

UN Secretary-General's Independent Accountability Panel: Call for Evidence for the 2018 Report on Private Sector Accountability for Women's, Children's and Adolescents' Health

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The Department of Global Health and Development, London School of Hygiene and Tropical Medicine is a group of around 100 research staff with internationally recognised expertise in a wide range of disciplines including health economics, policy analysis, public health, epidemiology and social science. An important research theme in the department is the role of the private sector. Below we provide evidence on our general work on the private sector (separate submissions involving members from our department include those of the Maternal Healthcare Markets Evaluation Team by Catherine Goodman and on Informal Providers by Meenakshi Gautham). We would be pleased to provide any additional detail (email request to kara.hanson@lshtm.ac.uk).

1. We have conducted a number of **studies of the private sector** that, while not focused specifically on women's, children's and adolescents' health, are of direct relevance. An example of this work is the four-paper **Lancet series on the private sector** that was edited by Kara Hanson (LSHTM) and Barbara McPake (Nossal Institute, University of Melbourne). Titles and abstracts of the papers are reproduced below.

Mackintosh M, Channon Am, Karan A, Selvaraj S, Zhao H, Cavagnero E. 2016. What is the private sector? Understanding private provision in the health systems of low-income and middle-income countries. Lancet Published online June 26, 2016 [http://dx.doi.org/10.1016/S0140-6736\(16\)00342-1](http://dx.doi.org/10.1016/S0140-6736(16)00342-1)

Abstract: Private health care in low-income and middle-income countries is very extensive and very heterogeneous, ranging from itinerant medicine sellers, through millions of independent practitioners—both unlicensed and licensed—to corporate hospital chains and large private insurers. Policies for universal health coverage (UHC) must address this complex private sector. However, no agreed measures exist to assess the scale and scope of the private health sector in these countries, and policy makers tasked with managing and regulating mixed health systems struggle to identify the key features of their private sectors. In this report, we propose a set of metrics, drawn from existing data that can form a starting point for policy makers to identify the structure and dynamics of private provision in their particular mixed health systems; that is, to identify the consequences of specific structures, the drivers of change, and levers available to improve efficiency and outcomes. The central message is that private sectors cannot be understood except within their context of mixed health systems since private and public sectors interact. We develop an illustrative and partial country typology, using the metrics and other country information, to illustrate how the scale and operation of the public sector can shape the private sector's structure and behaviour, and vice versa.

Morgan R, Ensor T, Waters H. 2016. Performance of private sector health care: implications for universal health coverage. Lancet. Published online June 26, 2016 [http://dx.doi.org/10.1016/S0140-6736\(16\)00343-3](http://dx.doi.org/10.1016/S0140-6736(16)00343-3)

Abstract: Although the private sector is an important health-care provider in many low-income and middle-income countries, its role in progress towards universal health coverage varies. Studies of the performance of the private sector have focused on three main dimensions: quality, equity of access, and efficiency. The characteristics of patients, the structures of both the public and private sectors, and the regulation of the sector influence the types of health services delivered, and outcomes.

Combined with characteristics of private providers—including their size, objectives, and technical competence—the interaction of these factors affects how the sector performs in different contexts. Changing the performance of the private sector will require interventions that target the sector as a whole, rather than individual providers alone. In particular, the performance of the private sector seems to be intrinsically linked to the structure and performance of the public sector, which suggests that deriving population benefit from the private health-care sector requires a regulatory response focused on the health-care sector as a whole.

Montagu D, Goodman C. 2016. Prohibit, constrain, encourage or purchase: how should we engage with the private health-care sector? Lancet Published online June 26, 2016 [http://dx.doi.org/10.1016/S0140-6736\(16\)30242-2](http://dx.doi.org/10.1016/S0140-6736(16)30242-2)

The private for-profit sector's prominence in health-care delivery, and concern about its failures to deliver social benefit, has driven a search for interventions to improve the sector's functioning. We review evidence for the effectiveness and limitations of such private sector interventions in low-income and middle-income countries. Few robust assessments are available, but some conclusions are possible. Prohibiting the private sector is very unlikely to succeed, and regulatory approaches face persistent challenges in many low-income and middle-income countries. Attention is therefore turning to interventions that encourage private providers to improve quality and coverage (while advancing their financial interests) such as social marketing, social franchising, vouchers, and contracting. However, evidence about the effect on clinical quality, coverage, equity, and cost-effectiveness is inadequate. Other challenges concern scalability and scope, indicating the limitations of such interventions as a basis for universal health coverage, though interventions can address focused problems on a restricted scale.

McPake B, Hanson K. Managing the public-private mix to achieve universal health coverage. Lancet Published online June 26, 2016 [http://dx.doi.org/10.1016/S0140-6736\(16\)00344-5](http://dx.doi.org/10.1016/S0140-6736(16)00344-5)

The private sector has a large and growing role in health systems in low-income and middle-income countries. The goal of universal health coverage provides a renewed focus on taking a system perspective in designing policies to manage the private sector. This perspective requires choosing policies that will contribute to the performance of the system as a whole, rather than of any sector individually. Here we draw and extrapolate main messages from the papers in this Series and additional sources to inform policy and research agendas in the context of global and country level efforts to secure universal health coverage in low-income and middle-income countries. Recognising that private providers are highly heterogeneous in terms of their size, objectives, and quality, we explore the types of policy that might respond appropriately to the challenges and opportunities created by four stylised private provider types: the low-quality, underqualified sector that serves poor people in many countries; not-for-profit providers that operate on a range of scales; formally registered small-to-medium private practices; and the corporate commercial hospital sector, which is growing rapidly and about which little is known.

2. Measurement of quality in the private sector

Measurement is a key element of accountability systems, and effective quality measurement for a pluralistic health system requires that such data are collected for the private as well as public sectors. However, little is known about the routine mechanisms currently used to measure quality in the private health sector. In a paper for the [Lancet Commission on Quality Health Systems](#), we

have produced a typology of such approaches, together with an analysis of how these mechanisms developed and what encourages private providers to participate in them. A draft manuscript is available from the authors (contact kara.hanson@lshtm.ac.uk).