

Data collection from the private sector

1 Introduction

This is the fifth round of IHP+ monitoring of effectiveness of health sector development cooperation. Governments, Development Partners (DPs), Civil Society Organisations and other health stakeholders, including the private sector, are invited to participate in the process.

The IHP+ Results Consortium (known as **IHP+R**) is managing the monitoring process.

2 Indicator and indicator components

For the private sector, information will be collected in order to assess the following indicator:

Extent to which the private sector operate within an environment that maximises its engagement in and contribution to health sector development.

This will be measured by seeking answers on the following questions:

1. What space does the Government provide for professional associations, unions and other private actors to effectively participate in health sector policy, planning and monitoring?
2. How effective are the mechanisms that assure that professional and industrial associations in the health sector are accountable for the delivery of quality products and effective services?
3. How effective is the support provided by development partners to professional associations and unions to foster their contribution to national health policy development, implementation and monitoring?
4. How conducive is the national legal and regulatory environment to the development and active engagement of professional associations and unions in national health policy?

3 The private sector

Data collection from individual private actors in the health sector is beyond the scope of this assessment. The private sector consultation is therefore limited to consultations with organisations that represent private interests in the delivery of health services. These will vary from country to country and may include:

- Health workers' trade unions and professional associations
- Public health associations or other thematic associations of health professionals
- Organised private interest groups or organisations representing, for instance, the health insurance, private hospitals, private clinics / health centres or pharmaceutical industry in the country.

4 Sampling

Sampling is purposive, opportunistic and adapted to local context. We assume that the number of eligible organisations in each country will be limited, and that most will be represented in the capital. The national expert, in cooperation with national institutions (Ministry of Health, other Government sources, trade unions, etc.) will prepare an inventory of organisations that meet the definitions listed above. To the extent possible and feasible, these organisations will be invited to participate in national consultations.

Consultations may have a different format in different countries, but we anticipate that in most countries they will take the format of small group meetings.

5 Data collection and data path

The agenda of the private sector consultation will be set locally. It will, however, follow a common sequence of themes which will serve as headings in the report template. This will allow a cross-sectional content analysis of issues raised on specific themes across all participating countries.

The report of the consultation will be prepared by the national expert and validated by the participants. A report template will be made available by IHP+R. This will then be submitted to the national IHP+ focal point at the Ministry of Health, and to the IHP+R helpdesk for aggregation of information and regional or global analyses. Whether or not the reported private sector voices will be anonymised in the report will depend on a consensus position of the consultation participants. This should be established at the outset of the consultations.

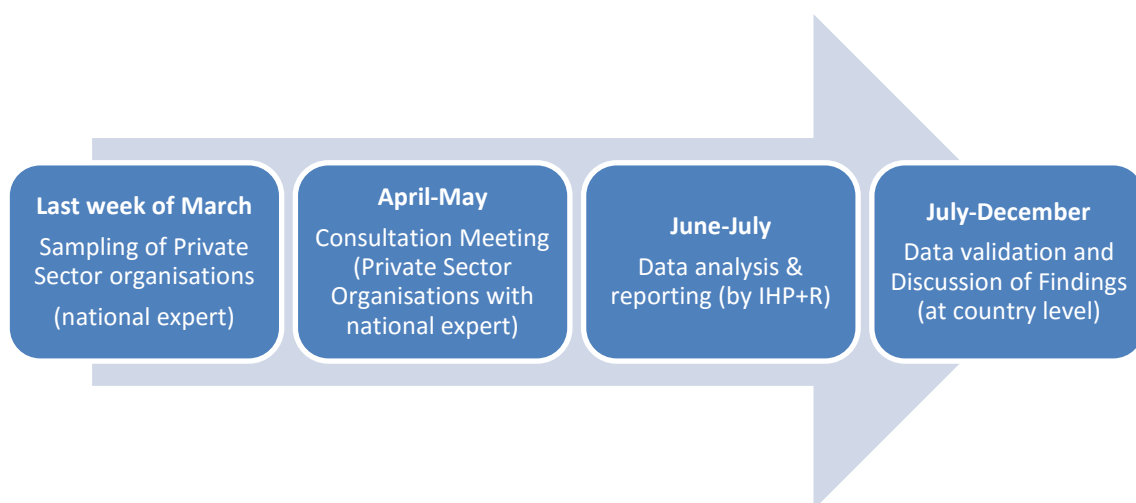
The report of the consultation meeting should be submitted to the Ministry of Health and IHP+R helpdesk **before 31st May 2016**.

6 National discussion of findings

The information collected through the private sector consultation will be synthesised and presented by the national expert (or a delegated person) to a final stakeholder meeting, organised by Ministry of Health, where all study findings, including for Government, Development Partners, CSO and Private Sector will be discussed. Private sector participation in this meeting will be decided by the organisers. These may differ from country to country.

7 Timeline

Figure 1: Timeline for 2016 IHP+ Monitoring



Annex 1: Themes for the consultation meeting

The Consultation meeting should be organised in the format most appropriate to country context.

The purpose of the meeting is to gain a deeper understanding of how private sector organisations view the national environment in terms of the extent to which it enables their participation in health policy processes.

The consultation meetings are organised by the international consortium managing the IHP+ performance review in cooperation with (*insert name of national institution or national expert*), on behalf of the Ministry of Health.

Reports of the consultations will be prepared by the national expert contracted by IHP+R, and validated by participants and the Ministry of Health. On request, the names of individuals or organisations participating in the consultations will be removed prior to the validation process. The validated report will become part of a summary report presented in a final national meeting organised by the Ministry of Health, and it will be used as information for the global 2016 IHP+ performance report.

The following is a list of four themes for the agenda of the consultation meeting. The meeting should result in a summary report prepared on a template that includes headings for each theme.

The bullet points under each theme are suggestions for discussion topics. The bullet list should not be treated like a questionnaire.

Theme 1: Does government include the private sector in health policy processes?

- To what extent are private sector activities in the health sector aligned with the national priorities and the national policy?
- Are there health partnership processes or mechanisms in which unions, professional associations or other private sector groups are invited to participate (technical working groups, periodic stakeholder meetings, joint assessment of health strategies, joint annual health sector reviews, preparation of major funding proposals, preparation of health sector strategic plan, specific public-private partnership / forum, etc.)
- Do these processes take place at national and/or local levels?
- Does the Ministry of Health provide sufficient and timely information to private sector organisations to facilitate their constructive and coordinated input into health policy processes?
- Are there feedback mechanisms demonstrating how different stakeholders' inputs have been taken into account?
- Do these processes allow for equal and active participation of the private sector?
- What, if anything, can be done to improve private sector inclusion in health policy partnership processes?
- What are the incentives and disincentives for the private sector to participate in the health policy dialogue or to engage with the government?

Theme 2: Are there private sector mechanisms or structures to assure the accountability of the private sector for the delivery of quality products and effective services?

- Are there mechanisms for accreditation or certification of clinics, hospitals, laboratories, pharmacies, or health professionals?
- Do organisations representing the private sector participate in setting accreditation or certification standards or in any other way in the accreditation or certification process?
- To what extent do private sector stakeholders share information about their operations and resources with the MoH (eg. health information data to be included in the HMIS; data on human resources, financial resources)?
- Do professional or industrial associations representing health professionals, private colleges and universities, private clinics or hospitals, pharmacies, medical laboratories, pharmaceutical manufacturers, or health insurance providers publish annual reports or maintain internet sites to inform the public about the activities of their members?

Theme 3: Do international partners support private sector participation in health policy processes?

- Do international partners include private sector organisations in stakeholder consultations and other participatory structures of their programmes?
- How are they involving the private sector?
- What are achievements and constraints of private sector collaboration with international development partners?
- Are international partners providing financial or technical support to strengthen the private sector in health? (e.g. support of unions or professional associations; direct private sector support such as through pre-financed subsidies on malaria drugs and contraceptives; etc.)
- In the context of collaboration with the private sector, do development partners promote and support the participation of private sector actors in health partnership fora?
- What, if anything, should be done by development partners to support increased participation of the private sector in health policy processes?

Theme 4: How free are private sector organisations (such as unions or professional associations) to organise and to present their views?

- Are unions, professional associations or other private sector groups free to organise themselves and get registered? (If there are barriers to formation and registration, what are they?)
- Are unions and professional associations recognised as negotiating partner representing workers and professionals in the health sector in negotiations with government and other employers?
- Is there an accreditation system for private sector operators (hospitals, laboratories, pharmacies, professionals)? Do organisations representing the private sector participate in setting accreditation standards or in any other way in the accreditation process?
- What, if anything, should be done to increase the formation of organisations that represent the interests of the private sector (employers and employees) in health?