JLN Primary Health Care Initiative
Private Sector Engagement Collaborative’s

Engaging the Private Sector in PHC for UHC: Advice from Implementers to Implementers

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# Webinar Objectives

- Introduce the Joint Learning Network for Universal Health Coverage (JLN) Primary Health Care Initiative’s Private Sector Engagement Collaborative
- Highlight the importance of engaging the private sector in PHC to achieve UHC
- Introduce Modules 1 and 2 of the Collaborative’s *Engaging the Private Sector in PHC for UHC: Advice from Implementers to Implementers* knowledge product
- Share plans for Modules 3, 4, and 5 of *Engaging the Private Sector in PHC for UHC: Advice from Implementers to Implementers*
- Encourage feedback, dissemination, and adaptation of the JLN knowledge product
Introduction to the JLN
A Growing Community of Policymakers and Practitioners from 27 Member Countries

Full Members
- Bangladesh
- Ethiopia
- Ghana
- Indonesia
- India
- Kenya
- Philippines
- Malaysia
- Mali
- Mexico
- Mongolia
- Nigeria
- Senegal
- South Korea
- Sudan
- Vietnam

Associate Countries
- Bahrain
- Colombia
- Egypt
- Japan
- Kosovo
- Liberia
- Moldova
- Morocco
- Namibia
- Peru
- Yemen
End Goal: Extend coverage to more than 3 billion people and ensure financial protection

Goal 1: Expand health coverage to reach target populations, especially the poor and informal sector.

Goal 2: Increase access to essential health services, especially primary health care services.

Goal 3: Improve quality of care and patient safety

Goal 4: Promote financial sustainability of UHC systems
The Joint Learning Approach

1. Identify a common technical challenge and the underlying contextual conditions
2. Share experiences and strategies practitioners in different contexts have used to address the challenge
3. Document country experiences using a standardized approach
4. Find the gaps in knowledge
5. Build common solutions that can be adapted and implemented in different contexts
6. Develop a shared vision and roadmap for filling knowledge gaps
Introduction to JLN PHC Initiative
**Introducing the JLN PHC Initiative**

*PHC-oriented UHC has strong rationale, but suffers from low political priority, financing, and context-tailored solutions*

<table>
<thead>
<tr>
<th>Rationale for PHC-Oriented UHC</th>
<th>PHC Challenges</th>
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<tbody>
<tr>
<td>• More cost-effective</td>
<td>• Low political priority</td>
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<tr>
<td>• Necessary to achieve SDGs and address large disease burdens</td>
<td>• Insufficient and inefficient financing</td>
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<tr>
<td>• Necessary to address increase in chronic diseases</td>
<td>• Ineffective organization</td>
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<td>• Vital to satisfaction with the health system</td>
<td>• Weak performance measurement</td>
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*Countries often struggle advancing a vision of PHC-oriented UHC, and do not find the answers needed in international literature and tools*
Achieving UHC Through PHC

Achieving UHC Through PHC: Common Current Status

- Limited funding for PHC
- Overcrowded public facilities
- High OOP cost in private facilities
- Lack of comprehensive PHC and variable quality of services in private facilities
- Limited governance or financial inclusion across sectors
- Incomplete collaboration between sectors
- Coverage gaps due to financial and geographic access barriers

= Incomplete UHC

Achieving UHC Through PHC: Ideal Future Status

- Increased funding for PHC
- Increased coverage and collaboration
- Inclusive governance and financial coverage across sectors
- Reduced OOP cost in private sector due to inclusion in national insurance scheme
- Improved quality due to increased competition and accountability across sectors

= Improved UHC

Key: ★ Quality  🗑️ OOP Cost  ⚖️ PHC Financing  🌐 Governance
The JLN Knowledge Product

Engaging the Private Sector in Primary Health Care to Achieve Universal Health Coverage: Advice from Implementers, to Implementers
Process for engaging public and private sectors in the provision of PHC
On June 2 & 3, 2015, the Ministry of Health of Benin hosted a high-level workshop on regulation of the private sector, with assistance from USAID’s Advancing Newborn, Child and Reproductive Health (ANCRE) Program.

The objective of the workshop was to bring together public and private leaders to identify the benefits of and constraints to regulation of the private sector, and to produce a strategic and operational plan for improving regulation. Key participants included the Minister of Health, other key Ministry personnel, the Director of USAID/Benin, the President of the Association of Private Clinics, and leaders of private health professional orders and associations.

In her opening remarks, the Minister emphasized the critical importance of strengthening Benin’s private sector, noting that it serves 60 percent of the population but remains largely unregulated, with many private providers.

Workshop recommendations focused on: (1) texts and laws, (2) organization of regulatory services, (3) public-private partnerships, and (4) “putting in order” private provision (ensuring that providers are in compliance with regulations and that those that are not are shut down).

In the closing session, the President of the Association of Private Sector Clinics highlighted the spirit of collaboration, “Esprit fusionnel.” One of the Minister’s advisers closed the meeting for the Ministry by pledging the Ministry’s collaboration in achieving the agreed plans and asserting that the Ministry is responsible for the whole health sector, both its private and public components.
Engaging the Private Sector in PHC for UHC: Advice from Implementers to Implementers

• Why develop it?
• Who is the target audience?
• What is it?
• How was it developed?
Engaging the Private Sector in PHC for UHC: Advice from Implementers to Implementers

- Why develop it?
- **Who is the target audience?**
- What is it?
- How was it developed?
Target audience

• Engagement teams
  – Facilitates public-private sector engagement on behalf of the public sector
  – Small groups usually made up of key individuals who are part of a unit within a ministry or other government office
Engaging the Private Sector in PHC for UHC: Advice from Implementers to Implementers

• Why develop it?

• Who is the target audience?

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Engaging the Private Sector in PHC for UHC: Advice from Implementers to Implementers

- Why develop it?
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Process for engaging public and private sectors in the provision of PHC
Process for engaging public and private sectors in the provision of PHC
Module 1: Initial communications and partnership around PHC
Module 1: Initial Communications and Partnership around PHC

**Figure 1**

Five-step process for initial communications and partnership with the private sector

1. Prepare for Dialogue
2. Establish a Regular Consultative Process
3. Find Areas of Common Ground
4. Understand and Detail Rationale
5. Actively Listen to the Private Sector
Module 2: Provider mapping
Module 2: Provider Mapping

FIGURE 2

Eight-step process for provider mapping

1. Conduct Stakeholder Analysis
2. Prioritize Objectives
3. Determine Frequency and Scope
4. Identify Data Sources
5. Identify Data Collection Tools
6. Implement Mapping
7. Disseminate and Use Results
8. Evaluate and Track

Joint Learning Network (JLN)
Plans for development of Modules 3, 4, and 5
Module 3: Provider and facility regulation, accreditation, or empanelment
Resource gap

• Few documented examples of successes regulating the private sector in LMICs
  – Examples tend to focus on accreditation instead of a range of regulatory activities, and hospital services instead of PHC

• Lack of practical guidance on how to choose among the many regulatory options to develop a coherent strategy

• Lack of practical guidance on how to implement and monitor health sector regulations
Closing the resource gap

• Case study series documenting experiences regulating the health sector

• Synthesis document detailing key findings, insights, and best practices regarding private health sector regulation in LMICs to inform Module 3
Case studies

• The objective of the case studies is to document:
  – *What* type of regulations govern the private health sector
  – *How* private health sector regulations have been implemented
  – *Which* resources are available for developing and implementing regulations
  – *What* the outcomes of regulatory efforts have been to date

• Participant countries:
  – Ghana, India, Indonesia, Kenya, Malaysia, Morocco, and Mongolia
Timeline for development

• Case study series and synthesis document detailing key findings, insights, and best practices regarding private health sector regulation in LMICs – Dec 2017

• Module 3 – early 2018
Module 4: Provider contracting and payment
Module 4 under development

- Present practical steps/cycles for developing and implementing contracts along with concrete country examples
- Focus primarily on steps related to implementation and monitoring of contracts, and specifically address the contracting constraints identified by the collaborative
- Capture experiences from a wide range of contracting scenarios, drawing out lessons for contracting broadly for PHC services
- Coordinate with the JLN Provider Payment Initiative to ensure content is complementary to existing products
Timeline for development

• Module 4 detailed outline – Dec. 2017

• Module 4 complete – early 2018
Module 5: PHC systems monitoring and evaluation
Plans and timeline for Module 5

• Engage with JLN PHC Initiative Monitoring for Improvement Collaborative

• Develop Module 5 - 2018
Discussion questions

• What suggestions do you have for implementing and adapting *Advice from Implementers to Implementers* at the country level?

• What feedback/suggestions do you have for improving the plan for Modules 3-5?

• How, if at all, would you like to stay engaged in this work?
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