Engaging the private sector on the road to UHC

Overview

1. UHC goals
2. Understanding the private sector
3. Why is the private sector important for UHC?
4. Suggested priorities for governments
### UHC goals

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved health (coverage and equity)</td>
<td>To provide equitable and needs-based access to health care for the whole population, including poor, rural, elderly, disabled and other vulnerable groups.</td>
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<tr>
<td>Social and financial risk protection</td>
<td>To provide health care for all through a national health care service or to install a social health insurance system.</td>
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<td>Improved health service efficiency</td>
<td>To contain health expenditure within financially sustainable boundaries.</td>
</tr>
<tr>
<td>Assure health care quality</td>
<td>To protect patients and assure good clinical outcomes.</td>
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<tr>
<td>Better informed and educated citizens</td>
<td>To educate citizens about clinical services, pharmaceuticals and healthy behaviour.</td>
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### What is the private sector?

Organizations / individuals not entirely dependent on the government budget and which operate outside the authority and operational control of the government.

Includes: for profit private companies, and not for profit NGOs, faith-based groups.
**Understanding the private sector**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Most visible</th>
<th>Less visible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal status and training</td>
<td>Formal trained and qualified and working legitimately</td>
<td>Informal untrained working illegally</td>
</tr>
<tr>
<td></td>
<td>Doctors, nurses, pharmacists</td>
<td>Unqualified health workers, shop keepers, street vendors selling medicines</td>
</tr>
<tr>
<td>Size and scale</td>
<td>Large hospitals may be licensed on accredited</td>
<td>Small business often sole traders</td>
</tr>
<tr>
<td>Nature of the service provided</td>
<td>Provide a comprehensive range of clinical services</td>
<td>Sell single products such as drugs</td>
</tr>
<tr>
<td>Mix of public and private practice</td>
<td>Legal dual practice</td>
<td>Full time private practice</td>
</tr>
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**The private sector and UHC**

- **63rd World Assembly 2010, 59th EMRO WHO Regional Committee -2012** recognize the need to engage the private sector in providing essential health services

- **The Sustainable Development Goals**, explicitly call for private sector participation

- **Addis Ababa -2015** - at least 75% of health spending in all countries from national sources - including private
Priorities for governments

- Obtaining intelligence
- Assessing the positive and negative aspects of health-care delivery by private not-for-profit and private for-profit providers
- Identifying appropriate strategies for productive engagement – e.g. PPP
- Developing regulatory frameworks designed to ensure private sector activities to contribute to UHC objectives

What is needed for successful Public Private Partnerships in the Social Sector?
responses from The Asian Development Bank Institute conference on Public-Private Partnerships in The Social Sector, July, 1999 Tokyo, Japan

Legal and regulatory framework
- Legal and regulatory framework.
- Common regulation in public – private.
- Minimum standards for quality of services.

Transparency and Accountability
- Accountability and Monitoring.
- Transparency and Fairness.
- Social accountability.
- Competition for inputs and outputs (both).

Suitable Public policies
- Policies / Rules / Regulations / Law. (Government).
- Enabling environment.
- Continuity of policy.
- Avoid duplication.

Common Understanding
- Clear demarcation of responsibility.
- Clear objectives and efficient organization on the structure (both).

Sharing of Resources
- Mutual benefit.
- Incentive and concessions.
- Joint projects in system improvement (public – private).
- Share cost and responsibility.
- Communication and information sharing (public + private).
- Provide manpower and financial resources (both).

Consumers and Community
- Consumer’s informed choice.
- Community involvement in planning and monitoring of services.
- Consumer participation.

Commitment to Public Good
- Private Sector
- To provide non-profit services.
Examples of areas for regulation?

- Access (should hospitals be required to treat any patient regardless of their ability to pay)
- Quality (should hospitals be required to meet certain minimum standards)
- Financial protection – how should services be paid for, how do we ensure that people can access services without facing financial difficulties

Thank you

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