RETHINKING UNIVERSAL HEALTH COVERAGE...

PUBLIC, PRIVATE PARTNERSHIP

The government has to work with the private sector to improve the quality of health services offered in the country

By Crispus Mayora

December 12 was World Universal Health Coverage (UHC) Day. Last year's UHC Day was celebrated with a call to 'Act with Ambition'. While the UHC concept is not new, it has, however, been explicitly included in the new Sustainable Development Goals (SGDs) agenda, specifically SDG3.

For Uganda, the theme for the Health Sector Development Plan (HSDP 2016-2020) is *to accelerate movement towards universal health coverage.*

Stakeholders

While the focus seems clear, the 'how this can be realised' has continued to be a subject of discussion among policy makers, academia, researchers, implementing

It is important to ensure that all stakeholders including citizens – the ultimate beneficiaries – are included in this discourse, particularly around rethinking better frameworks for delivering health services.

This discussion must extend to redefining roles and responsibilities of actors, and rethink the 'traditional' approach to health service provision as largely a mandate of the state.

Two issues emerge from this redefinition, namely:
(1) How to empower citizens or communities to actively participate in producing or financing their own health
(2) A stronger engagement with non-state actors as complementary rather than competitive.

For this article, we focus on the latter. The non-state actors includes private and non-profit, and non-government organisations.

For starters, in terms of health service delivery (infra) structure, in 2015, about 58% of hospital level facilities in Uganda were non-government owned and operated. For include private clinics and drugshops, the proportion is even higher. This trend will likely continue over the coming years. Over 50% of health service provision in Uganda happens through the private sector.

Private health sector

The rapid expansion and proliferation of the private sector in Uganda's health sector owes itself partly to inefficiencies in the public sector delivery system. As the population continues to grow and a middle-class emerges because of improvement in income, the demand for good health services is certainly bound to increase. This will likely provide ground for the private actors to expand even more, both in size and role. Working closely with non-state actors is no longer an option, but a necessity. The focus should now be on what models could be adopted to best utilise this rapidly growing sector to ensure the engagement works in the best interest of the population particularly the poor and vulnerable communities.

engagement should take due consideration of the current structure and incentives that influence private sector behaviour in health service delivery.

What UHC should reflect

Three issues – with a bearing on Universal Health Care – must be reflected on;

- Private facilities are more in urban than in rural areas, yet majority of population lives in rural areas. This poses an equity and access challenge,

- The private sector is traditionally driven by profit, which raises concerns about the cost and financial burden of access to health care.

- The private sector often focuses on services that generate a high return on investment, which raises issues of how services of public health importance (such as public health education) should be delivered for the greater good of society. Both the state and non-state actors must act

expanded coverage for high quality and affordable health services.

An already existing model to partnership in Uganda – the provision of subsidies to private non-profit and some private for-profit– should be the starting point and this needs to be streamlined and even scaled up to cover more facilities.

Selection criteria

A criterion for selection of beneficiary facilities should take into account location for example hard-to-reach areas with limited access to a public facilities. This must be followed by a strong monitoring and supervision mechanisms to ensure the subsidy translates into reduced cost of services.

The second criterion could be for the state to contribute to infrastructure development and deployment of personnel at private facilities to reduce cost of service provision and hence lower access costs.

Thirdly, the state could fully contract out certain services to the private sector and only focus on financing.

performance or results-based financing approach, so that in areas where public facilities are inexistent, an already existing private player may be contracted by the Government to provide those services.

Recognising challenges

Most importantly, however, is to recognise the challenges that come with private sector engagement. This will help provide for a certain degree of regulation to ensure that healthcare – a public good – is delivered to all. Furthermore, it is important to recognise certain aspects of health service delivery where private sector capacity may be limited, making it apparent for government to intervene.

Ultimately, neither public nor the private can fix the constraints in Uganda's health sector, but rather both must harness each other's capacities, if Uganda is to achieve universal health coverage.

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