

<b>Institution: University of Edinburgh</b>		
<b>Unit of Assessment: UOA20 Social Policy and Social Work</b>		
<b>Title of case study:</b> Promoting effective governance of the private health sector to achieve universal health coverage		
<b>Period when the underpinning research was undertaken:</b> 2014-2020		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b> Dr Mark Hellowell	<b>Role(s) (e.g. job title):</b> Senior Lecturer, Global Health Policy, Social Policy	<b>Period(s) employed by submitting HEI:</b> 2005- present
<b>Period when the claimed impact occurred:</b> 2014 to 2020		
<b>Is this case study continued from a case study submitted in 2014?</b> No		
<b>1. Summary of the impact</b>		
<p>The private sector provides approximately 40% of health services in low- and middle-income countries (LMICs) and is central to international strategies for advancing universal health coverage. Hellowell's research highlights the key governance challenges related to the private health sector and has supported efforts by leading global health agencies to enhance capacity for effective reforms. This has been achieved by:</p> <ol style="list-style-type: none"> <li>1. Stimulating policy change in the World Bank by increasing awareness of structural problems of public-private partnerships in African LMICs, in collaboration with Oxfam.</li> <li>2. Collaborating with the Foreign, Commonwealth and Development Office, the World Bank, and the Global Finance Facility to ensure that efforts to strengthen governance in LMICs are 'fit-for-context', and to build local state capacity via tailored training programmes and technical assistance.</li> <li>3. Shaping the development of the World Health Organization's strategy for engaging the private health sector in LMIC health system responses to the COVID-19 pandemic.</li> </ol>		
<b>2. Underpinning research</b>		
<p>The private sector provides approximately 40% of health services in low- and middle-income countries (LMICs), yet governance of the sector is inadequate in most countries. The result is that health services are less accessible, less safe and less effective than they could be. There is increasing recognition that these failings have undermined progress towards critical global health goals - such as achieving universal health coverage (UHC), tackling anti-microbial resistance, and building emergency preparedness and response capacities in LMICs. Hellowell's research has focused on how governance of the private health sector can be enhanced to address these barriers to progress.</p> <ol style="list-style-type: none"> <li>1. Hellowell's research on the private health sector initially focused on public/ private sector engagement mechanisms in high-income countries, demonstrating the financial pressures created by certain forms of public-private partnership (PPP), and the consequences for health systems and population health outcomes (3.1). Subsequently, Hellowell adapted this approach when, as a consultant to the World Bank, he evaluated a high-profile PPP in Maseru, capital of Lesotho. Under this PPP, a multinational corporation had been contracted by the Government of Lesotho to finance and build a new tertiary hospital and a network of primary care clinics, and to manage all clinical services within these facilities for a period of 15 years (3.2). This research found that the limited capacity of the government to plan, manage and pay for the contract had exposed it to significant fiscal costs and systemic risks, undermining its ability to plan for and address key population health objectives, including tackling the country's high HIV/AIDS burden.</li> </ol>		

2. Building on this - and related evaluations of similarly problematic attempts to establish new public-private engagement mechanisms - Hellowell's work has focused on achieving better understanding of how LMICs and donors can support more 'fit-for-context' reforms. This has included both *empirical research* (e.g. comprehensive mapping of the activities and approaches taken by development partners with regard to public-private engagement) (3.3), and *co-produced action research* (e.g. establishing critical principles of effective approaches to public-private sector engagement, in collaboration with the Foreign, Commonwealth and Development Office (FCDO), World Bank and the Global Financing Facility (GFF)). This latter form of research - incorporating interviews with LMIC government officials, industry executives and representative bodies, NGO and INGO staff, and development partners and experts within the World Health Organization (WHO) - has been undertaken on market systems approaches in health (3.4).
3. During the COVID-19 pandemic, questions concerning the governance of commercial health sector actors have become even more pressing. Hellowell has undertaken research, again in collaboration with the WHO, based on document analyses and interviews with LMIC state officials, donors, and UN officials, alongside an (ongoing) Delphi consultation process. This has shown how inadequate governance is undermining responses to the pandemic, compromising access to essential health services, and is thereby highlighting the need for enhanced arrangements for effective coordination and oversight across health systems, public and private (3.5). Hellowell's research across these areas has been foundational for the development of new joint WHO/ World Bank guidance on contracting with the private sector during the COVID-19 pandemic, on which he is the lead author, alongside WHO and World Bank colleagues (see 5.9 below).

### 3. References to the research

- 3.1** Hellowell, M (2016). 'The price of certainty: benefits and costs of public-private partnerships for healthcare infrastructure and related services'. *Health Services Management Research*. DOI: [10.1177/0951484816639742](https://doi.org/10.1177/0951484816639742).
- 3.2** Hellowell, M (2019). 'Are public-private partnerships the future of healthcare delivery in sub-Saharan Africa? Lessons from Lesotho'. *BMJ Global Health*. DOI: [10.1136/bmjgh-2018-001217](https://doi.org/10.1136/bmjgh-2018-001217)
- 3.3** O'Hanlon, B and Hellowell, M (2020). 'International organisations and the engagement of private healthcare providers'; and 'Principles for engaging the private sector in universal health coverage'. Geneva: World Health Organization. In Clarke, D (Ed), *The Private Sector Landscape in Mixed Health Systems*. Geneva: World Health Organization; 2020. <https://www.who.int/publications/i/item/private-sector-landscape-in-mixed-health-systems>
- 3.4** Hellowell, M, O'Hanlon, B and Elliott, D (2020). *Managing Markets for Health: Sustaining Access to High-Quality Essential Health Services During the COVID-19 Pandemic*. London: Foreign, Commonwealth and Development Office. <https://www.managingmarketsforhealth.org/workbooks/2020/mm4h-workbook-eng.pdf>
- 3.5** Hellowell, M, Paviza, A, Clarke D, O'Hanlon, B (2020). The impact of Covid-19 on the private health sector: symptoms, causes, consequences and solutions. Geneva: World Health Organization. <https://hsgovcollab.org/en/node/4589>

### 4. Details of the impact

Promoting more effective private sector governance is central to international strategies to advance UHC in LMICs. Hellowell's research has highlighted key governance challenges related to the private health sector and has supported efforts by leading global health agencies to enhance state capacity for effective reforms, stimulating policy change within the World Bank; enhancing state capacity for effective governance; and shaping the WHO strategy for engaging with private health sector to respond to the COVID-19 crisis in LMICs.

### **Collaborating with Oxfam to stimulate policy change within the World Bank**

Hellowell's research into a highly significant PPP in Lesotho (3.2) was commissioned by the World Bank and was shared with Oxfam by Bank officials. This research provided a cost-benefit analysis of the PPP, focusing on the damage to financial and clinical outcomes from it, and how these reflected limitations in the state's capacities to procure, monitor and pay for the contract. Oxfam used the analytical framework outlined in this research, and key elements of the data generated by it, as the foundation for its own report, *A Dangerous Diversion* (5.1). The Oxfam report emphasised findings concerning the high costs to government generated by the PPP, and the impacts of these on the government's ability to address population health care need. The Oxfam report led to significant global coverage of the issue (5.2) generating a response from the World Bank's then President Jim Kim. Jim Kim acknowledged the importance of the research, stating in a televised interview that he was "*looking into the [Lesotho PPP] project very carefully*" and acknowledging that this case exposed "*a much, much bigger problem*" with regard to public-private sector relations in health systems, especially with regard to LMICs (5.3).

According to the Health Policy Advisor, Oxfam GB, "*The framework and data from Hellowell's research enabled Oxfam to demonstrate to the World Bank how its 'flagship' PPP was swallowing over half the country's health budget and diverting urgently needed resources from the rest of the health system. The strength of the case was such that former President of the World Bank Jim Kim had little choice but to respond with a recognition that action was needed to mitigate the effects of the PPP in Lesotho. This led to a high level World Bank delegation to review the PPP with a resulting report that recommended several actions taken to try to reduce the risks of the PPP to the Lesotho government. We are also aware that this intervention helped to 'change the dialogue' with regard to the use of PPPs in general, both within the Bank and among its LMIC clients.*" (5.1).

### **Building state capacity for effective governance: Training and technical support**

Despite the critical nature of this part of Hellowell's research, it provided the basis of a sustained collaboration with the World Bank – one of the key 'agenda-setting' agencies in global health. The extent of collaboration has been particularly substantive with the Global Financing Facility (GFF), an initiative established and staffed by the World Bank, and focused on supporting integrated approaches to health systems strengthening in the areas of reproductive, maternal, child and adolescent health and nutrition. The World Bank/ GFF has twice commissioned a team led by Hellowell to develop and deliver training in, and technical assistance relating to, governance of the private health sector for LMIC government clients in Africa and Asia. Initially, in 2015, this course was taught on a face-to-face basis to cohorts of senior officials - from the World Bank Group, the then Department for International Development, and country-level government staff from South Asia and East Africa. This was followed by a course held in Dakar, Senegal in April 2018 for 26 policymakers from eight prioritised LMIC country teams invited by the GFF (5.4, pp. 5-6).

To maximize the impact of this programme, Hellowell worked with World Bank/GFF colleagues in 2019-20 to co-produce a 'massive open online course' (financed by the FCDO). In 2018 the course was delivered to a cohort of 461 learners from over 40 countries, mostly from Africa and South East Asia; participants were largely officials drawn from donors and partner organisations, from civil society organisations, and developing country policymakers (5.4, pp. 8-9). Course evaluation indicated striking increases in perceived capacity for effective health governance. The proportion of participants who agreed or strongly agreed that they had the skills to identify promising health markets in which to intervene to improve health outcomes, rose from 29% at baseline to 88% at the end of the course. Those expressing confidence in their ability to design a package of policy tools to address issues in market actors' behaviour similarly rose from 21% to 80% (5.4, pp.13, 29-30).

Hellowell subsequently worked with the GFF team to provide coaching to a group of eight country teams, seven based in sub-Saharan Africa (Burkina Faso, Cameroon, Cote D'Ivoire,

Indonesia, Nigeria, Rwanda, Zambia), and one in south Asia (Myanmar) – a total of 70 learners. The coaching programme was delivered by a team led by Hellowell, who also led the development of the course handbook (5.5). Following the most recent iteration of the course, three of the participating governments made requests for further technical assistance in developing their approach to regulating the private sector. According to a Senior Economist at the GFF, *“Hellowell’s research ... has encouraged the global health policy community to reconceptualise what effective public-private engagement ‘looks like’ in health systems striving to reach UHC. This has had a significant impact on our approaches to investment and technical assistance in countries – shifting the focus from specific tools and transactions to the development of state capacity to extend its reach across health systems, public and private”* (5.6).

### Engaging with WHO to support the governance of pandemic responses in LMICs

The longstanding challenges addressed by Hellowell’s research assumed new significance in the COVID-19 era. In 2020, Hellowell has worked with colleagues in WHO’s Health Systems Financing and Governance division to examine the challenges in private health sector governance highlighted by the pandemic, and how they might be addressed. This has included key contributions to the work of the Advisory Group on the Governance of the Private Sector for UHC, a WHO advisory body formed to develop recommendations on the regulation of and engagement with the private sector in the context of advancing UHC. This collaborative work has included rapidly identifying and evaluating key challenges for LMICs in achieving effective oversight of the private health sector during the pandemic (5.7), and evaluating interventions available to governments, donors and the WHO for addressing identified challenges (3.3). This work has been critical to the development of new WHO guidance to governments on contracting the private sector to address COVID-19-related healthcare demand while sustaining access to other essential health services, co-authored by Hellowell (5.8). For the first time, this is providing a cohesive basis on which the WHO will be able to advise countries on establishing effective strategies towards the private health sector – both during the current crisis and thereafter.

According to the private sector lead for the WHO’s Health Systems Financing and Governance division, *“In the context of the pandemic, Hellowell’s research and expertise have been drawn on to define key challenges for LMICs in achieving effective oversight of the private sector, and to evaluate the set of interventions available to governments, development partners and the WHO for addressing these challenges. The research has also provided a conceptual foundation for the development of new WHO/World Bank guidance on contracting the private sector during the COVID-19 crisis. This guidance ... will provide invaluable support to governments that are aiming to mitigate the health effects of the pandemic while sustaining access to essential health services.”* (5.9).

## 5. Sources to corroborate the impact

**5.1** Testimonial from Health Policy Advisor, Oxfam; bundled with Oxfam’s report: A Dangerous Diversion: Will the IFC’s flagship health PPP bankrupt Lesotho’s Ministry of Health?  
[https://www-cdn.oxfam.org/s3fs-public/file\\_attachments/bn-dangerous-diversion-lesotho-health-ppp-070414-en\\_0.pdf](https://www-cdn.oxfam.org/s3fs-public/file_attachments/bn-dangerous-diversion-lesotho-health-ppp-070414-en_0.pdf)

**5.2** Webster PC (2015) Lesotho's controversial public–private partnership project. The Lancet, 386(10007), pp.1929-1931.  
<https://web.archive.org/web/20210204105556/https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2815%2900959-9/fulltext>

**5.3** Interview with World Bank President Jim Kim:  
<https://web.archive.org/web/20210204105745/https://www.worldbank.org/en/news/speech/2014/04/09/a-conversation-with-al-jazeera-ali-velshi-and-world-bank-group-president-jim-yong-kim>

**5.4** Managing Markets for Health Learning outcomes evaluation report 2018.

**5.5** Hellowell, M, O’Hanlon, B and Elliott, D (2020), Managing Markets for Health: Sustaining Access to High-Quality Essential Health Services During the COVID-19 Pandemic. London: Foreign, Commonwealth and Development Office.

<https://web.archive.org/web/20210204105934/https://www.managingmarketsforhealth.org/workbooks/2020/mm4h-workbook-eng.pdf>

**5.6** Testimonial from Senior Economist, World Bank

**5.7** O'Hanlon B, Hellowell M (2020). Enabling the private health sector in the national response to COVID-19: Six Current Policy Challenges. Geneva.

[https://web.archive.org/web/20210204110138/https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key\\_Issues/Private\\_Sector/Enabling\\_the\\_private\\_health\\_sector\\_in\\_the\\_national\\_response\\_to\\_COVID-19\\_-\\_Six\\_Current\\_Policy\\_Challenges.pdf](https://web.archive.org/web/20210204110138/https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/Private_Sector/Enabling_the_private_health_sector_in_the_national_response_to_COVID-19_-_Six_Current_Policy_Challenges.pdf)

**5.8** O'Hanlon B, Hellowell, M, Eldrige C. (2020), An Action Plan to Engage the Private Health Service Delivery Sector In The Response To Covid-19 (Interim Guidance), Geneva: World Health Organization.

<https://web.archive.org/web/20200925004252/https://hsgovcollab.org/en/node/4380>

**5.9** Testimonial from Private Sector Lead, Health Systems Financing and Governance Division, World Health Organization.