Engaging with Private Providers in Low and Middle Income Countries- Strengthening Quality of Care and Effective Regulation

HSR2018 Satellite Session

Parallel Session Outlines

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A. Effective Regulation

Session A1: Imagining the future of health facility regulation: meet the innovators

- **Organiser(s):** Catherine Goodman and Cicely Thomas

- **Background / rationale for session**
  - The challenges of health facility regulation are well-known and persistent. The regulations themselves are often under-developed and out-dated with overlapping mandates leading to inefficiency and duplication. Inspections are rare and inconsistently implemented across public and private facilities, and there is evidence of widespread regulatory infringement, together with extensive opportunities for corruption. At present many new ideas have been proposed in the field of health regulation theory, as well as new strategies being proposed and piloted on the ground in LMICs. This session will give participants an opportunity to learn more about these new ideas from the innovators themselves with the intention of sharing knowledge and experiences to encourage cross-fertilization of ideas.

- **Session objectives**
  - Highlight a range of innovations relevant to facility regulation
  - Facilitate discussion and debate around these innovations and their relevance to different country contexts
  - Identify implementation opportunities and priority research questions around facility regulation

- **Format of session**
  - Introduction to the panel: background and introduction to the innovators (10 min)
  - Panel session: four **innovation mentors** sharing their ideas and experiences from their innovations (45 min). These are lightening talks about an innovation or strategy.
    - State of the art in regulatory theory – Gerard Porter
    - KePSIE innovations – Kenya (e.g. Joint health inspection check-list, display results of inspection; risk-based frequency of revisits) – Frank Wafula, Strathmore University
    - Joint Learning Network Private Sector Engagement Innovations (e.g. Joint Inspection Review Committee; use purchasing as a regulatory mechanism): Kamaliah Noh
    - Meeting strategic goals through regulation– Lessons from Mongolia - Uranchimeg Tsevelvaanchig
  - Session on meet the innovators (30 min). This is an opportunity for all participants to meet two of the innovation mentors from the panel. Groups of participants will meet with one innovation mentor and switch once before the end of the session.
    - Break out into small groups each focused on one of the innovations. (Hopefully they will be groups of about 5-10 participants and at least one innovator.)

        - Opportunity to ask questions about the innovation and about their experiences and how they could apply it in their own country setting
        - After 15 min, switch and join separate discussion
        - At the end of each discussion complete post-it notes on implementation opportunities and priority research questions
            - Participants will have two different colour post-it notes – one to identify research questions and one to identify implementation and policy action. Participants will be asked to attach these to two big boards on each topic in the room.
    - Closing statement (5 min)
        - Thanking everyone and list exciting things and discussions they've heard - highlighting important ideas and ending on a positive note

- **Key discussion points / topics / themes**
    - How can facility regulation be smart, responsive, risk-based?
    - Who should bear the costs of facility regulation?
    - How can corruption be tackled?
    - How to support the facilities to achieve successful regulation?

- **People to participate**
    - Frank Wafula, Strathmore University
    - Kamaliah Noh, JLN Private Sector Engagement Collaborative
    - Uranchimeg Tsevelvaanchig, University of Queensland
    - Gerard Porter, University of Edinburgh Law School

Session A2: Social accountability and social regulation to reshape governance of the private healthcare sector

- **Organisers:**
  - SATHI (Support for Advocacy and Training to Health Initiatives) – India
  - Institute for Development Studies (IDS), Sussex
  - Open Societies Foundation

- **Background / rationale for session**

The private healthcare sector in many LMICs has grown based on numerous direct and indirect public subsidies, and is often supported through Public Private Partnerships (PPPs) and publicly financed health insurance / coverage schemes. However private healthcare providers in many LMICs are often characterized by lack of minimum standards, irrational or unnecessary medications and procedures, and arbitrary charging for services. In this context, institutional mechanisms to ensure social accountability of private healthcare providers are frequently non-existent or extremely weak, linked with widespread violation of patients rights in such settings. Given this context, certain initiatives are emerging to ensure social accountability of private healthcare, which can provide strategies and lessons about how such processes can be developed in LMICs.

Further, regulatory frameworks for private healthcare in LMICs tend to be centred on state action through bureaucratic structures, with minimal role for civil society actors. This tends to promote lack of social responsiveness of the regulatory process, with the risk of formalistic regulation and expert regulatory capture, as well as possibility of distortion of the regulatory process through corruption and rent seeking. This leads to resistance to regulation especially from individual and smaller healthcare providers, as well as apathy regarding regulation among the directly concerned constituency of patients and general public. In this context, an emerging approach to energise and reorient regulation is the social regulation framework, which is likely to be supported both by patients groups and civil society organisations, as well as sections of medical professionals interested in transparent and responsive regulation. This may include provisions such as involvement of civil society representatives as well as healthcare providers in regulatory governance structures, multi-stakeholder oversight of functioning of regulatory authorities, and grievance redressal mechanisms enabling appeal regarding frontline regulatory decisions perceived to be arbitrary or inappropriate. Proceeding from the assumption that regulation and social accountability need to be deeply interlinked, these emerging approaches need wide discussion and development based on perspectives of key stakeholders in the healthcare sector.

- **Session objectives**
  - Outlining rationale for social accountability of private healthcare sector; emergence of patients rights as platform for social accountability

- Sharing of key experiences and innovative approaches for promoting social accountability of private healthcare in LMICs – from South Asia especially India, and Eastern Africa
- Delineating rationale for social regulation and participatory inputs for regulation, based on recognition of critical gaps in existing regulatory approaches
- Detailing core components of social regulation linked with protection of citizens and patients' rights; conceptual linkage between social accountability and regulatory frameworks

- **Format of session**

  The session would start with an initiating presentation and panel of speakers. This would be followed by a facilitated participatory dialogue session.

  Speakers would include civil society practitioners with work on accountability of private healthcare, researcher with work on social accountability in health sector, and public health practitioner with work on social regulation.

- **Key discussion points / topics / themes**
  - Why is social accountability of private healthcare necessary and justified?
  - How can social accountability of private healthcare be realistically developed in LMIC contexts?
  - Which are critical gaps in existing regulation of private healthcare in LMICs which necessitate more participatory and accountable approaches?
  - What would be the desirable elements of social regulation of private healthcare?

- **People to participate**

  Speakers / presenters:

  Abhay Shukla – SATHI (Support for Advocacy and Training to Health Initiatives), India

  Abhijit More – COPASAH Thematic Hub on Social Accountability of Private Healthcare Sector

  Aggrey Aluso - Health Rights program manager, Open Society Initiative for Eastern Africa

  Gerald Bloom – IDS, Sussex

  Chair and facilitator:

  Duncan Wilson, Public Health Program, Open Societies Foundation

  Erica Nelson – IDS, Sussex

Session A3: Is SMARTER regulation of private sector antibiotic distribution channels the answer to the threat of antimicrobial resistance?

- **Organisers:** Meenakshi Gautham (LSHTM) and Gerard Porter (Univ. of Edinburgh)

- **Chair:** Dr. Johanna Hanefeld (LSHTM)

- **Background/rationale:** Traditional top-down and command and control regulations in LMICs have had limited success in achieving compliance with Antimicrobial Resistance (AMR) stewardship policies such as restrictions on over-the-counter antibiotic sales for humans and animals, excessive and inappropriate prescriptions by providers and unregulated marketing and incentivization of antibiotics by the pharmaceutical industry. A few high-income countries have reimagined regulatory frameworks for better compliance. One such approach known as 'smart' embraces more flexible and pluralistic forms of social-control by recognizing non-governmental actors like NGOs and businesses as surrogate regulators and utilises complementary rather than single instruments (e.g. economic and information-based instruments). The actual implementation of such approaches can be politically and economically challenging with many governments not having sufficient appetite to confront controversial problems. The challenges are even greater in LMICs where governance is weak, health markets are inequitable and under-regulated, and regulations that curb the 'excess' must also ensure universal 'access' to life saving antibiotics. Multiple stakeholders such as the pharmaceutical industry, health providers, health regulators and community groups need to be brought together to develop sustainable partnerships based on mutual reciprocity and social responsibility that can optimize and conserve the use of antibiotics. This session will explore the challenges of reimagining regulations for addressing AMR in the private sector in LMICs.

- **Session Objectives:**
  - Discuss and unpack the roles, interests and influence of different private sector actors (formal and informal health providers, pharmacies, pharmaceutical industry) in addressing the challenge of AMR, drawing on the experiences in LMICs.
  - Harvest the group's experiences to brainstorm smarter regulatory options with different groups of stakeholders (e.g. co-designing and co-implementing regulations with regulators and implementors, benchmarking with the pharmaceutical industry, developing complementary regulatory instruments, using participatory methods to negotiate stakeholder interests through compromise and consensus).
  - Identify practical strategies and potential priorities for developing and sustaining regulatory partnerships for AMR that can be tested and implemented at scale.

- **Session Format:**

Total duration: 90 minutes (2.30 pm – 4.00pm)

- Introduction (5 mins-Johanna)
- An overview presentation highlighting some of the key regulatory failures in antimicrobial conservation and optimal use, across a variety of private sector players; the characterisations and potential role of alternative approaches such as smart regulations to achieve better compliance with AMR policies; the kinds of partnerships needed for smarter regulation of the private sector for AMR reduction, with an example from an LMIC like Thailand (15 mins –Porter)
- Comments from a diverse panel on the challenges and conflicts of interest in regulating key private sector stakeholders in AMR (20 mins – all panellists followed by 10 mins of open discussion)
- Panelists' comments on second question – Do SMART regulations offer a smarter way to address these regulatory challenges, and improve compliance rates on the ground? (20 mins all panelists, followed by 10 minutes of open discussion)
- Prioritising practical strategy recommendations for testing and scale up, for example developing a matrix or a pyramid of antibiotics and different types of private providers who should be prioritised as regulatory targets over the next 3-5 years (10 mins – Gerry Bloom)

- **Key discussion points:**
  - Challenges in bringing different parties together with different understandings and conflicts of interest.
  - How can these be addressed to develop smart regulations with more effective compliance rates, especially in LMIC settings?
  - Which areas, actors and products (antibiotics and antimicrobials) do we need to focus on and prioritise in order to achieve the best results?

- **Panelists:**
  - Dr. Gerard Porter, Lecturer in Medical Law and Ethics, University of Edinburgh, UK.
  - Prof. Anita Kotwani, Professor of Pharmacology, VP Chest Institute, University of Delhi, India.
  - Dr. Meenakshi Gautham, Research Fellow, London School of Hygiene and Tropical Medicine (based in India).
  - Serufusa Sekidde, Director AMR Policy & Partnerships, Global Corporate Government Affairs & Policy / GSK China Institute of Infectious Diseases & Public Health, UK.
  - Dr. Gerald Bloom, Institute of Development Studies, Brighton, UK.

- **Outcomes:** Identification of potential priorities where efforts could be concentrated over the next 5 years; identification of practical approaches for reimagining regulations for AMR containment in the private sector; building of thought networks and potential collaborations.

B. Strengthening Quality of Care

Session B1: Innovative approaches for quality assurance in private health care facilities

- **Organisers:**

Chair - Nikki Charman, Population Services International
Co-chair - Ravinder Deolal, Thoughtworks India

- **Background / rationale for session**

Poor quality of care results in poor health outcomes. Improving and monitoring the quality of care in the private sector – which offers roughly 47% of primary health care to the poorest 20% of people in low and middle-income countries (LMIC) – presents unique challenges, as it's fragmented and diverse with respect to channel, service delivery offering, supervision systems, etc. Key constraints include the lack of enforced standards, delayed performance feedback, and poor use of monitoring data to manage health workers.

To address this, implementing agencies and international organizations have worked to pilot innovative tools that support Quality Assurance (QA) systems to deliver health impact at scale and target stretched resources. Examples of innovative tools include the SafeCare program for long-term quality assurance and accreditation, Bahmni for managing patients' records at provider level and the Health Network Quality Improvement System for routine quality improvement. These innovative tools are interoperable with Health Management Information Systems (HMIS), including DHIS2, an open-source software that has

PharmAccess's **SafeCare** program was developed to support healthcare providers in resource-restricted settings to implement a stepwise structured improvement methodology, applying internationally accredited-basic healthcare standards to build transparency and strengthen the delivery of safe, high quality-patient centered care. SafeCare has also introduced standards that enable healthcare facilities in resource-restricted settings to measure and improve the quality, safety and efficiency of their services and allow for rating and benchmarking of providers across the health system. The comprehensive SafeCare assessments help build the capacity within existing (national) programs to implement and measure healthcare quality improvement that eventually can lead to independent accreditation. Since 2011, SafeCare assessments have supported over 2,000 health centers and facilities to improve standards of quality care in 7 countries.

Clinical, diagnostic and patient management information are all important for effective patient care. Thoughtworks' **Bahmni**, is an Open Source Electronic Medical Record (EMR) application managed by Bahmni Coalition developed for resource-constrained areas. It is an OpenMRS distro bundled with other open source tools like OpenELIS (Lab Information System), DCM4CHEE (DICOM and PACS integration) and ODOO (Enterprise Resource Planning system). Bahmni makes the information of patients accessible and helps health care providers to improve the efficiency and quality of patient care, reduces the margin

of error in clinical diagnosis, and advocates for policies related to public health in rural areas. Launched in 2013, Bahmni is now used in 28 countries to strengthen management of patients' information and deliver better quality of health care.

The **Health Network Quality Improvement System (HNQIS)** is an electronic tablet-based application created by Population Services International (PSI) and used to improve quality of health services in health care networks and effectively manage and reach health impact at scale. The HNQIS is composed of four modules that supports healthcare supervisors to (i) plan supportive supervision visits, thanks to a prioritization matrix that takes into account quality scores and patient volume, (ii) assess providers' quality of health service provision, (iii) improve providers' quality of care thanks to tailored feedback, and (iv) monitor quality improvement over time. Initially launched in Kenya in 2015 through PS Kenya's Tunza Social Franchise, HNQIS is now active in 23 countries. It is being piloted in the public sector in Zimbabwe and Mozambique and has the potential to work with any network of providers (public or private).

The implementation and use of these innovative tools does not lack of challenges. In order to ensure susteinability and cost-effectiveness of innovative tools in resource-limited contexts, it is important to build ownership of these technolgical solutions from local institutions, so to ensure support and maintenance in the long-term, and to offer tools that are health-area agnostic, so to ensure integrated solutions and avoid vertical programs. Furthermore, the involvement of end-users since the design phase is a key step to ensure tools are user-friendly and context-specific and little training from implementing partners is required.

- **Session objectives**

By the end of this 90-minute session, participants will:

- Learn about unique challenges that the private health sector represents to monitor and improve quality of health service provision,
- Learn how innovative solutions offer distinct opportunities to strengthen quality of care in the private sector, i.e.:
    - SafeCare's use to support health providers towards certification and accreditation through ensuring standards of quality of health care by tailored work plans,
    - Thoughtworks' Bahmni contribution to improve quality of health care thanks to streamlined health records,
    - HNQIS' application in several country contexts to improve quality of health service provision at scale through targeted supportive supervision visits,
- Discuss about the importance of considering challenges and down-sides of innovative tools in resource-limited contexts. Participants need to be aware of challenges they will face when they want to scale innovations that improve quality of care across public and private sectors. Participants will be tasked to discuss how to overcome challenges in different contexts and will report back opportunities for improvement. Also, discuss the role of a supportive community engaged to deliver and maintain innovative tools.
    - **Format of session**
    - **Opening remarks**:

- Session outline, session objectives and session speakers' introduction (*Nikki Charman, 5 minutes*),

- **Panel:**
  - An **introductory session** to introduce the importance of monitoring and improving quality of health service provision in the private health care sector, its limitations and challenges. Within this challenging scenario, technology can be of great help and several innovative tools have achieved diverse results in different contexts, including SafeCare, Bahmni and HNQIS in varying contexts (e.g. private health clinics, private pharmacies, and public health clinics) (*Birger Forsberg, 10 minutes*),
  - An **overview of each tool**. Each talk will address (i) key problems the tool wants to solve, (ii) how the tool is meant to solve the problem, and (iii) results achieved so far and relevant case studies. Each talk is a 10-min talk followed by 5 minutes of Q&A for participating to clarify doubts on how the tool works:
    - PharmAccess will open with an overview of SafeCare to demonstrate how the tool supports health providers to achieve high quality standards towards an accreditation status and how the quality improvement plans developed thanks to SafeCare assessments support providers through this 360-degree journey (*Faith Muigai, 10 minutes*),
    - Thoughtworks will introduce Bahmni and its application to collect and manage patient records and showcase how the tool has supported providers towards better quality of health service provision (*Bharat Akkinepall, 10 minutes*),
    - PSI will give an overview of HNQIS and showcase how the tool has been used in different contexts to routinely assess and improve quality of health service provision (*Cristina Lussiana, 10 minutes*),
- A **group work** and a **plenary discussion:**
  - Participants will be given a quality improvement framework which outlines at what level each tool operates. Participants will group to discuss opportunities and challenges of adopting / scaling up the tools overviewed during the panel session in their contexts, as well as what type of partnerships are needed in order for the tools to be sustainable and operate in the long-term (*all, 15 minutes*),
  - At the end of the group work, participants will share their feedback on opportunities and challenges and on how to maximize effective partnerships to bring this technology innovation, and others similar to it, to scale, and to ensure commitment in the long-term to maintain and adapt these innovative tools (*all, 10 minutes*),
- A **closing session**:
  - Brief summary of the session, main takeaways from the participants and most interesting opportunities for ensuring use and long-term sustainability of the innovative tools (*Nikki Charman and Ravinder Deolal, 5 minutes*).

- **Key discussion points / topics / themes**
  - Leveraging technology to improve quality of care
  - Scaling up quality of care innovations through strategic partnerships and sustained commitment
- **Panellists**
- Nikki Charman, PSI, chair

- Ravinder Deolal, Thoughtworks India, co-chair
- Birger Forsberg, Karolinska, Sweden
- Faith Muigai, PharmAccess Kenya
- Bharat Akkinepall, Thoughtworks India
- Cristina Lussiana, PSI

Session B2: Can market-based solutions to primary healthcare delivery in Africa advance goals of scale, sustainability and quality?

- **Background and Context:**

This panel session examines how innovators in the private sector advance universal healthcare coverage in resource-poor settings and how they fill the gap in health systems strengthening. Specifically, this session addresses how primary healthcare innovators strive to achieve goals of scale, sustainability and quality in health services delivery for the underserved in lower-and-middle-income countries (LMICs) in Africa. The panel further elicits perspectives from an impact investor and policy-maker on how market-based solutions can facilitate healthcare delivery in resource-constrained settings.

This organised panel session will highlight the strategies, models and lessons learned from two empirical cases: Muso and North Star Alliance. While both organisations are non-profits and deliver primary healthcare to the underserved, each has a distinct and disparate model for advancing primary healthcare delivery. Muso operates in Mali and has developed a proactive Community Case Management healthcare delivery model intended to reduce child mortality and improve early access to care. North Star Alliance operates a network of nearly 50 Roadside Wellness Centres in 13 countries along the transport corridors in Africa and targets mobile populations, including long-distance truck drivers, sex workers and community members. Each clinic is run by trained local clinical and outreach teams supported by a cross-border electronic health record, which syncs across the entire clinic network in all 13 countries. The different models deployed by these two organisations allows for a nuanced examination of how primary healthcare innovators targeting the underserved use distinct strategies to realise goals of scale, sustainability and quality.

In addition, this panel solicits insights from an impact investor – the Global Innovation Fund (GIF). GIF deploys grants and risk capital to finance breakthrough solutions to global development challenges from for-profit firms, non-profit organisations, researchers, and government agencies. The panel will further offer the perspectives of a policy-maker from the Ministry of Health in Kenya. Such perspectives will shed light on how innovators can advance health systems strengthening in LMICs. Presenters will share the lessons learned and challenges experienced in utilising their distinct strategies, collaborating with government and implementing specific models of care delivery for underserved populations.

Session Objectives

- Highlight how primary healthcare innovators achieve scale, sustainability and quality and the complexities inherent in simultaneously striving for such goals
- Identify the main challenges primary healthcare innovators experience as they attempt to grow and become sustainable while retaining quality control
- Highlight perspectives from an impact investor and policymaker on how primary healthcare innovators can contribute to health systems strengthening

Panel Delivery Format

The panel discussion will begin with opening remarks from the Center for Health Market Innovations (CHMI). CHMI studies innovations across global health markets to highlight promising approaches that can be scaled-up or adapted in other countries. CHMI will frame the panel discussion by providing a brief overview of trends in innovative primary healthcare models around the world and synthesise common approaches, pathways to scale, and challenges to uptake.

- **Key topics/themes/questions**

The panel will be delivered using a fireside chat style (45 minutes). The following questions will be posed by the moderator to the panellists:

NATIONAL HEALTH SYSTEMS

Preamble: The private sector in health is strongly influenced by, and also influences, the public sector.

Question 1a: In your experience as a policy-maker, has there been an issue of misalignment between the priorities of your country government and what primary healthcare innovators are offering? What have been some ways in which your government has navigated this dilemma?
Question 1b: What advice would you offer to innovators in regard to integrating with national health systems?
Question 2: As primary healthcare innovators, what have been your most salient challenges in collaborating with government?

SCALE

Preamble: While scaling up primary care is important for improving access to essential curative and preventative health services, there are characteristics of primary care that make it inherently difficult to scale. These include a lack of demand for primary care services from LMIC populations, difficulty attracting an already scarce supply of health workers, and low margins that make it challenging, to sustain operations and expand.

Question 1a: Each of your organisations has achieved a certain level of scale, if you had to identify the main factors that enabled your organisation to grow and expand what would they be?

Question 1b: How has the regulatory environment in the countries in which you operate influenced your scaling up process? What aspects of the regulatory environment advanced or hindered your growth?

Preamble: There are factors that promote scale versus differentiating factors that drive scale.

Question 2: As an impact investor, what have you found to be the differentiating factors that drive scalability?

SUSTAINABILITY

Preamble: The need to keep primary care services affordable is important to ensure access and is even more crucial given the need to convince patients to visit primary care providers, rather than a pharmacy or specialist. As a result, innovators that use a fee-for-service model have to keep consultation fees low to attract patients, and this can make it challenging to generate the funds needed to break even and expand.

Question 1a: Can you share the revenue-generation strategy you have chosen to adopt and why?

Question 1b: As primary healthcare providers, what has been your biggest impediment to realising sustainability?

Question 2: As an impact investor, what have you found to be the common pitfalls that innovators experience as they strive to become sustainable?

QUALITY

Preamble: A challenge for innovators targeting underserved populations is maintaining and improving quality along various dimensions including operations, clinical quality and patient experience. The quest for quality becomes particularly challenging as innovators grow and expand. While growth is good, keeping tabs on the quality in multiple clinics and franchises can be difficult.

Question 1a: Can you provide an example of how innovators maintain and improve quality along one of these three dimensions?

Question 1b: What have been some of the challenges you have experienced in attempting to improve quality along one of these three dimensions?

LESSONS LEARNED

Question 1: Looking back at the achievements and challenges you have experienced as an innovator and impact investor is there anything you would have done differently? If so, why?

The moderator will provide opening and closing remarks. In delivering closing remarks, the moderator will synthesise the panel discussion and offer a broader perspective on some of the key themes that emerged throughout the course of the discussion.

- **Organisers and Panel Participants**

This panel is organised by Results for Development (John Campbell, Donika Dimovska, Sabeen Khan and Keith Mangam) and North Star Alliance (Raman Sohal).

Panel Moderator - Gina Lagomarsino, Results for Development

Panellist 1 - Dr. Omar Ahmed, Policy-Maker, Ministry of Health, Kenya

Panellist 2 - Ylse van der Schoot, Executive Director, North Star Alliance, Netherlands

Panellist 3 - Caroline Whidden, Research Coordinator Muso Health, Mali

Panellist 4 - Simeon Bridgewater, Investment Director, Global Innovation Fund, United Kingdom

Session B3: Strategic Purchasing: Leveraging direct and indirect benefits to improve quality

- **Organiser(s)**: SHOPS Plus, Metrics for Management

- **Background / rationale for session**: As countries move forward with strategies for UHC, collaboration between public and private health sectors is essential. In an unregulated private sector, services delivered can be of inconsistent or poor quality. Increasingly, governments are strategically purchasing health services from health providers to more efficiently use limited resources and increase value for money. By engaging private providers to participate in strategic purchasing mechanisms, governments can generate direct and indirect benefits to improve and regulate quality of care.

- **Session objectives**:
  - Raise awareness of benefits of strategic purchasing to attain UHC goals and importance of engaging private providers to participate in programs using strategic purchasing
  - Discuss effects and implications of strategic purchasing (both direct and indirect) on quality
  - Share results and challenges from the field on private provider engagement in strategic purchasing programs (Kenya and Ghana)
  - Illustrate both potential and documented effects of strategic purchasing on quality, evaluated using a well-established framework

- **Format of session**: panel presentation with facilitated discussion

SHOPS Plus will provide overview on strategic purchasing to be followed by country experiences of private providers as well as donor perspective on benefits of strategic purchasing from a health systems perspective. A discussion will follow tying the indirect/direct benefits of private providers participating in strategic purchasing mechanisms to Bruce's quality framework.

- **Key discussion points**:

1. If used effectively, strategic purchasing can enable a country's health system to make the best use of resources to serve the needs of its people and improve health outcomes, making it an attractive tool for countries working to achieve UHC within financial constraints (from new HFG brief on strategic purchasing)
2. Private providers appreciate 'stamp of quality' that participating in strategic purchasing mechanisms brings, despite operational challenges (i.e. late payments)
3. Credentialing/empanelment/accreditation requirements have both indirect and direct effects on service quality
4. Clients' responses to aspects of cost reduction, quality certification, and accessibility must be understood and planned for
5. Indirect benefits include processes set out for credentialing and direct benefits include bonuses of payments based on performance
6. While there are many benefits for provider as well as client (more informed consumer), there are also many challenges

7. The Bruce framework can be used to understand and plan for trade-offs between cost/accessibility and other dimensions of quality

- **People to participate**:
  Jeanna Holtz, Health Finance Director SHOPS Plus
  Joyce Wanderi, AHME Project Kenya
  Julia Ouko, Principal Healthcare Contracting, NHIF, Kenya
  Caitlin Mazilli, Gates Foundation
  Dominic Montagu, UCSF/Metrics for Management (who will lead facilitated discussion)

C. Change and Innovation

Session C1: Innovative approaches for working with drug shops and pharmacies towards Universal Health Coverage

- **Organizer**: Phyllis Awor

- **Background/rationale for session:** In many countries pharmacies and drug shops are the first point of care for a number of health needs, but the channel is often plagued by fragmentation, poor integration into the formal health system and low quality. Some global health communities and researchers have successfully engaged the sector to expand coverage of specific commodities and services at scale. However, these are often driven by disease-specific or vertical efforts, and broader dissemination on what works - including identification of opportunities for collaboration, scale-up and sustaining the programs - has been limited.

- **Session objectives**
  1. Disseminate innovative and promising approaches for working with drug shops and pharmacies.
  2. Promote collaboration between implementers, researchers and policy makers who have had success in engaging the pharmacy channel to expand coverage and integration of priority commodities and services.
  3. Identify areas for integration and priority research questions around drug shops and UHC.

- **Format of session**
  - The session will start with a summary of the latest evidence on the role of drug shops in provision of health care and how this contributes towards and affects universal health coverage. (**Natasha Palmer**/HANSHEP drug shops report) - 15 minutes
  - This will be followed by a panel session where different innovative approaches (both research and programs) for working with drug shops and pharmacies will be discussed, with a focus on integration of care, and quality of care. (55 minutes)
  - General discussion to identify: areas for collaboration between different groups; opportunities for integration of services; and priority research questions. (20 minutes)

Panel Participants:

1. **Integrated care for children**: "Evaluating the scale up of integrated community case management of childhood illnesses through drug shops and clinics in Uganda" – **Phyllis Awor, Makerere University**

2. **Chain pharmacies**: "Comparing the performance of chain and independent pharmacies in urban India" – **Rosalind Miller, LSHTM**

3. **Question for programs**: What approaches have been used in your programmatic settings and why do you consider these most appropriate and (or) innovative.
    - **Nirali Chakraborty (Metrics for Management)**: will describe some approaches that PSI is using (or has used), when working with drug shops.
    - **Caroline Quijada (Abt Associates Inc.):** will discuss working with ADDOs (a national level association; business and financial management skills; etc.) and work in Nigeria with PPMVs on TB screening.
    - **Bruce Mackay (Independent Consultant):** will focus on social marketing in Asia and Africa; and other approaches for working with drug shops and pharmacies, based on his vast experience.

Key discussion points

- How can we better collaborate across different vertical drug shops programs?
- How can quality of care be improved at the level of drug shops?
- What are priority research areas/questions around the role of drug shops and UHC?

Session C2: Disrupting Health Systems to progress Universal Health Coverage - Can new Private Enterprise Models serve the Public Good?

- **Facilitators:** Priya Balasubramaniam (PHFI), Desta Lakew (AMREF), Gerry Bloom, (IDS)

- **Overview:** This session explores leveraging of new models of innovations led by private (both for and non-profit) actors in low-middle-income countries to bridge health equity gaps in relation to healthcare access, delivery, costs and quality. The session will examine how these disruptive health innovations are impacting the health systems they are embedded in. How they have dealt with issues of scale and why their non-traditional business models are setting them apart from existing traditional for-profit private providers. **The session will also unpack findings of the Innovations for UHC Conclave held in Bangalore, India in June 2018.**

- **Format: Short spot-light presentations followed by a structured debate**
  Time 90 Minutes
  - Setting a framework for discussion (2 minutes)
  - 4 presentations of 4 minutes each (4 slides-4minutes) by panel members = 16 minutes
  - 40 minutes of structured moderated debate involving panellists and discussants
  - 40 minutes open debate

- **Background:**

Health care innovations occur across a spectrum, ranging from small changes that improve some aspect of healthcare to major shifts that have sweeping effects on the entire health care industry. The global commitment to achieve Universal Health Coverage (UHC) sets out an ambitious agenda for equitable and affordable access to good quality health care by 2030. However the path to achieving UHC is often dictated by demography, epidemiology, governance and economic constraints. While the limitations of the public sector have created large health system gaps, many countries in the global south are turning to innovative non-state actors who are disrupting traditional health markets to supplement health care provision, access and affordability gaps.

- **Objectives:**

The session will explore how private sector led health care innovation is able to bring complex and expensive health care services and products to greater levels of affordability and accessibility especially among vulnerable populations that need them the most. Participants will learn about opportunities and challenges associated with development and diffusion of technological innovations that substantially improve health systems performance for vulnerable populations. Disruptive health innovation models will cover:

1) New models of health care delivery – These include new ways (or new models) of delivering, financing and accessing health care services in relation to primary health care, rural health and models that involve integrating or bundling discrete innovations to improve access, delivery and affordability of healthcare services. New models of care also involve delivering services to new population groups where none existed and unique partnership models with the State that are different form conventional PPP models.

2) Health technologies and devices that strengthen health systems – These include devices and new technologies that are improving healthcare delivery and access- new product treatments and solutions.

We will explore how these types of innovations fit into health system value chains and how they have improved healthcare quality, supply and access.

3) Innovation around health system processes and efficiencies – These include innovations that improve supply side health service effectiveness; processes that change ways consumers buy and use healthcare and innovations by State actors that improve point of care delivery and decision making at the implementation level.

Some questions explored in the session include:

- Tipping points - What are the broad technologies that are required for enabling health system innovations - 4G, Cheap Smart phones, Technology incubators, International partnerships, regulatory bodies, etc.
- Creation of new health-market footholds where disrupters have created affordable care where none existed
- Are innovators and entrepreneurs the same? If not, do they have different needs?
- Factors that facilitate/impede emergence/scale of health innovations
- Human behaviour issues- the trade-off between transaction cost & health system costs
- Regulation - Should you adopt developed world standards (CE, USFDA, HIPAA) or modify/create for the Global South?
- How disruptive innovations are changing physician-centered health models- redefining the very borders of healthcare
- How smaller companies with fewer resources are able to successfully challenge established incumbent health care businesses?
- How disruptive health innovators are focusing less on revenue generated through service delivery and responding to market forces that emphasize accountability for patient outcomes.

- **Moderators: Priya Balasubramaniam, Desta Lakew, Gerry Bloom**

- **Speakers:**
  - Jonathan Sudharta, CEO, HaloDoc , Jakarta, Indonesia[1]
  - Mr. Naresh Malhotra, Founder and CEO, Modern Family Doctor Chain[2], Bangalore, India/Mr. Sujay Santra, Founder & CEO, iKure Techsoft[3] – Rural healthcare
  - Gregory Rockson, Co-Founder & CEO mPharma, Ghana[4]
  - Vikram Damodaran, VP Innovation Labs GE/ Raman Singh, CEO, Mundi Pharma [5]
- Discussants: Senior Policy Maker (India/Africa) and Desta Lakew, Director Partnerships, Amref Africa

[1] https://e27.co/halodoc-raises-us13m-series-a-to-bolster-indonesias-healthcare-sector-20160909/
[2] http://www.thefamilydoctor.co.in/about-us/management
[3] https://www.ikuretechsoft.com/index.php/about-us/corporate-team
[4] https://qz.com/1136148/a-startup-disrupting-africas-pharmaceutical-retail-has-raised-6-6-million/
[5] http://www.mundipharma.com.sg/2017/05/22/drugmaker-steroids-mundipharma-president-raman-singh-shares-vision-2/

Session C3: Commercialisation, corporatization and public –private partnerships: healthcare trends and challenges for LMICs

- **Organisers:**
  - SATHI, India
  - Centre for Global Public Health, Queen Mary University
  - Global Health Policy Unit, University of Edinburgh
    King's College, London, Department of International Development
  - Open Societies Foundation

- **Background / rationale for session**

There are widespread calls for governments in low- and middle-income countries (LMICs) to 'engage' the private sector in the pursuit of health policy objectives. At the same time, in many LMICs various forms of commercialisation and corporatisation are strongly influencing the healthcare industry. Governments in numerous LMICs are establishing contracts with businesses, often facilitated by key global actors, which are termed public-private partnerships (PPPs).So far research on the private healthcare sector in LMICs has tended to focus on the engagement of relatively small-scale providers, often located at the primary care level. In this context today there is need to strengthen current research to understand these emerging transformations in the health sector in LMICs.

The healthcare industries in LMICs are expanding at scale, and are projected as offering a major arena for investment by domestic and international business. There is shift towards adoption of the corporate structure for providing medical care, increasing presence of investor-owned and for-profit hospital companies, introduction of corporate management and business practices, emphasis on revenue generation from medical care, and partnering of charitable hospitals with for-profit hospital companies for operations and management of hospital services.

At the same time many governments in LMICs are establishing long-term and complex agreements with large investor-owned companies, supported by donors such as the International Finance Corporation (IFC). These PPPs involve an expanded role for large companies (as in insurance, hospitals, diagnostics) in the delivery of healthcare products and services. We know from empirical research on such contracts in high-income countries (HICs) that by virtue of their long-term, complex and capital-intensive nature, they can present considerable risks and challenges. They generally require assiduous and skilled governance to mitigate threats to the financial sustainability of health systems and their capacity to meet people's needs. Given that in LMICs, these transactions are taking place in the context of weaker structures of regulation and public accountability than are typically present in HICs, the limited scholarly attention they have received is highly problematic.

Despite the challenges that such arrangements present, in the health policy discourse these partnerships are often proposed as win-win solutions to healthcare challenges in LMICs. The healthcare sector is today projected and viewed as offering huge opportunities for new markets, new actors and new forms of

provisioning, often fueled by the interests of domestic and international business. Given this entire context there is need to strengthen current research to understand these emerging transformations in the health sector in LMICs.

Hence in this session, we wish to bring together researchers who are undertaking empirical or theoretical research on these themes, focusing on government or donor engagement with large-scale investor-owned businesses (corporations). We will seek to identify key gaps in the current literature, share emerging experiences and findings, and identify a research agenda.

- **Session objectives**
  - Describe and analyse key modalities through which processes of commercialization, corporatisation and financialisation are taking place –elucidating global trends and the principal actors implicated in them, including the role of key investors and development finance institutions;
  - Present empirical cases from South Asia (India) and Africa (Lesotho and Nigeria) on the evolving healthcare industry and the state and impact of existing PPP arrangements;
  - Facilitate discussion and debate on the potential and observed costs and benefits of new arrangements and their implications for the effective governance of health-related products and services; and
  - Identify key gaps in the current literature and begin to map out a relevant research agenda.

- **Format of session**
  - Introduction to the panel by chair (5min)
  - Panel session: Five short presentations (12 minutes each) that illuminate the nature of the terrain, examining corporatization, financialisation and PPP models, the governance challenges they generate, and the consequences for health systems. [60 mins]
  - Open discussion with questions from audience (20 min). This will be an opportunity to elicit a range of views and key questions from participants after the presentations.
  - Closing remarks by co-chair (5 minutes) that will synthesise the key points and reflect on key research gaps in this area.

- **People to participate**

Session Chairs – Dr Sharmila Mhatre & Dr Anuj Kapilashrami

Panelists (total of 5 panelists, to speak for 12 minutes each):

1. Prof. Susan Murray, King's College London
2. Indira Chakravarthi, SATHI, India
3. Anna Marriot, Oxfam
4. Dr. Mark Hellowell, Director, Global Health Policy Unit
5. Pauline Allen, LSHTM / Mirja Sjoblom, University of Edinburgh/World Bank [TBC]

- **Topics to be dealt with by each panelist (suggested):**
  - Commercialization, corporatisation and financialisation of healthcare- overview of global trends and actors - **Susan Fairley Murray, King's College London**
  - Case study of coporatisation: the evolving healthcare industry in Maharashtra, India: corporate actors, new segments and new investors - **Indira Chakravarthi, SATHI, India**
  - The evolving role of development assistance and PPPs for healthcare in Africa**- Anna Marriott, Oxfam, UK**
  - Case study of the large-scale public-private partnerships in LMIC healthcare: learning the lessons of the Lesotho case - **Mark Hellowell, Global Health Policy Unit**
  - Global financing facility of the World Bank & implications for health systems (TBC)