

## The Private Sector Thematic Working Group Activities

Activities currently underway include:

- **The Private-Sector-in-Health Symposium 2018**

The Private Sector Thematic Working Group will organize the 4<sup>th</sup> Private Sector in Health (PSH) Symposium, alongside the main Health Systems conference in 2018 in Liverpool, UK.

Three previous PSIH symposia have been held before the International Health Economics Association (IHEA) conference in Beijing (2009), Toronto (2011), and Sydney (2013). With the PSIH TWG now linked to the Health Systems Global Association, the PSIH symposium will be linked to the HSG conference.

The PSH symposium brings together researchers, implementers, donors and policy makers for dialogue and discussion. It is an unparalleled opportunity to hear the best and most recent research and to network with colleagues from around the world.

The objectives of this activity are: to consolidate activities of the Private Sector Thematic Working Group; an increased role for LMIC researchers in the group; and continued development of a community of researchers working on the role of the private sector in health in low and middle income countries.

*Please contact Phyllis Awor for more details*

- **Implementing improvement and innovation in health services and systems**

The Private Sector Thematic Working Group will explore the innovation landscape in the health sector and approaches that stimulate scale-up and social impact of health innovations.

It will critically examine the health innovation eco-systems in the LMIC and approaches to innovation scale up settings across the following areas:

1. Nature of health innovations in LMICS: Different types of innovations currently populating health markets- technology/ devices to improve healthcare quality/access; processes that change ways consumers buy and use healthcare; new products and treatments; models involving horizontal or vertical integration of health organizations/programs.
2. Factors that facilitate/impede emergence/ scale of health innovations: Complexity of interventions, limited funding, regulations, weak health systems; poor application of dissemination techniques/ lack of engagement of local implementers and communities.
3. Health innovation approaches: Successful scaling often depends on different methods and narratives innovators and funders take in navigating local health systems-Frontline partnerships, user-friendly technology; implementer/ end-user participation in design.

Specific activities include organising various meetings between researchers, innovators and policy actors, such as an annual innovation conclave at an LMIC country settings. The aim is to identify strategies likely to facilitate the diffusion of these innovations and to ensure that they meet the needs of the relatively poor. The Private Sector Thematic Working Group also hopes to input into global and/or regional conferences and meetings, and be involved in journal articles.

Activities:

The innovation sub-group hopes launch its first “**New Models of Healthcare: Innovating for Scale Conclave**” in **October 2017 in Bangalore, India** in partnership with the Ministry of Health and Family Welfare (MoHFW), Government of India-Karnataka, the National Health State Resource Centre (NHSRC) and strategic partner the Federation of Indian Chambers of Commerce and Industry (FICCI).

The innovations conclave will serve as an initiative to build capacity in understanding factors facilitating adoption, usage and scaling of health innovations in LMIC (or country specific) settings based on public and private sector participation. The Conclave platform will have a special focus in addressing public and private sector innovation partnerships across the following areas –

- Integrating or bundling innovations to improve access, delivery and lower costs of healthcare services
- Discuss the role of regulations and regulators to enhance and support healthcare innovation
- Gauging the size of effective and/or latent demand; Cost and ability of a user to pay for services and also characteristics of a particular technology (robustness, ease-of-use, affordability etc.);
- Public and private sector collaborations that accelerate the adoption of technology innovation and new healthcare delivery models, including those that involve the horizontal or vertical integration of separate healthcare systems or activities (supply side);

*Please contact Priya Balasubramaniam and Desta Lakew for more details*

- **Regulation**

The Joint Learning Network for Universal Health Coverage (JLN) PHC Private Sector Engagement Collaborative is working to develop new learning and guidance on private sector regulation in LMICs. The JLN is an innovative, demand-driven community of policymakers and practitioners that co-create practical “how to” knowledge to accelerate country progress towards UHC.

The Private Sector Engagement Collaborative within the JLN is authoring a practical guide titled *Engaging the Private Sector in Primary Health Care to Achieve Universal Health Coverage: Advice from Implementers to Implementers*.

In 2017 the Collaborative is conducting peer-to-peer learning focused on regulation of private health providers. The Collaborative will produce up to eight country-led case studies on regulation of private providers in LMICs.

The Private Sector Thematic Working Group members and its member networks will collaborate with JLN through a variety of ways:

1. Provide input to JLN member country regulation case studies (Ghana, India, and Kenya).
2. Act as a pool of expert reviewers of Private Sector Engagement Collaborative products.
3. Exchange knowledge. JLN members will share learning from these activities to Private Sector Thematic Working Group members through the Private Sector Thematic Working Group’s channels; and PSEC country members will receive information on the Private Sector Thematic Working Group.

*Please contact Cicely Thomas for more details*

- **Power, politics and accountability**

In July 2017 the Institute of Development Studies will co-organise a major international workshop entitled “Unpicking power and politics for transformative change: towards accountability for health equity” with partners from the Unequal Voices Project and the Future Health Systems Consortium. This event will bring together practical experiences with health rights advocacy and analytical studies of politics, power and the management of health system change; learn from initiatives from a number of countries that are seeking to strengthen accountability for health equity; co-construct innovative methodological and conceptual approaches to understanding power and accountability in health systems and facilitate ongoing links between researchers, practitioners, advocacy groups and policy actors.

One theme of the workshop will be strategies for making private health actors more accountable for the services they provide. Members of the thematic group on the private sector will be participating in the panel.

*Please contact Gerry Bloom for more details*

- **Informal providers**

Within the private health sector lies a vast informal sector that consists of providers who lack a formal medical qualification, but practise modern medicine using a variety of drugs from the allopathic pharmacopeia. Any discussion of the private sector is incomplete without addressing the opportunities and challenges that informal private providers present. Evidence shows that in many Low and Middle Income Countries, more than two-thirds of the private sector consists of informal providers. They provide the bulk of healthcare for poor, underserved and vulnerable populations that have limited options for accessing formal providers. Informal providers are central to many of today’s front-burner health discourses on Universal Health Coverage (UHC), Quality of Care, Anti-Microbial Resistance (AMR), ‘One Health’ approach to tackling AMR, and Regulations, among others. However, as informal providers are perceived as illegal, governments as well as international health bodies hesitate to engage with them or recognise their role in the health system.

This sub-group will function as a platform for scientific advocacy, emphasising the need to deal with the challenges that informal providers represent, as well as a platform for building greater evidence on how these challenges might be met. We will do this in different ways, including the following:

1. Forge strong linkages with the other PSIH sub-groups and their networks to ensure proper representation of the informal sector in different forums.
2. Plan for a special session dedicated to the informal sector at the HSR 2018 symposium.
3. Hold an expert group meeting at the London School of Hygiene and Tropical in June 2017 to review and discuss the implications and ideas for interventions emerging from a study of the drivers of antibiotic use by informal providers in rural India. Develop a proposal for an integrated ‘One Health’ intervention in 2018 that addresses informal providers for human health and animal health in rural and peri-urban communities.
4. Provide inputs into the IDS workshop on ‘Power, Politics and Accountability’ in July 2017.
5. Consolidate current evidence from different LMICs into a possible multi-country journal article in 2018.



6. Use social media to inform ministries of health in LMICs and the international health community on critical emerging evidence and recommendations related to the informal sector.

*Please contact Meenakshi Gautham for more details.*