduction

Objectives of the report

Methodology

- Steps
- Data collection (secondary and primary data)

Findings

Analysis

Recommendations

References

Resources

Worksheet 8. Recommendations

Draft recommendations and background report

Review of recommendations

Step 6. Prepare multi-stakeholder consultation and engage stakeholders

A multi-stakeholder consultation is intended to engage public and private sector entities and their representatives to share information and intelligence, to deliberate on the diagnosis of common challenges, and to elicit new ideas for resolving them.

The objectives of conducting a multi-stakeholder workshop in collaboration with stakeholders are:

- To jointly review and validate the findings and recommendations of the preliminary report;
- To identify opportunities for further engaging the private sector in working within the national health system to deliver quality maternal, newborn and health services;
- To propose models and a plan for effective engagement of the private sector within the national health system for implementing quality maternal, newborn and child health services;
- To propose models for the implementation and monitoring of the plan.

Participants in the workshop should include key public and private actors/stakeholders involved with provision of MNCAH services

For additional information, including sample agenda for virtual and face to face workshop, report format etc – *see under resources.*

The outcomes of the process, including the multi-stakeholder workshop should be presented at relevant government levels as well being shared widely. Important is that the engagement of private sector in delivering quality MNCAH services is a continuous process that should be monitored and evaluated.

The benefits of such an approach include the following:
- Inclusion of the private sector may lead to more realistic policies by recognizing private sector's competencies, perspectives, and constraints.
- Helps the private sector in health to develop a better understanding of the government's policy intent and fosters private sector buy-in, increasing the likelihood that the private sector will put the policy reforms into practice.
- It helps the government anticipate resistance and avoid implementation bottlenecks through the constant communications during a policy process.
- For the private sector it may create a more predictable business environment by establishing policies, regulations, and health plans through a participatory and transparent process.
- Frequent and consistent communication and information sharing with private sector enables governments to be better prepared for conflicts and troubleshoot problems as they arise.
- Getting to know each other through frequent interactions and open communications nurtures relationships - a core ingredient to achieve any policy reform or program objective.

Worksheets 7. Summary and 8. Recommendations

 Preparation for workshop

 Review draft report and discuss next steps

 "Engaging the private sector in delivering quality maternal and newborn health services - A Guide for Policy Dialogue" https://www.qualityofcarenetwork.org/sites/default/files/2021-06/Guide%20for%20policy%20dialogue%20version%201.0.pdf

WHO guide on PPD: to be published - link

https://openwho.org/courses/private-sector-health-governance